

BY JOHN MUSENZE

THE KNIFE THAT EXTORTS: INSIDE

In February 2024, Emily Namale went to a private hospital in Kampala for what she thought would be a routine eighth and final antenatal visit. Everything had seemed normal during her previous scans, but this visit revealed something unexpected: Her baby had nuchal cords, the umbilical cord wrapped around her neck.

"The doctor told me this was a matter of life and death for both my baby and I. He said the only option was an immediate caesarean section (C-section) that evening, or else the baby or I might not survive birth," Namale recalled.

At eight months pregnant, hearing that her baby might be in danger was terrifying. Sadly, the doctor, who she said should have been comforting her, instead asked her to remain behind whilst he instructed her husband to go back home and bring all required, maternal items.

"The doctor asked me to stay at the hospital while my husband brought my things and said the operation would be done that very night," Namale said.

To help her accept the procedure, the doctor showed her cases of mothers who had faced similar situations.

"He told me of a mother who lost her baby because she rejected a C-section and insisted on a normal birth. He said his primary goal as a doctor was to ensure both me and my baby survived. Honestly, though, I never wanted a C-section; I was ready for a natural delivery," Namale said.

Despite the pressure, she wanted to be certain and went to an imaging centre to verify the seriousness of the cord. The results showed that whilst the baby did have cords, they were not tight. Namale and her husband sought care at another private facility, where doctors agreed to allow a normal delivery under close supervision.

"The doctor reassured me that these cords were normal and not dangerous if not tight. He had managed many similar cases. That is how I safely gave birth to Christabel. I honestly feel



Checkup during antenatal care visit. Kyabayinze said once a woman finds out that she is pregnant, she should go for antenatal care every month so that she knows how she and her baby are progressing

I was being pressured into a C-section at the other hospital had I not looked for an alternative elsewhere," she said.

Namale's experience is not isolated. Across Uganda, particularly in urban centres, more women are being advised to undergo C-sections, raising questions about whether all these procedures are medically necessary.

C-sections are widely recognised as life-saving interventions when complications arise, but a growing number of mothers and health experts say the procedure is increasingly being overused and recommended even in borderline or low-risk cases.

The concern is not simply about rising numbers, but about how decisions are made, the information women are given and whether fear is sometimes used to push them towards surgery, making more experts merchants of birth.

THE NUMBERS

Uganda's national C-section rate stands at around 14%, according to the health ministry's latest 2024/25 reproductive health report, comfortably within the World Health Organisation (WHO) recommended range of 5-15%.

In 2024/25, Kampala alone recorded a C-section

C-SECTIONS ARE WIDELY RECOGNISED AS LIFE-SAVING INTERVENTIONS WHEN COMPLICATIONS ARISE.

rate of 34%, more than double the WHO recommended upper limit. Other central regions, including north Buganda (18%) and south Buganda (19%), also exceeded the safe rates, unlike regions such as Karamoja, Bukedi, Lango and Bugisu, which remain below 10%.

When comparing figures by type of health facility, government facilities recorded a C-section rate of 13% of all births, aligning with global recommendations. Private not-for-profit facilities reached 20%, whilst private-for-profit facilities stood at 18%.

Private facilities handled 273,670 deliveries nationally, yet more than 166,000, almost

70%, of these were C-sections, suggesting a disproportionately high rate within the private sector.

The report also raises alarm about over 1,700 C-sections performed in lower-level clinics, many of them private and lacking adequate accreditation or surgical capacity.

For experts, these numbers point to a system under strain and possibly one where medical decisions are influenced by more than just clinical need, a concern many attribute to financial incentives.

WHY THE RISE?

For many families, the decision to accept a Caesarean birth is made under intense pressure and fear.

"When you are told your wife or baby could die, you panic. You are not thinking about options. You are thinking about survival. And in that moment, fear can be exploited," a reproductive health expert from the Centre for Health, Human

Rights and Development (CEHURD) said.

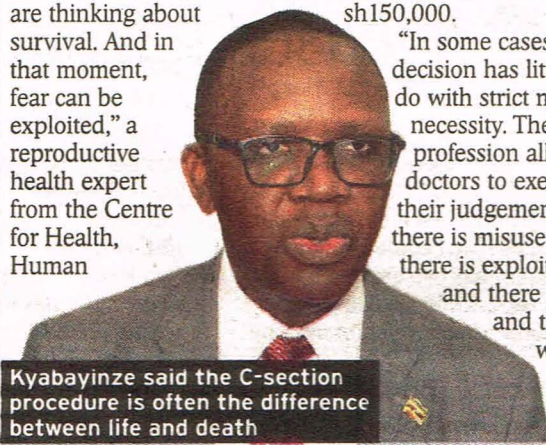
He said in private facilities, where patients pay out of pocket, time and money are often intertwined.

"Waiting from 12 to 16 hours for labour may not be attractive when a surgery can be done in an hour and paid for immediately. In facilities that do not charge, a doctor will tell you to wait until you are ready, some can even wait for days as long as there are no risks, but if payment is involved, they will want you to proceed immediately," the expert added.

The financial difference is significant. According to the CEHURD expert, a hospital would rather perform two to three Caesarean births than deliver 10 normal births in a day. A C-section can cost between sh1m and sh5.2m, whilst a normal delivery may cost as little as sh150,000.

"In some cases, the decision has little to do with strict medical necessity. The profession allows doctors to exercise their judgement, but there is misuse of trust, there is exploitation and there is abuse and that is where

Kyabayinze said the C-section procedure is often the difference between life and death



regulation needs to come in," the expert said.

Dr Emmanuel Lwasa, a gynaecologist at Kawempe National Referral Hospital, identified three key drivers: Money, time and fear.

"The major reason now is finance. Many hospitals want to make money and the procedure is legal and relatively low risk," he said.

"Secondly, doctors may not want to wait 6 to 18 hours for labour when surgery takes one to two hours. And thirdly, there is fear of being sued if something goes wrong," Lwasa added.

He said whilst C-section rates at Kawempe are high at around 50%, this is largely because the hospital receives complicated referral cases.

"Most C-sections are happening in private facilities. Even here at Kawempe, the majority are in the private wing and this costs sh2m. Yes, some mothers prefer painless delivery and request a C-section, but these are few," he said.

SURGERY

Yet despite the concern, health officials stressed that C-sections remain a critical tool in modern medicine.

Dr Daniel Kyabayinze, the director of public health at the Ministry of Health, said the procedure is often the difference between life and death.

"These include cases of obstructed labour, foetal distress, placenta complications or risks to the mother's life. Not every mother must be delivered by Caesarean section, but when there is a medical reason, it becomes necessary," he said.

Kyabayinze said a mother may require a C-section when a vaginal birth is unsafe or impossible. Common reasons include the baby being in a breech position, placenta complications or foetal distress. Additionally, maternal health conditions such as pre-eclampsia or labour that fails to progress often make surgery the safest option for both mother and child.

UGANDA'S C-SECTION RACKET

"Health workers are trained to make decisions based on science. The responsibility is to explain clearly to every mother why a C-section is needed and must be done. Once you find out that you are pregnant, please go for antenatal care every month so that you know how you and your baby are progressing," he said.

Dr Othiniel Musana, an obstetrician at Nsambya Hospital, said modern surgical care has significantly improved outcomes.

"Many women recover and return to normal activities within weeks. Even athletes deliver by C-section and resume full activity," he said.

The issue, therefore, is not the procedure itself, but whether it is being used appropriately, according to Musana.

GAPS

Despite growing concern, experts say Uganda does not have strict regulations dictating when a

C-section should be performed. Decisions are largely left to the judgement of individual doctors.

"You cannot standardise every case. Every mother is different and

REPEATED SURGERIES

Repeated surgeries can also weaken the uterus, increasing the risk of rupture in subsequent births, according to experts that *The Weekend Vision* spoke to.

"Once you have had a C-section, the likelihood of having another increases. After the second, it becomes difficult to reverse, so numbers are only going to increase every year because many of these women will be having their second or third birth," Dr Emmanuel Lwasa,

a gynaecologist at Kawempe National Referral Hospital, said.

Some experts suggested limiting the number of C-sections a woman undergoes to four pregnancies due to these risks, although others said the decision depends on individual health factors.

"It depends on the condition of the uterus and the spacing between pregnancies. In some cases, women can safely have more children. In others, they may be advised to stop even after the first birth," Musana

the primary goal is to save lives. We have a tool to guide doctors, but the decision rests with them because they are trained to assess risk," Kyabayinze said.

However, critics argue that this flexibility creates room for abuse, especially in under-regulated

private facilities. The health ministry report itself flags concerns about unaccredited clinics performing surgeries without adequate capacity.

Another challenge, experts say, lies in clinical guidelines. A newer tool, the Labour Care Guide, encourages health workers to allow labour to progress for

longer, sometimes up to 16 hours, if both mother and baby are stable. However, not all facilities have adopted it, Musana said.

"In some places, especially lower-level facilities, they still rely on outdated tools that push for quicker decisions. That can lead to unnecessary C-sections, so there is need for sensitisation," Musana said.

In busy private hospitals, pressure to manage high patient volumes may further shorten the window for natural labour.

Whilst often safe when performed well, C-sections are still major surgeries with potential risks. These include infection, particularly if aftercare is inadequate, especially in low-resource rural facilities, excessive bleeding and complications in future pregnancies.

Beyond physical health, experts say there are also financial and emotional costs. For many families, a C-section can mean unexpected expenses, prolonged recovery and anxiety about future pregnancies.

In many government hospitals, Caesarean births in the private wing begin from sh1.5m to sh2.6m. In clinics, which are highly discouraged by the ministry, the cost ranges from roughly sh600,000 to sh1m.



A C-section can cost between sh1m and sh5.2m, whilst a normal delivery may cost as little as sh150,000