The pastoral care of African Christian women suffering from Uterine Myomas

CA Ashamu

orcid.org/0000-0001-8947-7494

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Supervisor: Prof AL du Plessis
Co-supervisor: Prof G Breed (Late)

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DECLARATION

I, Christiana A Ashamu, declare that the proposal titled *The Pastoral Care of African Christian Women Suffering from Uterine Myomas*, which I am submitting for the Doctoral degree in Theology: Pastoral Studies at North-West University, Potchefstroom Campus is my work, has been language-edited and has not been submitted to any schools.

ABSTRACT

Women of reproductive age, especially those who delayed childbirth and who are not nursing a child often face the challenge of uterine fibroids due to the increase of oestrogen levels in the body. This condition can cause symptoms such as heavy menstrual bleeding, weight gain, discomfort during sexual intercourse, infertility, and anaemia, among others. The symptoms of uterine fibroids affect quality of life negatively; it can be life-threatening especially in Africa.

This research developed a comprehensive pastoral care program specifically for Christian women who are experiencing the challenges posed by uterine myomas. This pastoral care program is designed not only to address the physical and emotional impacts of uterine myomas but also to offer spiritual and psychological support to enhance the overall well-being and quality of life of Christian women grappling with this condition.

After having conducted a thorough literature review and empirical qualitative research, the researcher established that many women who silently endure symptoms of uterine myomas suffer emotionally, psychologically, and physically.

- The descriptive empirical task aims to understand: ‘What is happening?’
- The interpretative task seeks to answer the question: ‘Why is it happening?’
- The normative task inquires: 'What should be happening?'
- The pragmatic task explores: 'How can we respond?'

The results of the study indicate that women suffering from uterine myomas are concerned about their ability to conceive due to the presence of these growths in the uterus. Moreover, they fear rejection and are concerned about the impact of uterine myomas on their marital relationships and overall well-being. A significant discovery is the fact that many African women live with undiagnosed uterine myomas and untreated uterine fibroids due to a lack of proper medical treatment and affordable healthcare options being limited. In addition, some women are turning to traditional remedies as alternatives to modern medical care.

Key terms: African woman, uterine myomas, health, heavy menstrual bleeding, pastoral

OPSOMMING

Vroue van voortplantings-ouderdom, veral diegene wat bevalling vertraag het en nie 'n kind soog nie, kom dikwels voor die uitdaging van baarmoeder-fibroïede te staan as gevolg van die toename in estrogeenvlakke in die liggaam. Hierdie toestand kan onder andere simptome soos hewige menstruele bloeding, gewigstoename, ongemak tydens seksuele omgang, onvrugbaarheid en anemie veroorsaak. Die simptome van uteriene fibroïde het ’n negatiewe invloed op lewensgehalte; dit kan lewensgevaarlik wees – veral in Afrika.

Hierdie navorsing het 'n omvattende pastoralesorg-program ontwikkel, spesifiek vir christenvroue wat die uitdagings ervaar wat baarmoeder-miomas stel. Hierdie pastoralesorg-program is ontwerp om nie alleen die fisiese en emosionele impak van uteriene miomas onder die loep te neem nie, maar ook om geestelike en sielkundige ondersteuning te bied om aan christenvroue wat met hierdie toestand worstel se algehele welstand en lewensgehalte te verbeter.

Na die uitvoer van 'n deeglike literatuuroorsig en empiries kwalitatiewe navorsing, het die navorser vasgestel dat talle vroue wat stilweg simptome van uteriene miomas verduur, emosioneel, sielkundig en fisies ly.

- Die beskrywende empiriese taak het ten doel om te verstaan: 'Wat is besig om plaas te vind?'
- Die interpretatiewe taak poog om die vraag te beantwoord: ‘Waarom gebeur dit?'
- Die normatiewe taak vra: 'Wat behoort te gebeur?'
- Die pragmatiese taak ondersoek: 'Hoe kan ons reageer?'

Die resultate van die studie dui daarop dat vroue met uteriene miomas bekommerd is oor hul vermoë om swanger te raak as gevolg van die teenwoordigheid van hierdie groei-selle in die uterus. Daarbenewens vrees hulle verwerping en hulle bekommer hulle oor die impak van uteriene miomas op hul huweliksverhoudings en algehele welstand. 'n betekenisvolle ontdekking is die feit dat baie afrika-vroue wat aan uterine fibroïde ly, nie behoorlike mediese behandeling kan bekom nie omdat bekostigbare gesondheidsorg-opsies beperk is. Daarbenewens wend sommige vroue hulle tot tradisionele middels as alternatiewe vir moderne mediese sorg.

Sleutelterme: Afrika-vroue, uterine miomas, gesondheid, hewige menstruele bloeding, pastorale sorg

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER 1 INTRODUCTION, PROBLEM STATEMENT AND RESEARCH METHODOLOGY

1.1 Introduction

On July 20, 2016, Netcare Femina hospital released news on their website (www.netcare.co.za), stating that Women of African descent is far more likely to suffer from uterine fibroids and on average tend to develop this potentially debilitating medical condition, which is a major women's health issue in Southern Africa, at an earlier age than women of other population groups. Although all women are potentially at risk of developing uterine fibroids, an online survey was conducted by Harris Interactive (Correcting Data from Online Surveys for the Effects of Non-random Selection and Non-random Assignment: Harris Interactive; 2000) between December 1, 2011, and January 16, 2012. Participants were US women aged 29–59 with symptomatic uterine fibroids. African American women were oversampled to allow statistical comparison of this high-risk group (Stewart *et al*., 2013:807). The study revealed that African women experience greater changes in uterine fibroids due to environmental factors. From around the world, it is suggested that women of African descent are at a greater risk of developing this condition and suffering serious symptoms than Caucasian women (Lawson, 2016:1). Lawson further explained that uterine fibroids are non-cancerous and that these growths mostly start between the ages of 20 and 55 years. According to the Office on Women's Health, up to 80 percent of trusted sources of women have these growths by the age of 50 years. However, most women might not show any symptoms and may never know they have fibroids (Eisinger, 2021:2).

This health condition affects women's quality of life – probably like the woman referred to in the New Testament, with the issue of blood. She had visited many doctors and healers, and none could heal her (Mark 5:25-34; Luke 8:43-48). As such we could say that she could not live a normal life, as her body drained away bleeding for 12 years. The first symptom of fibroids is heavy menstrual bleeding (HMB) and prolonged abnormal uterine bleeding (Lawson, 2016). Hence the question arises: How can a Christian community address this issue in pastoral ministry?

Medically speaking, the causes of fibroids are unknown, but the possible factors contributing to uterine myomas may be explored. The medical condition of the woman concerning the issue of blood (abnormal uterine bleeding), mentioned in Luke 8:43-48 is not mentioned in the passage – only the symptom of bleeding. This could have been a symptom of many female conditions such as hormone imbalance, thickening of the uterine wall or lining, uterine fibroids, uterine polyps, bleeding disorders, polycystic ovary syndrome, cancer etc. (Mahapatra & Mishra, 2015:45).

1.2 Explanation of Keywords

1.2.1 Uterine myomas

Uterine myomas are also called fibroids, leiomyomas, fibromas, myomas. Uterine fibroids are lumps of smooth muscle cells and fibrous connective tissue that develop within the wall of the uterus (womb). Uterine myomas are benign abnormal growths that develop in or on a woman's uterus (Mettler *et al*., 2015:2). Uterine fibroids are located either under the endometrium, intramurally or under the peritoneal space. This illness can cause discomfort or interrupt daily living, or it can be asymptomatic. Rising from uterine fibroid cells, fibroids can be one or more and its clusters can range in size from 1mm to more than 20cm (8 inches) in diameter or even larger (from peanut size to watermelon size). Often, they cause symptoms such as menorrhagia[1] and metrorrhagias[2] (Mettler *et al*., 2015:2). Large fibroids, due to their size, can compress any of the neighbouring organs leading to urinary, digestive, or sexual problems and seem to have a fertility-diminishing effect. Lawson (2016:2) remarks that symptoms and the severity of symptoms can differ from person to person depending on where the growths are situated in the uterus, what types of fibroids are present, and how large they are. Several types of fibroids exist that are classified based on their location, size, and characteristics (Pirtskhalava *et al.,* 2017:171; Radswiki *et al*., 2022:1), namely:

- Submucosal fibroids grow in the submucosa, just below the thin layer of tissue in the uterus. They can protrude into the uterine cavity.
- Intramural fibroids or Intracavitary fibroids grow within the uterine cavity.
- Subserosa fibroids grow on the outside of the uterine wall.
- Pedunculated fibroids grow on stalks or stems. These stems are attached to the uterine wall and can grow either outside the uterus or inside the uterine cavity.

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[1] Menorrhagia is prolonged and excessively heavy menstrual bleeding at regular menstrual cycle intervals. Although several factors (e.g. anatomical defects or growths in the womb, blood component abnormality, or hormonal imbalance) may be implicated, the cause of the abnormal uterine bleeding is often unknown

[2] Metrorrhagia: Uterine bleeding at irregular intervals, particularly between the expected menstrual periods. Metrorrhagia may be a sign of an underlying disorder, such as hormone imbalance, endometriosis, uterine fibroids or, less commonly, cancer of the uterus

- Cervical fibroids are non-cancerous growths made up of muscle tissue that develop in the cervix. These growths can lead to symptoms such as abnormal vaginal bleeding, unusual discharge, difficulty urinating, and discomfort during sexual intercourse.
- Parasitic Leiomyomas are a type of extra-uterine leiomyoma. They present as peritoneal pelvic benign smooth muscle masses that are separate from the uterus.
- Inter-ligamentous fibroids grow between the ligament that supports the uterus

Uterus with Uterine myomas

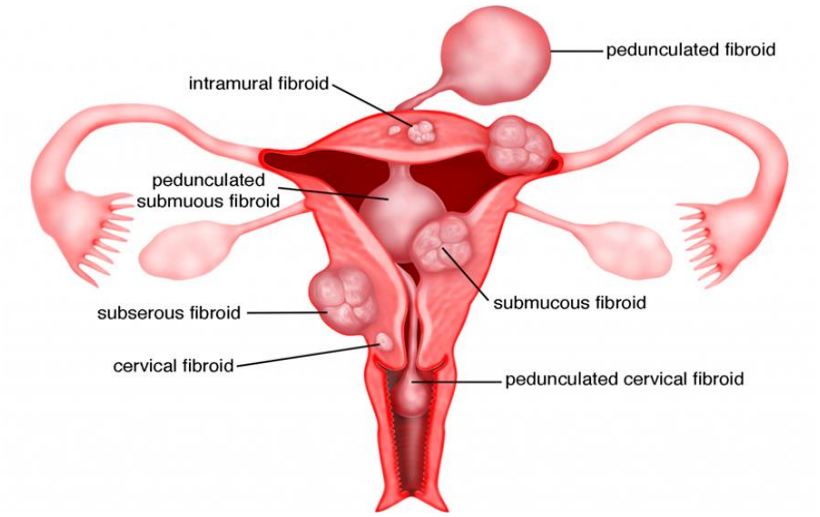

Figure 1.1: Uterine Fibroids (Selva, 2016:43).

The uterus

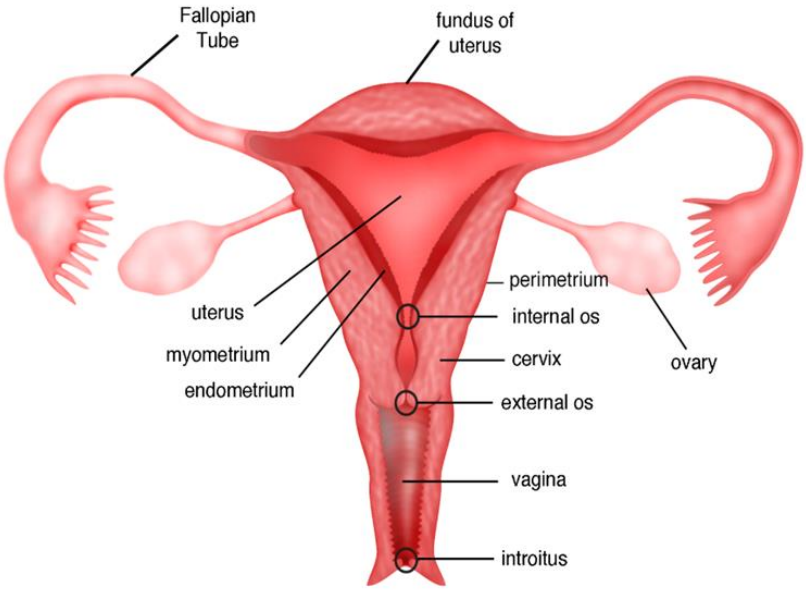

Figure 1.2: Female reproductive organ (Selva, 2016:35).

The different symptoms of fibroids include the following:

- Heavy menstrual bleeding (HMB): which in many cases also lasts for prolonged periods of time.
- Abnormal uterine bleeding (AUB).
- Anaemia (iron deficiency) due to blood loss.
- Pelvic pain and/or feeling bloated.
- Backache or leg pains.
- Pain during sexual intercourse (Eisinger, 2021:2).
- Frequent need to urinate.
- Constipation.
- Desire to eat clay or soil, as an unknown range symptom[3] (Lawson, 2016:4). Reproductive symptoms, such as infertility, recurrent natural abortion /miscarriages, stillbirth and early onset of labour during pregnancy have also been attributed to fibroids. However, in South Africa, the association of fibroids with infertility is frequently based on occlusion of the fallopian tubes following pelvic inflammatory disease (Mchiza et al., 2015:39). This silent killer disease affects the quality of life of many women who suffer in silence while battling with uterine myomas, and in some cases, they turn to pastors for spiritual and emotional care.

Explained below are the symptoms that play a major role in disrupting the quality of life of women suffering from uterine myomas.

1.2.2 Metrorrhagia (Abnormal uterine bleeding)

Abnormal uterine bleeding can be defined as any changes from the normal menstrual cycle, including differences in its regularity, frequency of menstrual period, duration of flow, and amount of blood loss. Abnormal uterine bleeding may occur at any age in various forms and has different methods of presentation.

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[3] Unknow range symptom: Many women with uterine fibroids suffer such heavy menstrual bleeding that they become anaemic, because the iron levels in the blood become dangerously low. These women therefore tend to feel exhausted and develop a pressing need to consume soil or clay, which despite it not being very nutritious, is an attempt to replenish their iron levels.

Abnormal uterine bleeding during reproductive age may result from a wide range of health conditions, ranging from biological processes to malignant lesions, and hormonal responses. It may be due to uterine myoma, adenomyosis, endometrial polyp, ovarian tumour, pelvic inflammatory disease, hormonal imbalance etc. (Mahapatra & Mishra, 2015:46).

Abnormal uterine bleeding affects women's physical, social, and emotional quality of life. Women with unexpected bleeding may refrain from taking part in regular activities because they may need further access to pads and/or tampons, and they are afraid of social work, church activity or sexual relationships because they perceive themselves to be on the precipice of a heavy period (Sunitha, 2006:236).

1.2.3 Menorrhagia

This is also known as excessive or heavy menstrual bleeding (HMB) occurring at regular intervals or prolonged uterine bleeding lasting longer than seven days. Other associations include the size of blood clots and the number of clots larger than about 1 inch in diameter. It is the first sign of uterine myomas (Warner *et al*., 2004:190). HMB may interfere with daily activities by leading to absence from work or other activities. This might also bring about absence from church activities. Menorrhagia is the main cause of anaemia, and iron deficiency, with or without anaemia, may lead to an ‘iron deficiency’, headaches, poor concentration, fast heartbeat and poor academic achievement, fatigue, and weakness in the body (Warner *et al*., 2004:190).

1.2.4 Dysmenorrhea

Dysmenorrhea refers to cramps and pelvic pain with menstruation, with common causes such as heavy flow, passing clots, sweating, headaches, nausea, vomiting, diarrhoea, and tremulousness, all occurring shortly before or during the menses. Two types of dysmenorrhea are found: Primary dysmenorrhea refers to pain with no obvious pathological pelvic disease (Lentz *et al*., 2012:5). Secondary dysmenorrhea is caused by underlying pelvic conditions or pathology and is common in women of reproductive age (Patel *et al*., 2006:453). Among women of reproductive age in Africa, dysmenorrhea is more prevalent than the other two common types of chronic pelvic pain, namely dyspareunia and noncyclical chronic pelvic pain (Latthe *et al*., 2006:177). This is a devastating condition for many women; it has a major impact on women’s health and their quality of life, work productivity, house chores, and church activities (Agunbiade *et al*., 2009:182).

1.2.5 Anaemia

Anaemia is defined as a decrease in the oxygen-carrying capacity of blood with a reduction in the red blood cell count or haemoglobin. The most common cause of iron deficiency in women is

chronic blood loss, usually seen in women of reproductive age (menstrual loss) and other medical conditions (McCoy & Kari, 2013:2). The symptoms of anaemia are pale skin, feeling tired, heart failure symptoms such as foot swelling, shortness of breath, palpitations, chest pain, light-headedness, or episodes of passing out. Women with anaemia, caused by blood loss, may have these symptoms. In situations of acute blood loss or when haemoglobin falls below five milligrams per decilitre, however, patients may experience shock, low blood pressure, yellow hands, heart attack, stroke, and confusion, occasionally leading to death (Goddard *et al.*, 2011:1304). On the other hand, chronic mild anaemia may be asymptomatic and is detected as an incidental finding on a routine laboratory test. Other symptoms may be specific to the cause of anaemia. Iron deficiency may occasionally manifest itself as *pica* (a craving for materials such as clay or ice) and flattened or spoon-shaped nails.

1.2.6 Geophagia (the clay eating)

Geophagia is a practice of eating earth or soil-like substances such as clay, chalk, or termite mounds (Young, 2011:2). The desire to consume soil or clay is an attempt to replenish the low iron levels caused by heavy menstrual bleeding or abnormal uterine bleeding. These are the symptoms of untreated anaemia or uterine fibroids (Lawson, 2016:2). Geophagia was reported among women and pregnant women. Human geophagia is a form of pica – the craving and purposive consumption of non-food items – and is classified in the Diagnostic and Statistical Manual of Mental Disorders (5th ed.) as an eating disorder if not socially or culturally appropriate. The clay or soil is now cooked, baked and processed, and is sold in African food stores.

Edible clay

Figure 1.3: Clay-eating (Muchangi, 2021:2)

Packed edible clay

Figure 1.4: Packed edible clay (Photo taken by the researcher)

1.2.7 Pastoral care and counselling

Firstly, what is the difference between pastoral care and pastoral counselling? According to Breed (2021:3) in his article 'Living as a *diakonos* of Christ and pastoral care to the narcissistically entitled person', pastoral care is wide-ranging ministry from church services to family care, from youth ministry to hospital visitation, while pastoral counselling is pastoral care focussed on a specific situation of an individual to address a personal problem cycle (Breed, 2021:3). Pastoral care and counselling exist to lead people to believe that guidelines can be found in the Bible for daily living and for reconciling, healing, reprimanding and exhorting (2 Tm 3:14 16).

Pastoral care, Purves (2004:182) explains, is a sharing in the ministry of the grace of God, which takes a definite hermeneutical perspective. It is a ministry of looking at a person, interpreting a person, in the light of the fact that Jesus Christ lived and died for this person, who has been forgiven and restored to fellowship with the Father, both physically and spiritually.

Pastoral care came to be understood as shepherding (*poimen*, shepherd), indicating that a connection exists between the pulpit and counselling room, and between the study of Christian theology and the practice of pastoral care (Purves, 2004: xxix).

A pastor must possess interpersonal skills and understand the emotions of human development, the complexities of human relationships, and the family system. This grace offers a remedy that leads to healing, blessing and salvation.

Louw (2013:2) asserts that in pastoral care, talking about spiritual healing, miraculous healing or divine healing is very narrow; rather 'human wholeness' is health in a biblical sense, which points to life and salvation (the verb *sozo* means to save). Pastoral care in terms of pneumatology establishes the opportunity for general use of the term salvation. Salvation designates the healing effect of grace in the world and creation. Pastoral care bears the meaning that faith imparts real-life issues (Louw, 1999:225).

Pastoral counselling is a specialised aspect of pastoral care, which involves helping people experiencing crises, by applying biblical principles (Clinebell & McKeever, 2011:26). The term 'pastoral' refers to the support system of fellowship with the main goal of developing faith, developing Christian spirituality, and empowering Christian faith by conveying the fulfilled promises of gospel within a natural approach. The natural approach in biblical counselling includes a hermeneutical process, by means of which the pastor attempts to connect the story of salvation to the story of a woman suffering from uterine fibroids. Pastoral counselling highlights the fact that pastoral care is about addressing and communicating (Louw, 1999:256). The purpose of pastoral counselling is to help people to express their own decisions and to test the validity of these decisions. Pastoral counselling is primarily a hermeneutic process of interpreting and understanding the Christian faith within human contexts. It indicates the procedure, attitudes and responses which are introduced during the pastoral conversation so that a helping relationship, with its objectives of healing and growth, can be established.

Life should be lived, not managed. Part of the reality of everyday life is the relation between good and bad (Jones *et al*., 2000: 81). Yarnold (1986:56) describes Christian spirituality as the combination of praying and living. It is this embodiment of prayer in life that the New Testament writers described as 'a living sacrifice,' and 'spiritual worship' (Rom 12:1).

The aims of both pastoral care and pastoral counselling are to help people discover from the Bible, God's plans for human living (Louw, 2013:3). Healthy people in the Old Testament were people who expressed the quality of life and wellbeing of life as represented by the notion of shalom (peace). It refers to complete fulfilment and is connected to moral activity, spiritual achievement, righteousness (*sedeq*), faithful fulfilment of the covenant and the Torah (holiness), obedience to God and the law, blessing, fertility, and longevity (Louw, 2013:3). For a person who believes that God reveals himself in the Bible, studying the Bible also means coming in the *coram Deo*, which is 'in the presence of the God' (Clinton & Ohlschlager, 2011:363).

Care of the soul contains the idea of both cure and care. It refers to action intended to support the well-being of someone. Cure refers to actions designed to restore well-being that has been

lost. Soul care involves nurture and support as well as healing and restoration (Moon & Benner, 2004:11).

1.3 Research Problem

1.3.1 Quality of life and emotional distress

More than 30 million women in Africa today are rejected by their people because they are victims of disordered reproductive physiology (Wall, 2010:50). Like the bleeding woman in the Gospel story, these women try to hide themselves in the crowd, but they are less able to do so because their affliction is more obvious to those around them (Wall, 2010:50). Women suffering from uterine myomas experience monthly pains and distress from the early stage of the condition. The bleeding woman in this Gospel story (Luke 8:43-48; Mark 5:25-34; Matthew 9:20-22) is a woman who has suffered from uterine bleeding for 12 years. The emotional impact of uterine myomas, as reported by women, is substantial, and negative feelings about this condition differ from woman to woman, but most of their common concerns are pain, fear, anxiety, sadness, rejection, and depression. The heavy menstrual bleeding associated with the uterine myomas, makes them feel helpless and as if they have no control. The question concerning negative self-image and appearing unattractive, overweight, or even pregnant are among the emotional issues (Tresca, 2014:2). With a huge stomach like that of a pregnant woman, many women with uterine myomas appear over-weight and pregnant, which brings about the feeling of being physically unattractive. These issues with self-esteem as explained, pose difficulties in being intimate with their partner. Many of these women are Christians and some turn to pastors or mental health professionals for help, while some are helpless with no one to turn to. But the care and counselling for these issues are lacking in both pastoral and mental organisations (Tresca, 2014:2).

Women with untreated uterine myomas are in and out of hospital for blood transfusion or on iron deficiency tablets to control the loss of heavy monthly bleeding (Keriakos & Maher, 2013:4). The issue of uterine myomas mostly reoccurs within three years after surgical intervention and new fibroids grow again. Many women had more than two to three operations performed on them in their reproductive years.

As a woman's hormonal signals become more unsynchronized, her bleeding worsens. Her uterine lining becomes thick and saggy, with unpredictable spotting and bleeding. More irregular periods with heavier bleeding follow, and her life steadily becomes more miserable. If the bleeding continues for long, the lining of the uterus will become thin, raw, and denuded. The common medical term for this condition is dysfunctional uterine bleeding. All these factors lead to the same sensible conclusion that was drawn concerning the woman in the Bible in the gospel of Mark,

which presents the bleeding woman as being lonely, isolated, impoverished, barren, quite likely anaemic, and possibly dying. Her condition seems hopeless, and she is desperate. Most would think that she would be better off dead (Powell, 2005:70).

Many ministries today still abide by the Leviticus law with regard to women being unclean during their menstruation period. Some white-garment churches in Africa such as 'CCC' (Celestial church of Christ) keep women outside the church during their periods. There is no support for these women in their ministry because this is their church doctrine (Oshoffa, 2014:13).

1.3.2 Factors contributing to uterine myomas

The factors that initiate fibroid growth are not known but are thought to be closely related to the following, as explained by Wise *et al*. (2014:5).

- Genetic changes: Many fibroids contain changes in genes that differ from those in typical uterine muscle cells.
- Hormones: Oestrogen and progesterone are two hormones that stimulate the development of the uterine lining during each menstrual cycle in preparation for pregnancy and appear to promote the growth of fibroids. Fibroids contain more oestrogen and progesterone receptors than do typical uterine muscle cells.
- Other growth factors: Substances that help the body maintain tissues, such as insulin-like growth factors, may affect fibroid growth. Other factors, for example obesity, a vitamin D deficiency, having a diet higher in red meat and lower in green vegetables, fruit, and dairy, and drinking alcohol, including beer, appear to increase one's risk of developing fibroids.
- Dietary factor: A case-control study of surgically confirmed cases examined the risk of uterine myomas in relation to healthy diets, finding a close relation between a higher intake of fruits and vegetables and positive associations, with a higher intake of red meat and ham (Chiaffarino *et al*., 1999:395). Subsequently, several studies on diet and uterine myomas have been published in which validated food frequency questionnaires or nutrient biomarkers were used.

1.3.3 Oestrogen

Oestrogen is a component of the female sex hormone that is responsible for the female reproductive system and secondary sexual characteristics. Oestrogen is present in all mammals (LaMarca & Rosen, 2007:2). There are three major endogenous oestrogen that have estrogenic hormone activity, namely estrone (E1), oestradiol (E2) and estriol (E3). Hormones are chemicals

that are produced by the human body. They are commonly described as ‘chemical messengers’, meaning that their production and presence in specific quantities trigger a natural reaction or tell the body to do something specific (Greene, 2017:1). The main purpose of oestrogen hormones is to regulate the growth, maintenance and repair of the elements of the female reproductive system. It also helps to develop the female secondary sex characteristics and aids in other sexual and reproductive functions. The oestrogen hormone oestradiol plays a key role in bone health (Bradford, 2016:1).

Under normal circumstances, the body releases oestrogen hormones in short pulses, and the amount of oestrogen active in the body at any given time differs from hour to hour throughout the day. In males and females alike, abnormally high or abnormally low oestrogen levels can cause symptoms and medical conditions. Females with abnormally high oestrogen levels can experience anxiety, depression, fatigue, weight gain, unusually light or heavy menstrual bleeding, and the development of noncancerous growths in the breasts and/or uterus such as uterine myomas, endometriosis, infertility or even breast cancer (Seibel, 2016:3).

1.3.4 Causes of high levels of oestrogen in the body

Oestrogen is present in most foods and contraceptive pills; the artificial hormone which contains oestrogen and progesterone. According to Food and Drug Administration (FDA: 2022), synthetic hormone therapy can increase the risk of severe conditions, including breast cancer etc. Phytoestrogen also known as dietary oestrogen, is a naturally occurring plant compound that may act in a way like that of oestrogen produced by the human. The theoretical maximum daily intake of oestradiol through consumption of meat, pig, chicken, eggs etc. and intake of the pills increase the level of oestrogen in the body. Most of the health problems affecting humans, be it in Africa or elsewhere, originated with what we are putting into the body (Pinstrup-Andersen, 2010:4). Oestrogen-like compounds with biological activities are common chemical additives, which have been added to chicken feed for years. Large amounts of oestrogen-like compounds were also found in chicken faeces. These compounds are incorporated into agricultural products, as faeces are used in the food production process as fertilizer, and they will influence human health (Miao *et al*., 2018:1). The effect of highly processed foods, beverages, farm animals and their chemical compounds in the body will be examined in chapter three of this current research.

1.3.5 Pastoral care of Christian women suffering from uterine myomas

This research aims to address the emotional and physical impact fibroids have on women’s services to God and quality of life. The two major symptoms of uterine myomas are abnormal bleeding and a prolonged menstrual cycle. In the early church, experiencing abnormal bleeding

and prolonged bleeding was considered uncleanness (Schnittjer, 2006:294). The Bible reveals the discomfort concerning women's physiology in the following three texts: Leviticus 12, Leviticus 15:19-33 and Mark 5:25-34 (Matt 9:18-26; Luke 8:40-56). Of course, the issue in the Levitical texts is not carelessness to women's physiology; this reference to the woman as her being unclean is a word that describes her normal biological periods or her natural physiological period (Lev 15:25).

In holiness, uncleanness affects not only the priest and the temple but also the land (Lev 15:25-31), which is inhabited by humans (see Lev 18:24; 20:18). Normal or abnormal vaginal bleeding renders the woman unclean if the bleeding continues, but when the discharge stops, after seven days, she is clean. The abnormal bleeding requires two turtledoves/pigeons for sin offering and burnt offering (v. 30). Although the Levitical law does not apply in the New Testament church, bleeding still affects their service to God. A woman burdened by heavy bleeding cannot participate in anything at home or in any church activity or stay longer in the church due to the weakness caused by the loss of blood or the fear that her clothes will be stained by the blood.

The primary assumption is that pastoral care and counselling intends to influence, change, renew, comfort, support, sustain and heal people. This belief implies that the use of scripture and prayer as tools in pastoral counselling has a positive goal (Moon & Benner, 2004:13). Many women suffer in silence due to reproductive issues such as hormonal imbalance, fibroids, endometriosis, heavy menstrual bleeding etc*.* and might think that if one touch of Jesus through an act of faith, can restore their soul and heal their physical body.

According to Statistics South Africa (2015), cardiovascular diseases, diabetes and hypertensive diseases are among the top ten leading causes of death: ranking second, third and seventh respectively in 2014. Yet at the same time, South Africa still battles with household food insecurity and micronutrient deficiencies for a significant part of the population (Shisana *et al*., 2014). Growing food for our growing population represents a challenge unlike any human has ever faced. What is at stake here, is that the calories and genetically modified organisms (GMOs) play crucial roles in the body, because it affects reproduction, development and metabolism. However, fish, wildlife and humans consume food and water containing environmental toxicants that behave like hormones and can cause effects, often irreversible, ranging from sterility and abnormal sex differentiation to cancer. Women exposed to these substances might experience hormone imbalances and increases in oestrogen level, which lead to heavy menstrual bleeding, ectopic pregnancy, fibroids and even uterus cancer etc*.* (Miao *et al.,* 2018:2).

While giving pastoral care to these women the church should take into consideration all these factors mentioned above and, during the presentation of the care-me, lead them into what

salvation means as being wholeness and how Christians live all these factors in a fallen world, having peace and emotional stability in Christ, despite the surrounding circumstances, but also obtaining the appropriate medical treatment for uterine myomas. This research intends to establish guidelines for psychological and emotional care and support for Christian women suffering from uterine myomas.

1.4 Preliminary Literature Study

The researcher reflected on different literature reviews of previous work on pastoral care for Christian women suffering from uterine myomas, written by different authors within the field of practical theology, medical sciences and scientific evaluation. The review of the literature assists in establishing existing theories, the relations between them, and the extent to which existing research has been studied. Often this form is used to assist in establishing the lack of relevant theories or to indicate that current theories no longer suffice to explain new or emerging research problems.

Moon and Benner (2004:11) describe four elements in their book, 'Spiritual Direction and the Care of Soul' in their pastoral approach, which is useful in pastoral care and counselling for spiritual development. Soul care is one of the important elements in Christian community or the pastoral ministry. This aspect of ministry involved four primary elements: healing, sustaining, reconciliation and guiding. Healing contains efforts to help others overcome some loss and move toward wholeness. This healing involves physical and spiritual healing, but the focus is always on the total person, wholeness and holiness (Moon & Benner, 2004:11).

Gratto (as cited by Moon & Benner, 2004:13) notes that "human beings discovered a propensity to forget who we are." The only way that life could have meaning, and fulfilment is by trusting and surrendering to God's will, knowing that God has our best interest at heart – by allowing Him to be God in our lives. Gratton (2000:67) further states that the true self, and its desire to live in a transforming friendship with God, remains buried in the depths of our souls.

Gerkin (1991) establishes the core issue of pastoral care in his book, 'Prophetic Pastoral Practical: A Christian Vision of Life Together' with fundamental values and meanings that have shaped the normative understanding of the Christian life, and the goals of pastoral care. A normative vision exists of what life is and how life should be. Christians have been wrongheaded and have fallen short of the vision of 'life under God' or 'life in Christ', which the biblical narrative sought to convey (Gerkin, 1991:16). The biblical and Christian narrative contains a normative vision of what life should be, to recommend that there is a particular aesthetic ethic – this vision is about the good, true and beautiful, that has been powerfully operative in the Christian community. Wisdom about

human affairs (life issues) is modelled in this vision. The biblical narrative and teaching give guidelines to human matters for living a better life (Gerkin, 1991:17).

1.4.1 Books

Gerkin, C.V. 1991. Prophetic pastoral practice: a Christian vision of life together.

> This book is compiled to assist pastors in counselling Christians by using biblical guidelines in a hermeneutical mode. Searching for the disintegration of norms within the church and society, he proposes that counsellors can no longer simply use secular helping techniques; they need to embody the core values of Christianity when counselling. This book does not cover the entire issue of the topic of this study, but it has highly contributed to current research on how to counsel a woman suffering from uterine myomas. Gerkin said Christians need to understand the normative vision of what life is and how life should be.

Wirzba, N. 2019. Food and faith: A theology of eating. Cambridge: Cambridge University Press**.**

> This book provides insight into the root of eating and our life together in the Garden of Eden. The book has a three-fold structure. The topic of chapter one is 'thinking theologically about food'. This chapter posed a deceivingly simple question, why did God create a world in which every living being must eat? Chapter two of this book discusses 'the root of eating'. The book is well-positioned to bring these two larger discursive worlds together, to integrate faith and learning about food. Although this research is not about food, the book has an impact on this research on how Christians should eat to the glory of God. The book will contribute to the current research regarding the aspect of what is found in our food.

Moon, G. W. and Benner, D. G. 2004. Spiritual direction and the care of the soul. InterVarsity Press.

> Spiritual direction is a practice of Christian soul care that is found in most Christian communities. The chapters in this book provide psychological and clinical insight into how spiritual direction is both similar to and different from and can be integrated with psychotherapy and pastoral counselling to help others experience spiritual transformation and union with God. This book will play an important role in spiritual direction in this research (pastoral care for African Christian women suffering from uterine myomas), in which stronger emphasis will be placed on spiritual healing, with its dimensions of peace

(shalom), healing (habitus) and wholeness (telos, meaning), which should take place within the realm of existential life issues (Louw, 2013:7).

Mendez-Montoya, A.F. 2012. The theology of food: Eating and Eucharist. John Wiley & Sons.

This book provides the link between religion and food. It also provides the nature of the relationship between the food and spirituality, or food and sin. Drawing on literature, politics, and philosophy as well as theology, this book explains the role food played within religious traditions. It explores how the dietary laws of Judaism were designed to create an awareness of living in the time and space of the Torah. How does this contribute to the current research? What we put inside and how we put it inside, play an important role in what happens to our bodies. 'So, whether you eat or drink or whatever you do, do it all for the glory of God' (1 Corinthians 10:31).

Guillebaud, J. and MacGregor, A. 2009. The pill and other forms of hormonal contraception. OUP Oxford

This current research deals with women suffering from uterine myomas, and the factors that contribute to this condition need to be established in finding solutions to this issue. One of the factors is the synthetic hormones which combine oestrogen and progestogen. The pill is one of the most prescribed medicines for women in the reproduction age and has repeatedly been established as one of the least harmful ever formulated. However, there are some risks and side effects, and several 'pill scares' have been reported in the media. Guillebaud's book will play an important part in the compilation of the current research in its exploration of the possible impact of contraceptive pills on the increase of oestrogen in the body.

Each of these books cited above can contribute somewhat to the current research, but none of them addresses the entire field of research, namely pastoral care for African Christian women suffering from uterine myomas.

1.4.2 Articles

In this section of literature reviews, these articles correspond to the area of study, but they are different in some respects. Each article points out something different such as issue of blood, food system, high level of oestrogen, and communion with God, which leads to spiritual healing. Each of these contributes to this current research, but none address the entire title, namely 'pastoral care to African women suffering from uterine myomas.'

Baert, B., Kuster, L. & Sidgwick, E. 2012. An Issue of Blood: The Healing of the Woman with the Haemorrhage (Mark 5.24–34; Luke 8.42–48; Matthew 9.19-22) in Early Medieval Visual Culture.

> This article enlightens the textual and visual tradition of the story of the woman with haemorrhage. The so-called haemorrhoissa, is related in a specific way to Christ's healing miracles but also to conceptions of female menstrual blood. It is related to this current research, and it can contribute to the emotional struggle of women with uterine myomas.

Pinstrup-Andersen, P. 2010. The African Food System and Human Health and Nutrition: A Conceptual and Empirical Overview

> Chapter 1 of the thesis presents a brief conceptual overview of the relations between the African food systems and human health and nutrition. It then proceeds by summarizing the empirical evidence presented in the chapters to follow and the recommendations for research and policy interventions made by the authors. Emphasis is placed on the two-way causal relations between food systems and health and nutrition and how policy interventions may have a stronger impact if these relations are explicitly considered. The current research will be looking deeper into what is in our food. The human body can heal itself with good nutrition.

Arjona, R. 2017. John Calvin on the Lord's Supper: food, rest, and the healing for shivering souls. *Pastoral Psychology*, 66(2).

> The article explores how Holy Communion may contribute to the healing of traumatized persons. This article draws on the 1541 French edition of John Calvin's Institute of the Christian Religion and contemporary literature on trauma. It can be used for spiritual healing ministry for women suffering from uterine myomas. Communion is about a relationship with God the Creator. Colossians 1:15-17 refers to Christ as the image or icon (*eikōn tou theou*) of the invisible God, the firstborn of all creation. An argument that shows an inclusive approach to healing, grace and salvation, "For by him all things were created: things in heaven and on earth, visible and invisible....and in him, all things hold together" (Human Body, spirit and soul alike).

Claasen, N. and van der Hoeven, M. 2016. Food environments, health, and nutrition in South Africa. Working Paper 34. Cape Town: PLAAS, UWC and Centre of Excellence on Food Security.

> The above-mentioned paper reviews how food environments influence food choices and nutritional status. Significant changes have taken place in the South African consumer food environments since the mid-1990s, accompanied by increased consumption of

processed and fast foods. Overweight, obesity and non-communicable diseases (NCDs) have increased while micronutrient deficiencies remain highly prevalent.

Daxenberger, A. et al., 2001. Possible health impact of animal oestrogens in food. Institute of Physiology. Technical University of Munich, Germany.

Daxenberger and co-authors examined the possible effect of oestrogen in food and its impact on health. Oestrogens govern reproductive functions in vertebrates and are present in all animal tissue. All food production of animal origin contains oestradiol, including milk, eggs etc. This research paper is based on the impact of oestrogen on health and cancer.

Harris, S. 2021. The Bleeding Woman: A Journey from the Fringes.

This article retells the story of Luke's bleeding woman with insight from history, social reconstruction, Jewish law, and medical detail. It argues that the woman did nothing wrong in touching Jesus' ritual fringes, and acted as a priest by doing so, breaking new ground for women. Her life was ebbing away as she continued to bleed, but she, as the active agent in the story, pleaded with God for mercy, and by her faith, she was healed.

1.4.3 Dissertations

This section aims to introduce the previous works related to the area of study but that differ in some respects from bleeding women, the emotional impact of uterine myomas, medical treatment for uterine myomas, and faith healing of women experiencing reproduction issues.

Shaw, D. M. 2021. Restoring a Haemorrhaged Identity: The Identity and Impact of the Bleeding Woman in Luke 8:40-56.

The bleeding woman of Luke 8 (and Mark 5) is almost universally presumed to be of Jewish origin, but there are clues in the Gospel accounts and other primary sources to suggest that she may be a Gentile. On this understanding, her healing signals the fulfilment of Jesus's words in Nazareth (Luke 4:16-30), as an extension of God's mission to the Gentiles. Moreover, her faith acts as a model for both Jairus and the early church, consequently subverting expected cultural and social norms. This investigation weighs these options by considering Luke's immediate and surrounding narrative framework alongside some linguistic parallels.

Myles, R. L. 2013. Unbearable Fruit: Black Women's Experiences with Uterine Fibroids.

This study of Myles examines the social consequences of illness/medical conditions among an oppressed population whose intersecting identities and realities are often overlooked and misunderstood. Narratives about illness experiences among Black women are relatively absent from medical sociological research and using a Black Feminist epistemology within a medical sociological framework helps fill this void. These narratives may be useful to medical researchers and health providers regarding fibroid management of Black women, and of Black women who suffer from fibroids. The historical exploitation of Black women's bodies, oftentimes perpetuated by the industry of medicine, may affect how women in this study experience and manage health issues, and how they interact with physicians today.

Sackey, B M. 2002. Faith Healing and Women's Reproductive Health. Institute of African Studies Research Review.

This paper of Sackey is based on several years of field research on African religious movements, particularly those led by women. It employs in-depth interviews, participant observation, collection of testimonies as well as case studies. It looks at how faith healing is patronised, especially by women, as a health delivery option. It suggests that, given the poor economic status of women, cultural beliefs, and the uncertainties of continuous medical services resulting from frequent strikes, or 'alutas' by hospital personnel, among other things, as well as the complementary role the churches play in health delivery, faith healing should be taken seriously by the national health delivery agencies.

Zahra, F. 2017. A descriptive study of uterine artery embolization for leiomyoma in an African population in a low-resource setting.

Uterine artery embolization (UAE) is an interventional radiologic procedure that has developed over the last 10 years and is gaining popularity. It involves occlusion of the uterine arteries thereby decreasing the blood supply to the fibroids; thus, improving symptoms in patients. The complications and outcomes of this procedure were assessed. Objectives and methods – The objectives in this above-mentioned study were: To describe the demographics of the women who attended the Uterine Artery Embolization clinic from January 2004 to December 2011. The aim was: 1) to describe the presenting complaints of the women attending Uterine Artery Embolization clinic; 2) to quantify the response of the fibroids to Uterine Artery Embolization in terms of size; and 3) to document complications and outcomes associated with the procedure. After having met specific inclusion and exclusion criteria, the study sample comprised 100 women on whom UAE had been done.

1.4.4 Conclusion drawn from the literature study

At the end of this section, the *lacuna* on which the current research will focus is to learn more about pastoral care given to African Christian women suffering from uterine myomas. A few of the materials from the literature mentioned above contribute to this study. In view of arriving at the purpose of the research, the researcher used most of the books and articles mentioned above, as well as other material which has not been mentioned in the preliminary review.

1.5 Research Question and Objectives

1.5.1 Research question

This research will be guided by one primary question, but five secondary research questions will be in line with the four main tasks of Osmer.

Taking into consideration all the above, the research question is: How can Christian women suffering from uterine myomas be cared for through pastoral care and counselling?

This question can be answered by answering the following sub-questions:

- What is going on in the life of women suffering from uterine myomas? (Answer to the first question of Osmer “What is going on?” descriptive-empirical task)
- What are the contributing factors to fibroids and to the suffering of women with this condition? (Answer to the second question of Osmer “Why is it going on?” interpretative task)
- What current pastoral program can be used to counsel Christian women suffering from uterine myomas (This question would also answer Osmer’s interpretative task)
- What normative ethical perspectives does scripture provide for the pastoral care of suffering women? (Answer to the third question “What should be going on?” normative task)
- What program can the church implement for the pastoral care of Christian women suffering from uterine myomas? (Answer to the fourth question “How can we respond?” Osmer’s pragmatic task.)

1.5.2 Aim and objectives

The purpose of this study is to develop pastoral care for Christian women suffering from uterine myomas.

To meet the aim, the following objectives are set.

- To evaluate the suffering of Christian women with fibroids. (The descriptive empirical task: What is going on?)
- To determine the factors contributing to uterine myomas and the suffering of women with this condition. (The interpretative task: Why is it going on?)
- To identify current pastoral models that can be used to counsel Christian women suffering from uterine myomas (This question would also answer Osmer's interpretative task)
- To develop a better understanding of what normative ethical perspectives the Bible provides for the pastoral care of suffering women. (The normative task: What should be going on?)
- To provide the church with a program for pastoral care of African Christian women suffering from uterine myomas. (The pragmatic task: How can we respond?)

1.6 Central Theoretical Argument (Hypothesis)

The central theoretical argument of the research is that a pastoral-based program can enhance and improve the quality of life of Christian women suffering from uterine myomas.

1.7 Research Methodology

Methodology deals with how data is composed and analysed; it is a strategy behind the choice of using a specific method (Sefotho, 2015:31). The question answered by methodology is how the researcher will go about determining whatever can be known about the topic (Guba & Lincoln, 1994:108).

The study is conducted by means of a literature review and qualitative empirical research. Qualitative health research addresses content concerning health, illness (acute and chronic) and related subjects, as does quantitative health research (Morse, 2012:31). Qualitative health researchers are interested in people and their lives, and their problems as people, focusing on their perceived or experienced health status and emotions. This method puts people first; its emphasis is on their feelings, illness, emotions and behaviours (Morse, 2012:20). This method is about making observations that are summarized and interpreted in a narrative report (Gravetter & Forzano, 2009:146). By applying the qualitative research design, different complex facets of this phenomenon under scrutiny can be uncovered in that it looks at it through the eyes of several individuals experiencing the problem.

1.7.1 Qualitative research method

The view of qualitative empirical research is derived from the goal of inquiry and is enabled by using qualitative methods. Qualitative methods are designed to bring the researcher closer to the participants and the data, and to the person's actual experience so that our qualitative descriptions are personalized and individualized. Data is recorded through individual events to evaluate care experiences, and with certain methods, these experiences are grouped to identify patterns and theories (Morse, 2012:31).

Several methods for determining the choice exist, i.e. the researcher surveyed to determine the quality of life of women suffering from uterine myomas by focusing on individual experiences and their emotions regarding uterine myomas. Added to this, the researcher (as the key instrument – one of the features of qualitative research) also conducted an online survey with professionals such as medical doctors, social workers, psychologists, and pastors regarding their experience with women suffering from fibroids.

When applying a qualitative method, non-numerical data are gathered among small samples of various individuals to enquire about their activities and observe them uncover what they are engaged in and the meanings they attach to their experiences (Osmer, 2008:40). This method allows ministers to expand their understanding of what is going on during episodes, situations and contexts, and is a genuine act of spiritual presence (Osmer, 2008:39). In this manner, the perspectives of the participants are obtained, as well as the meanings they attach to their experiences. In doing so the researcher simultaneously understands their problem and can thus assist in improving the counselling pastors give to such women. In this current research, it was the perspectives of African Christian women suffering from uterine myomas that will be explored.

The qualitative method of the research was applied to two groups; the first group of participants was women who are suffering from fibroids. It was done by means of a survey. These questions included emotional and psychological experiences such as fear and anxiety due to fibroids. A second group of participants who were also conducted an online survey and interviewed were professionals such as pastors, medical doctors, psychologists, and social workers. The researcher recorded individual events and evaluated care were thematically analysed.

The first group of participants was 20 women. The survey was distributed to them by the gatekeepers of this research. The emotional stability of these participants was taken into consideration, and they were assured that their identities would not be revealed; confidentiality was thus observed. These women were informed about the purpose of the research and survey. The second group consisted of 12 pastors, medical doctors, social workers, and psychologists (3

professionals from each field). They participated in semi-structured interviews. The researcher performed this process of interviewing the professionals and collected the completed questionnaire after the interview. It was a face-to-face interview which lasted approximately one hour, and it took place at their offices.

Each group had a separate set of questions. These questions were determined through the study of the impact of uterine myomas on women's quality of life. These questions are attached separately as addenda. With women suffering from fibroids, the question concerned the effect of fibroids on their quality of life, marriage, emotions, social lifestyle, childbearing, pregnancy etc. The questions posed to the second group (professionals) covered the care experiences, comfort and support rendered to these women suffering from fibroids – emotionally and psychosocially.

To consider the background and interest and what I bring to this research, the following: The researcher has a familiar history that situates the study. The issue of uterine myomas affects many women in the world. The topic of this research is emotionally laden, close to people, and practical.

- **Study population**

The study population of this research was women suffering from fibroid, and professionals, namely medical practitioners, social workers, pastors, and psychologists. Potchefstroom Hospital and Chris Hani Baragwanath Hospital, Johannesburg, were used in this research for conducting the survey and interviewing social workers, psychologists, and medical doctors. Women suffering from fibroids completed a questionnaire. The women suffering from uterine myomas were overseen by the gatekeepers via the survey. And the researcher conducted an interview with the professionals.

- **The Gatekeeper**

Medical doctors acted as gatekeepers for this research – each from the respective two hospitals. The medical practitioner was the gatekeeper who was an intermediary between the researcher the women suffering from fibroids and the other professionals. The gatekeepers received the survey in sealed envelopes once the ethics committee of North-West University had granted permission for the research to be conducted. Thereafter, the recruitment of participants commenced.

During a meeting with the gatekeepers, the purpose of this study was discussed thoroughly. The gatekeepers further identified and selected the participants from their respective hospitals. The gatekeepers were requested to explain the purpose of the study to prospective participants. A

formal invitation letter, drawn up by the researcher and endorsed by the supervisor, was sent to prospective participants inviting them to voluntarily participate in the study. The gatekeepers also distributed the questionnaire/survey to the appropriate women suffering from uterine myomas, as established during their medical check-up. The questionnaires were completed in the consulting room during their visitation. The gatekeepers kept the completed surveys secure until the researcher fetched it from them.

- **Sampling**

In this study, the sample was collected very specific because the study investigates a specific problem. The researcher framed the study within the assumptions and characteristics of the qualitative approach to research. Thirty-two (32) participants answered to the survey/interview, while out of the 32, a selected 12 further responded to the semi-structured interviews (qualitative approach). Group one of this research was 20 women suffering from fibroids, which was recruited by the gatekeepers. These women only had to answer questions on the survey. Furthermore, professional health practitioners and pastors, who counsel these women, where interviewed.

The gatekeepers were requested to refer the researcher to his or her colleagues from other fields in the hospital, such as social workers, psychologists etc. for further interviewing.

1.7.2 Approaches for Practical Theological Research

Practical theology is described by Heitink (1999:6) as a theory of action that is the 'empirically oriented theological theory of the mediation of the Christian faith [praxis 1] in the praxis of modern society [praxis 2].' Van der Ven uses 'empirical theology' as a term (Heitink, 1999:6) that is aimed at faith in God (Van der Ven, 1993:120). The term 'practical theology' is however preferred by Heitink (1999:6) because other terms 'limit the object of the discipline to ecclesiastical or ministerial practice.' Heitink (1999) develops his theory concerning Zerfass's model. It combines three interconnected procedures: the hermeneutical circle, the empirical circle, and the regulative or strategic circle.

This study considered the interaction between theory and praxis as proposed for example in the practical theological model of Zerfass (Heyns & Pieterse, 1990:35-36). Osmer (2008:21) portraits humans as interpretative beings. Humans are inherently 'hermeneutical' beings, involved in the activity of interpreting and making sense of their experiences that may wound their belief that God watches over 'good people' and does not let bad things happen to them (Osmer, 2008:21).

The researcher deemed the model of Osmer the most appropriate to serve as the basis of the investigation while other models were also taken into consideration. Hence the following questions of Osmer's model were answered in this research:

- The descriptive empirical task asks, 'What is going on?'
- The interpretative task asks, 'Why is it going on?'
- The normative task asks: 'What should be going on?'
- The pragmatic task asks, 'How can we respond?'

The descriptive empirical task asks: 'What is going on?'

What is going on? This is a descriptive empirical task of practical theology; it is the task that carries out the interpretation of the text of contemporary lives and practices, known as living human documents. What is seen to be going on in the lives of women suffering from uterine myomas, what are their fears, what rejections do they suffer, how does it influence their marriage etc? This task answers the question: what is going on in the lives of these women? When making observations and gathering information on each episode, the question posed is: 'What is going on?' This question lies at the very heart of the descriptive-empirical task of practical theological interpretation.

Osmer (2008:35) lists different methods to use in descriptive tasks, such as a spiritual presence that describes a spiritual direction of attending to others in their particularity and otherness within the presence of God. The main issue here is attending, relating to others with openness, attentiveness, and prayerfulness. It is a matter of attending to what is going on in the lives of our people. Listening is a core issue in pastoral care and a spiritual presence is a matter of opening oneself to the forming and transforming spirit of God who covers us in the image of Christ within his body. It is important to learn to attend, and then lead. Priestly listening is the activity of the Christian community; not just being a leader. It reflects the nature of Christians as people who listen to one another as a form of support, care, and edification (Osmer, 2008:35).

This question of 'what is going on in the life of Christian women suffering from fibroids' is answered in this study by applying qualitative research methodology. The researcher conducted interviews with doctors, psychologists, pastors, and social workers. Questionnaires were completed by the women suffering from uterine myomas. The analysis of the data is given in chapter two.

The interpretative task asks: 'Why is it going on?'

The interpretative task is the practical theological interpretation. The interpretation guides are ways of bringing the theoretical map into pastoral care. This map offers a portrait of the lay of the land they are travelling and possible paths that might be taken (Osmer, 2008:80). An interpretative guide therefore needs to be wise in discerning which theoretical map to use in guiding others through the territory they are about to enter. In pastoral ministry, a Christian community needs a leader whose wise guidance helps them make sense of the circumstances of their lives and world. Such a leader should possess certain characteristics to be able to assist a woman suffering from fibroids. What are the factors contributing to the abnormal growth in the uterus of a woman? How does the world around us contribute to women suffering from fibroids? The spirituality of such a pastor is characterised by three qualities, namely thoughtfulness, theoretical interpretation, and wise judgment.

Theoretical interpretation is the aptitude to draw on theories of art and science to understand and answer to the situation and context or episodes at hand. These theories construct knowledge from a particular perspective or position. The fact is that many perspectives do not contain the fullness of truth and that many perspectives are needed to be able to fully understand multidimensional phenomena. The biblical canon of this practice contains a diversity of perspectives on God and God's people forged in different periods and spaces (Osmer, 2008:84).

Wise judgment lets the leader see the relation between interpretation, moral character, and wise judgment. This is a multifaceted intellectual activity, requiring judgements concerning the theories most relevant to the situation and their contribution to the realization of moral ends defined theologically. In pastoral care, how can we be open to the other relevant sciences learn from the knowledge it offers, and place this knowledge in a theological background based on the redemptive wisdom of Christ?

The normative task asks: 'What should be going on?'

The normative task asks, 'What should be going on?' This task opens to the interpretative guide. It describes the interaction of divine disclosure and human shaping as prophetic discernment. The prophetic office is the discernment of God's word to the covenant people in a specific episode and space. The prophets draw on theological traditions to critique popular and official theologies and the way of life justified by these theologies. This interprets theologically specific social conditions, events, and choices before the Christian community at a specific moment in time (Osmer, 2008:135).

Spirituality of prophetic discernment illustrates the qualities of life in the spirit and only then moves further to formal dimensions of the work of interpretation guides. Sympathy is human participation in God's sadness, God's suffering for the life of the covenant people and creation.

Discernment is the activity of seeking God's guidance regarding the situation, events, and decisions of life. Discern means to consider the evidence before reaching a decision or verdict. These practices are central to the work of interpretative guidance. It offers a disciplined way of seeking God's guidance and sorting out what ought to be done in a specific situation, context and episode (Osmer, 2008:138).

Theological and ethical interpretation is the prescribed dimension of the normative task. Theological interpretation draws on theories of divine and human action. It is a theological reflection on the present situation, episode and context with theological concepts. A Christian community of interpretation claims its members' images, concepts, and narratives that school their minds and nurture their capacity to interpret God's action in the events of their lives and world (Osmer, 2008:141). Ethical interpretation is an ethical reflection using ethical principles, rules, or guidelines to guide action towards moral ends (Osmer, 2008:161).

Pastoral care should be based on biblical principles and guidelines. Scripture was exegetically researched to establish principles that can be applied to the pastoral care of Christian women suffering from uterine myomas. The Scriptural verses that were used to complete the exegetical study were selected after completion of the first two chapters to ensure that the study had addressed the relevant topics revealed in these chapters. The method of exegesis that was followed for this study is the grammatical-historical approach exegesis recommended by De Klerk and Van Rensburg (2005). The normative and ethical perspectives Scripture provides for human suffering were analysed in chapter five of this study.

The following Scripture was analysed, and historic exegesis, using the grammatical-historical method for determining the impact of Genesis 3:16 on the woman's reproductive system. The woman's womb was attacked in Genesis 3:16 after disobedience to God's commandment and the faith of the woman with the issue of blood suffering from uterine bleeding in Mark 5:28-33 were the motivational biblical guidelines.

The pragmatic task asks: 'How can we respond?'

The pragmatic task asks, "How can we respond to a particular event or situation?" This practical theological interpretation of pragmatic tasks focuses on creating and enacting strategies of action that impact episodes in ways that are needed. This task emphasises leading changes. The

Christian congregations face not only the outside challenges of a changing social context, but also the inside tasks of serving their congregations (Osmer, 2008:176). The summary of research results of the fore-going chapters was used to present a program for the pastoral care of Christian women suffering from uterine myomas.

1.8 Ethics

This ethics section is designed to assist in understanding the underlying principles and issues involved in conducting research ethically. These principles apply to a wide variety of settings.

This research followed all research protocols at NWU before, during and after the period of research. The researcher abided by the rules of the Ethics Committee of NWU through the Faculty of Theology for approval (ethics approval number: NWU-00852-23-A7) before commencing with the research, since the qualitative researcher has, amongst other things, the moral responsibility of upholding the ethical research code of conduct.

The researcher also obtained permission from the heads of the department of the respective hospitals to conduct the research. Similarly, the researcher not only protected the participants involved in the study through pseudonyms to ensure anonymity and confidentiality but also obtained their willingness and consent before commencing with the study.

1.8.1 Data gathering (collection) and ethical considerations/implications regarding the research.

This research deals with pastoral care for Christian women suffering from uterine myomas. The qualitative data were gathered via surveys that were conducted among a group of people who have had or have suffered from uterine myomas, as well as semi-structured interviews with professional health practitioners.

The gatekeepers were requested to refer the researcher to his or her colleagues within the hospital for the professional interview, such as social workers, psychologists, doctors, pastors (chapel) etc. Two groups of participants were approached for this survey. The first group of participants was 20 women, who were recruited by the gatekeeper of the research. The questionnaire was distributed to them via the mentioned gatekeepers. Their emotional stability was taken into consideration. These women were afforded the opportunity of understanding the purpose of the research and questionnaire. The second group was 12 participants (3 professionals from each field). The pastors, medical doctors, social workers, and psychologists participated in this survey. Interviews were conducted with these professionals to obtain information from the themes regarding matters of which they are knowledgeable, or which they

have experienced, or about which they have an opinion or feelings. A questionnaire can be administered in different ways: face-to-face interviews, online interviews, and self-administered when given directly, through mail distribution or electronically (Hermans & Schoeman, 2015:48).

1.8.2 Consent form/goodwill permission

Written consent was obtained from NWU to obtain permission from the prospective subjects to participate in this research. Every participant received an informed consent form to complete. In health research it is an obligatory ethical practice. A consent form was included with the letter, which needed to be signed by the researcher, the relevant gatekeepers, those women who wished to participate in the study, as well as witnesses.

Informed consent is a method of ascertaining the voluntary consent of the subjects to participate in the research after having been fully informed about the purpose of the proposed research, their role, risks, and their right to give consent to participate in the research and to voluntarily share private information prior to them being included in the research.

The researcher explained the following in the informed consent letter:

- The nature of the research is academic.
- The aim and objectives thereof.
- What was expected of them?
- The benefits of the research.
- The expected duration of their participation.
- The confidentiality levels.
- Information on how the outcomes of the research would be dealt with.
- That they were granted the liberty to withdraw from the study for any reason at any stage without reprisal.
- Accordingly, the aspects of human dignity, respect and the principle of no harm were adhered to during the entire research process.

The purpose of this consent was to provide full information on the research and what their participation would mean for them. The researcher contacted the participants after they had been identified by the gatekeepers who were assigned to assist the researcher. Between the provision of information and obtaining consent, the participants were granted sufficient time to consider whether or not to consent and to ask questions.

1.8.3 Benefits of participation for respondents

The benefits of participating in this study were that participants could express and share their experiences and could contribute to improving the pastoral care for Christian women suffering from uterine myomas.

1.8.4 Estimated risk level

The risk level attached to this research was minimal. This is pastoral care for Christian women suffering from uterine myomas. There was no pressure or any obligation regarding participation. The participants could withdraw from the study at any time in case of emotional distress. All literature and statistics used are available in the public domain.

1.8.5 What was expected of participants during data gathering?

- Participants in groups 1 and 2 alike were expected to adhere to ethical considerations such as confidentiality.
- Both groups of participants were expected to answer all questions.
- Pastors, medical doctors, social workers, psychologists etc. participating in the research were expected to answer questions through an interview and questionnaire process which lasted one hour.
- Selected women suffering from fibroid who participated were expected to answer questions via a questionnaire. The process took approximately twenty minutes of their time to complete.

1.8.6 Setting of data-collection

In the interest of their own convenience and of eliminating any financial expenditure attached to their participation in this research, the interviews and questionnaire were conducted in the comfort of doctors or participants' own offices or other appropriate settings they preferred.

1.8.7 Management, storage, and disposal of data

The questionnaires were collected by the researcher. Both the soft and hard copies of the data are kept in a safe location. Interviews were recorded on an audio tape with permission from the participants. Only the researcher and study promoter have access to the collected data. After data analysis and documentation, NWU guidelines will be followed for destroying copies of data both in hard and soft copy.

1.8.8 Privacy and confidentiality

The information given by respondents was treated anonymously and confidentially. Moreover, the anonymity and privacy of the participants were ensured by making use of pseudonyms. The data were treated with respect and integrity.

1.8.9 Data analysis and interpretation method

The researcher worked with the statistical department at NWU for guidance and use of statistical packages for the quantitative and qualitative data for this study. Furthermore, the data were converted into a format that can be analysed. A computer program was used for data analysis.

1.8.10 Justification for and contribution of research

This research provides the guidelines for caring for and comforting Christian women suffering emotionally, physically and financially due to fibroids. It created a model for pastors and caregivers to be more sensitive when counselling women suffering from fibroid. More guidance will be drawn from Jesus and the woman with the issue of blood. The study further contributes to the ongoing inter-disciplinary approach to caring where theological, social, and psychological dimensions in counselling and care will be appreciated further.

1.8.11 Announcement/Dissemination of study results to participants

Feedback will be given to participants when the results of the study are issued, and they will be given information on where and how to access the feedback. Communication with participants takes place via mobile phone messages and/or email. The results will be communicated to participants within three months of completion of the study and receipt of approval for the results to be made known.

1.9 Schematic Presentation of Research Process

The process of this research study covers the following primary and secondary research questions, aims and objectives of the study, the research methodology and chapter division.

Table 1.1: Schematic presentation of study

Task	Question/Aim	Objective	Methodology
Empirical Descriptive task	What is going on?	To evaluate the suffering of Black women caused by fibroids	This question is answered in the study via questionnaires completed by prospective subjects, and through interviews conducted with doctors, psychologists, pastors, and social workers.
Interpretative task	Why is this going on?	The factors contributing to uterine myomas and the suffering of women with the problem and identifying the pastoral model of counselling	A literature study in the fields of biology, psychology and sociology were conducted to determine the factors contributing to uterine myomas
Normative task	What ought to be going on?	To develop a better understanding of what normative and ethical views are provided in the Scripture concerning pastoral care to Christian women suffering from fibroids	Scripture was exegetically researched to establish principles that can be applied to the pastoral care of Christian women suffering from uterine myomas
Pragmatic task	How do we respond?	To provide a program for the pastoral care of Christian women suffering from uterine myomas	The research results of the previous chapters were used to present a program for the pastoral care of Christian women suffering from uterine myomas

CHAPTER 2 SUFFERING OF CHRISTIAN WOMEN WITH UTERINE MYOMAS

2.1 Introduction

What is going on? This is a descriptive empirical task of practical theology research according to the research model developed by Osmer (2008). This task carries out the interpretation of the text of contemporary lives and practices known as living human documents. The question of 'what is going on in the life of Christian women suffering from uterine myomas' is answered in this chapter by applying a qualitative research methodology. The researcher conducted an online survey with doctors, psychologists, pastors, and social workers. Questionnaires were also completed by women suffering from uterine myomas. The gatekeepers of this research distributed the questionnaires among the prospective subjects. The questions relate to the psychosocial impact of uterine myomas. This chapter aims to investigate the suffering of Christian women with uterine myomas and to determine what issues should be addressed in a model for the pastoral care of these women.

2.2 Research Methodology

The qualitative research method is applied. Qualitative health research addresses content concerning health, illness (acute and chronic) and related subjects (Morse, 2012:31). The qualitative health researchers are interested in people and their lives, and their problems as people, focusing on their perceived or experienced health status and emotions. This method puts people first; its emphasis is on their feelings, illness, emotions and behaviours (Morse, 2012:20).

The qualitative method of the research was applied to two groups. The first group of participants were women who were suffering from uterine myomas. It was done by using a survey. These questions included emotions, health and symptoms, experiences, fear and anxiety they face due to fibroids. A second group of participants was interviewed. This was professional health practitioners, such as pastors, medical doctors, psychologists and social workers. This was done to evaluate care experiences, and with some methods, these experiences were grouped to identify (parallel) patterns in their experiences and to identify theories (Morse, 2012:31).

2.3 Health aspects of uterine myomas

Uterine myomas is an illness that affects women's health. Health is a matter that may be perceived generally from the scientific perspective of health, from illness to dying, from the physical to the psychosocial to the spiritual realm, and from health in the individual to the family and much larger

groups. Health research includes definitions, behaviours, concepts and theories (Morse, 2012:70).

From a literature study, it became clear that women suffering from uterine myomas become overwhelmed by changes to their bodies, the threat to their mortality, and the symptoms of the illness. They struggle to comprehend these changes, with what is happening to their body, and how to deal with pain, bleeding, fatigue, dizziness, sleeplessness, bloated stomach and so forth. They struggle with the realization that everyday normal activities are no longer possible. The treatment that is supposed to cure, causes a string of unexpected new problems and side effects (Morse, 2012:71). Relationships with loved ones are drastically altered, and sometimes, even familiar roles are reversed (Morse, 2012:71).

This chapter interprets the data from participants. The information obtained from the 20 participants suffering from uterine myomas will be analysed using statistical records to interpret the data. The second group of interpretations were gathered from 12 professional participants. This finding will also be analysed, interpreted, and summarised. The chapter will conclude with interpretation thoughts concerning the effects and eventually the needs of these women.

2.4 Group One: Patient Participants

Patients who were hospitalized or those who came for routine check-ups for uterine myomas formed part of the first group of participants. The research among them was performed by a survey that consisted of 25 questions from emotion- and symptom-related perspectives. Every participant received an informed consent form to complete. In health research, this is an obligatory ethical practice.

2.4.1 The gatekeepers

Two healthcare providers acted as gatekeepers for this research – each from the respective hospitals. The gatekeeper distributed the questionnaire/survey to the appropriate women suffering from uterine myomas, as established during their medical check-ups or hospitalization. The gatekeeper was to keep the data secure and ensure the safety of all the data collected during this research.

2.4.2 Research finding: analysis, presentation and interpretation

Group one of the participants (women suffering from fibroids) completed the survey questionnaire in the hospital or consultation rooms of the treating doctors (gatekeepers). The findings of this study were analysed by the NWU Statistics Department.

2.4.3 Presentation and analysis of data

The data will be presented in the order of the questions on the survey, which is stated with preliminary questions regarding their age, marital status etc., followed by 25 health-related questions.

a. Preliminary General Data

- **Age**

The study aimed to determine the age range of women affected by uterine myomas. It was found that women in their reproductive age are more likely to suffer from fibroids. The research revealed that women aged between 24 and 45 are most susceptible to this condition. Out of the 20 participants, 16 were between the ages of 24 and 40, 2 were aged 41-45, and 2 did not disclose their age.

- **Marital status**

It is necessary to establish the marital status of the participants. Married women and single women's experiences of the impact of uterine fibroid differ considerably. The finding revealed that 65% of participants are married, 30% are single, and 5% out of 20 participants are divorced. Single women with fibroid are mostly without help or support from family members or their partners. Married women experience the symptoms in their relationships, but the impact is different as a result of the support of their partners.

- **Language**

The research interview questions were structured in English. It is important to establish the impact of language during the interview. Only 5% of the participants used English as a first language, and the participants were from ten different language groups.

b. Questions concerning health issues

Twenty-five health-related questions were posed, and the findings are as follows. n1 to n25 refer to questions 1 to 25 in the preliminary questionnaire.

- **Question 1: Have you been diagnosed with fibroid?**

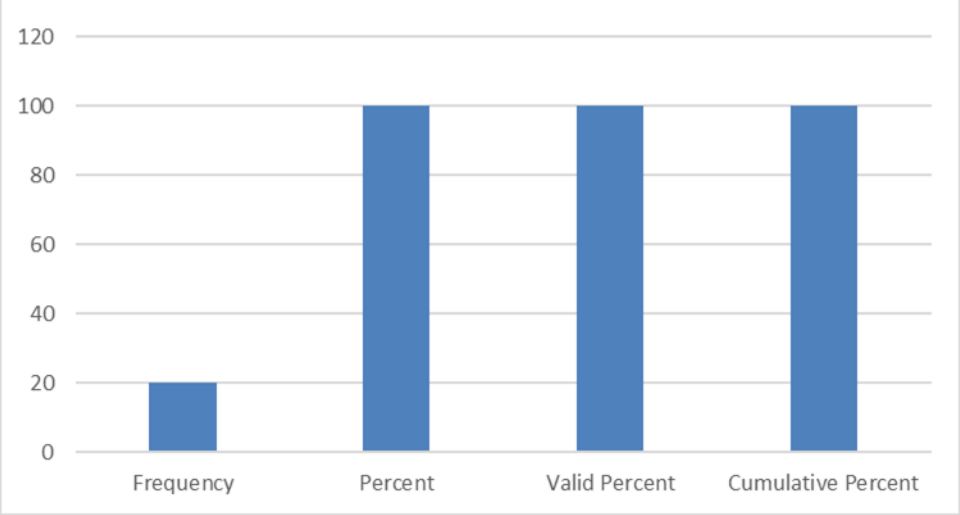

Figure 2.1: Record of participants with fibroid

100% of the participants answered yes to this question, which can be interpreted that they all experience uterine myoma. This is significant because the findings are enriched with real-life experiences that benefit the research.

- **Question 2: If yes, how many times have you been diagnosed with fibroids?**

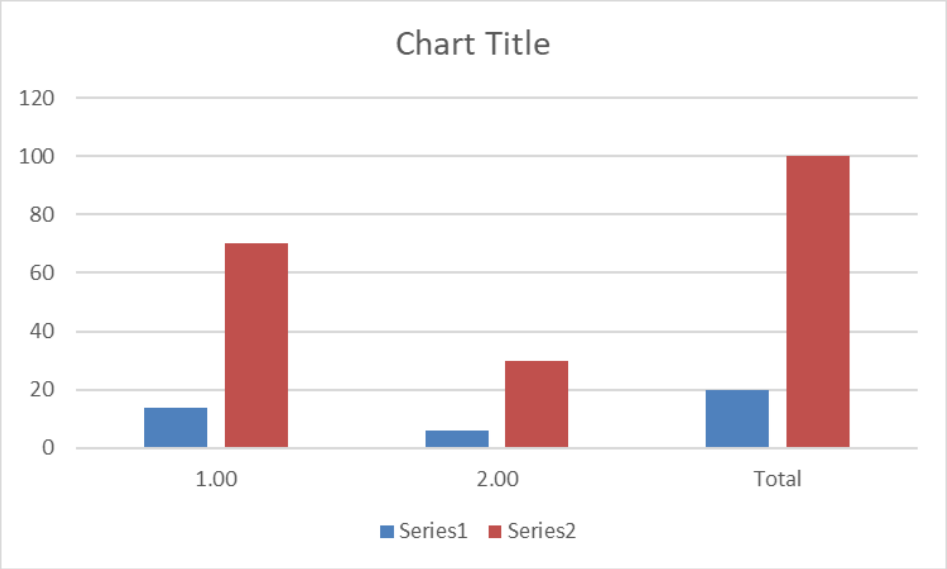

Figure 2.2: Statistics record of the number of diagnoses

The findings indicate that 14 participants were identified to suffer from uterine fibroid once, while 6 participants experienced fibroid suffering multiple times. It is important to know the number of diagnoses of women suffering from fibroids because it is an indication that uterine myomas can and may regrow after the initial treatment.

- **Question 3: How many fibroid tumours are there in your reproductive organ?**

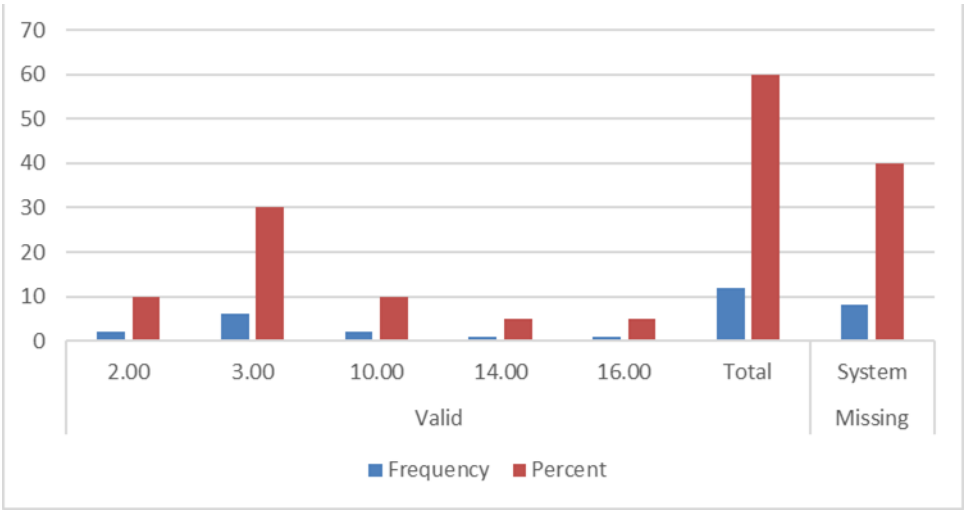

Figure 2.3: Statistics record of the number of fibroids

The uterine fibroids come in multiple growth at any part of the uterus. The number of growths and sizes differ from woman to woman. This results in the suffering and the effects to differ from patient to patient. According to the finding, most women suffered from multiple growth of fibroids from 2, 3, 10, 14, 16 which represent the number of fibroids growth in the uterus. The missing data graph refers to the number of participants that did not answer the question. 40% of the participants did not answer the question. This might be because they did not know the answer to this question.

- **Question 4: How many children do you have?**

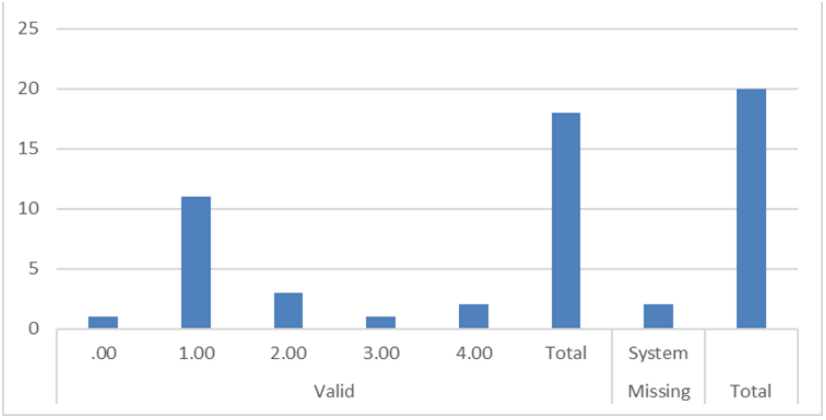

Figure 2.4: Statistics record of the number of children

One of the purposes of this study is to determine the proportion of women among the participants suffering from infertility, and to establish the effects of uterine fibroids on infertility. The findings are that 5% of the participants have no children, 55% have one child, 15% have 2 children, 5%

have 3 children and 10% have 4 children. Added to this, 10% of the participants did not answer the question. Based on the findings, it was observed that 55% of the participants had one child. This statistic suggests that delaying childbearing can contribute to fibroid growth, which might lead to infertility and secondary infertility in some patients. This will be discussed further in the next chapter of this research (factors contributing to fibroid growth). One of the psychologists interviewed in group two speculated that the missing data might be attributed to some participants not having any children, who are more likely to be affected by fibroids. These participants may have desired to have children but were unable to do so due to uterine myomas, which potentially influenced them emotionally, leading to their decision not to answer the question.

- **Question 5: Did your stomach appear pregnant because of the myomas?**

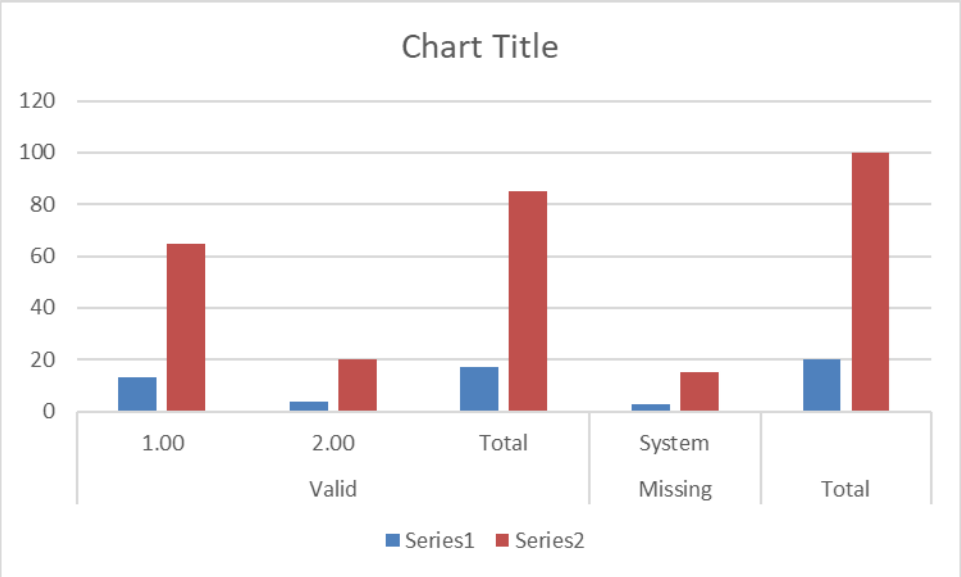

Figure 2.5: Record of women with large stomachs

65% of the participants answered “yes” and 15% answered “no” to the question. Another 15% of the participants refrained from answering the question. The finding can be interpreted that uterine fibroids make many women look pregnant or appear pregnant due to the size and the number of fibroids. This may lead to psychological effects or emotional effects.

- **Question 6: Do you suffer any symptoms due to fibroid?**

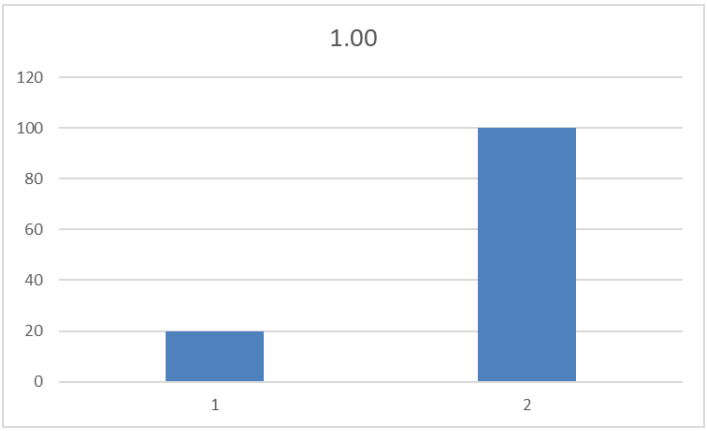

Figure 2.6: Statistics record of women with fibroid symptoms

In the graph, one indicates the number of participants that answered, and two the percentage of participants that answered the question. All the participants answered 'yes' to the question. Many women with uterine myomas experience symptoms. According to the findings of this study, African women mostly do not have routine check-ups with gynaecologists, which may lead to a delay in the diagnosis of uterine fibroid. Small fibroids do not cause symptoms. Large uterine fibroids are symptomatic, which causes many women with uterine myomas to experience bloated stomach, bleeding, painful sexual intercourse etc.

- **Question 7: Do you suffer abdominal pain or bloated stomach?**

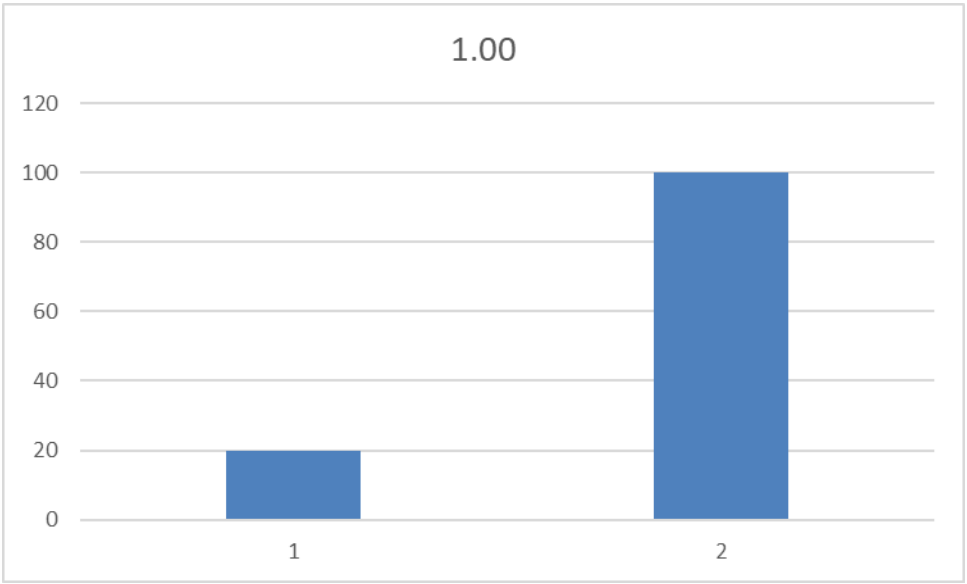

Figure 2.7: Statistics record of women with abdominal pain

The graph reflects that one indicates the number of participants that answered, and two indicates the percentage of participants that answered the question. All the participants answered “yes” to the question. One of the signs of uterine myomas is a bloated tummy and abdominal pain. Women with large uterine fibroids might experience heaviness or pressure in their lower abdomen or pelvis.

- **Question 8: Are you on birth control pills?**

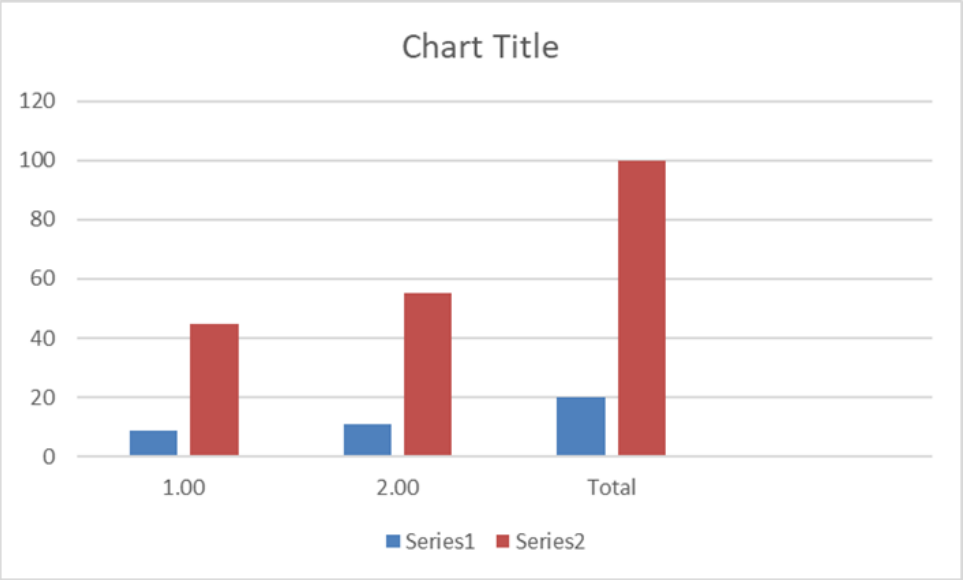

Figure 2.8: Statistics record of women on birth control pill

As reflected in this graph, series 1 (Blue chart) means the number of participants, and the one indicates a yes-answer. Series 2 (Red chart) means the percentage of participants, and the two indicates a no-answer. According to the findings, 45% of the participants answered “yes” to the question while 55% said “no”. Birth control pills may be a protective factor against uterine myomas symptoms and occasionally it might be a factor in fibroid growth. Birth control pills may also prevent uterine myomas from being diagnosed. The influx of additional hormones may contribute to fibroid growth. The relation between birth control and uterine myomas will be discussed in the subsequent chapter.

- **Question 9: Do you have heavy menstruation periods?**

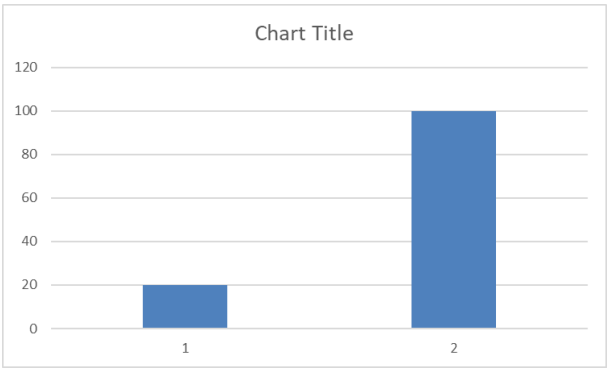

Figure 2.9: Statistics record of women with heavy menstruation period

As indicated in the graph, one indicates the number of participants that answered, and two indicates the percentage of participants that answered the question. All the participants ascribed their suffering from heavy menstruation periods to uterine myomas. This finding establishes that women with uterine myomas are suffering from bleeding and abnormal blood loses on a daily or monthly basis and this may result in amenia and cause weakness in the body.

- **Question 10: Do you suffer from prolonged menstruation periods?**

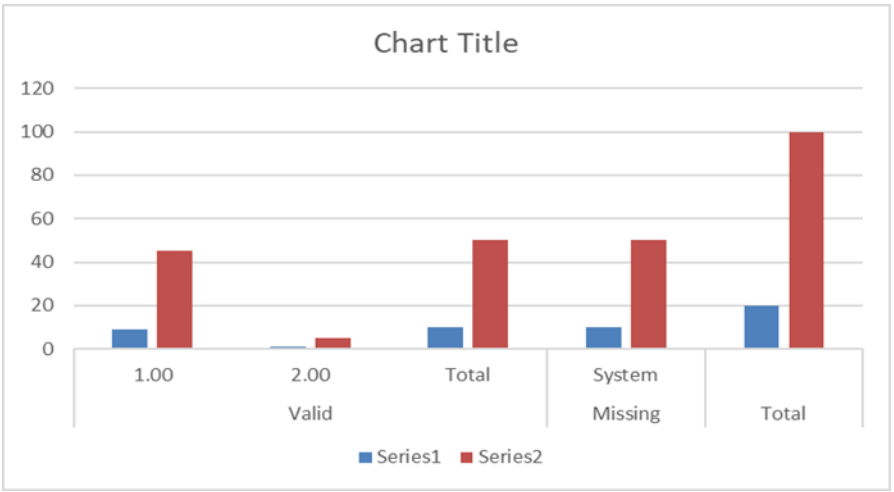

Figure 2.10: Statistics of women with prolonged menstruation periods

This graph illustrates that series 1 (Blue chart) means the number of participants, and the one indicates a yes-answer. Series 2 (Red chart) means the percentage of participants, and the two indicates a no-answer. The findings reveal that 50% of the participants did not answer this question. The reason for missing data is unknown; it might be the lack of understanding of the word “prolonged”. The statistics do, however, indicate that 45% of the participants suffered from prolonged menstruation periods.

- **Question 11: Do you suffer from abnormal bleeding?**

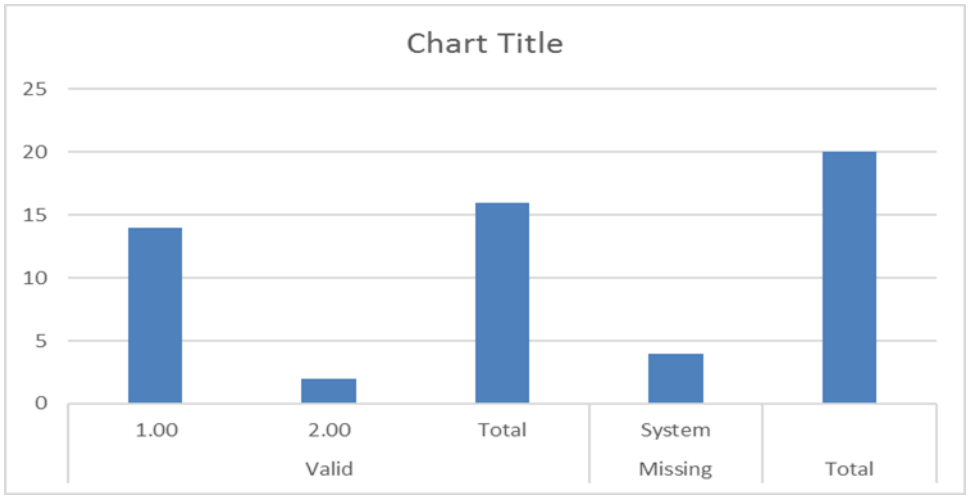

Figure 2.11: Statistics record of women with abnormal bleeding

According to the graph, one indicates a yes-answer and two a no-answer. 70% of the participants answered yes. This means that abnormal bleeding occurs in many women suffering from uterine myomas, while 10% said no. Many women with uterine myomas suffer from abnormal bleeding, which is called vaginal bleeding from the uterus that is abnormally frequent, lasts excessively long, is heavier than normal, or is irregular (Whitaker *et al*., 2016:34).

- **Question 12: Does fibroid affect your sex life?**

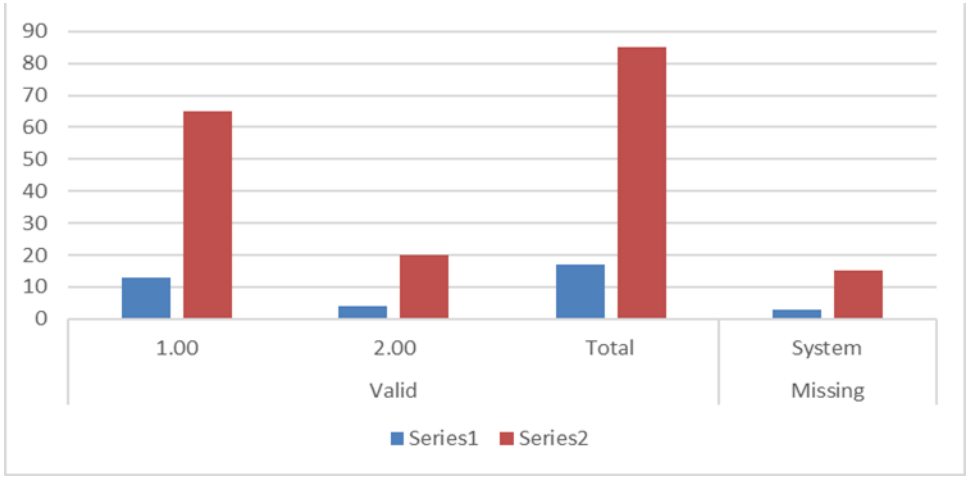

Figure 2.12: Record of women with painful sex

As depicted in this graph, series 1 (Blue chart) represents the number of participants, and the one, a yes-answer. Series 2 (Red chart) indicates the percentage of participants, and the two, a no-answer. The findings reveal that most women with uterine fibroids experience pain or discomfort during sexual intercourse due to fibroid growth in the uterus. Only 17 participants

answered the question. This means that fibroids have a negative impact on their marriage and relationship. Uterine fibroids cause many women to refrain from sexual intercourse due to pain and discomfort. The reason for missing data is unknown. These women probably are not comfortable discussing their sex life.

- **Question 13: Does fibroid affect your social life?**

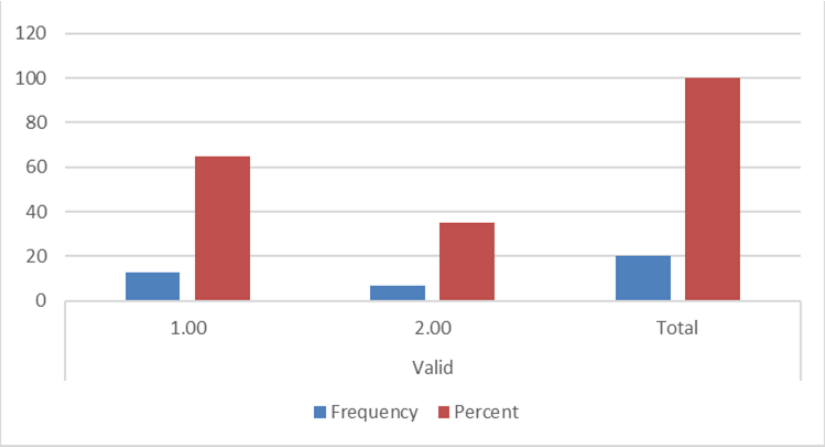

Figure 2.13: Statistics of women with negative social life

As indicated in this graph, series 1 (Blue chart) means the number of participants, and the one indicates a yes-answer. Series 2 (Red chart) means the percentage of participants, and the two indicates a no-answer. 65% of the participants answered “yes” to the question and 35% answered “no”. The impact of uterine myomas on social life is established. The findings of this study reveal that women suffering from uterine myomas are mostly isolated. The unexpected bleeding or heavy and prolonged bleeding causes isolation for many women, which might cause anxiety and emotional and psychological impact.

- **Question 14: Does fibroid affect your fertility?**

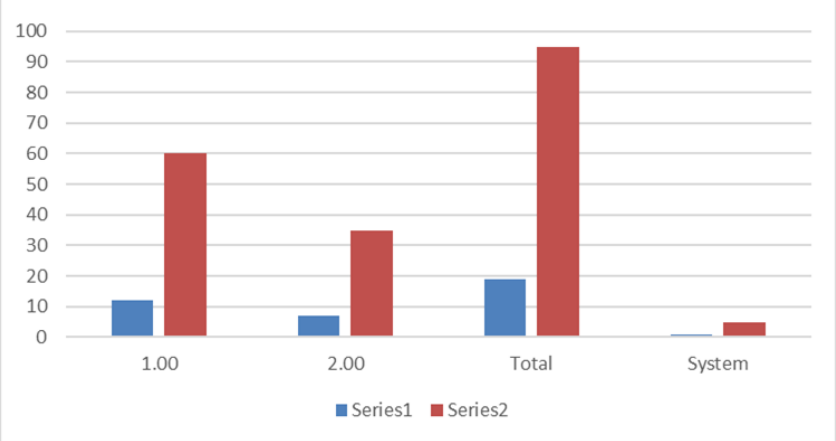

Figure 2.14: Statistics record of women with infertility

As reflected in this graph, series 1 (Blue chart) means the number of participants, and the one indicates a yes-answer. Series 2 (Red chart) means the percentage of participants, and the two indicates a no-answer. These statistics mean that uterine fibroid affects the fertility of women suffering from it. 60% of the patient participants responded to the impact of fibroid on fertility. According to their responses 35% of these participants are not affected.

- **Question 15: Does fibroid affect your physical appearance and confidence?**

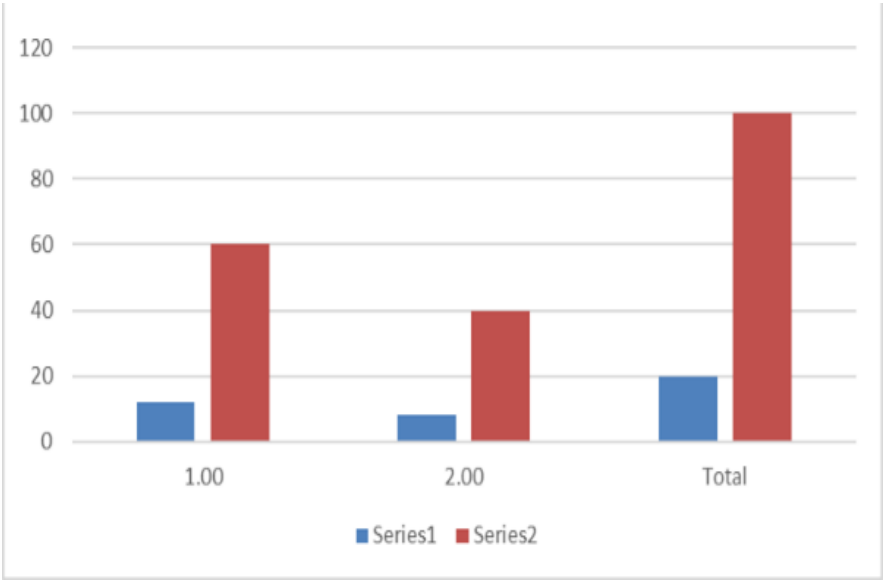

Figure 2.15: Statistics record of women with negative appearance

As indicated in this graph, series 1 (Blue chart) means the number of participants, and the one indicates a yes-answer. Series 2 (Red chart) reflects the percentage of participants, and the two indicates a no-answer. Women suffering from uterine fibroid gain weight, this is revealed by the responses of the patient participants. 60% of participants answered “yes” to the impact of uterine myomas on their appearance and confidence. This indicates that women with unexpected weight gain may suffer emotionally, and it may lead to low self-esteem and isolation among many.

- **Question 16: Have you been diagnosed with low blood level?**

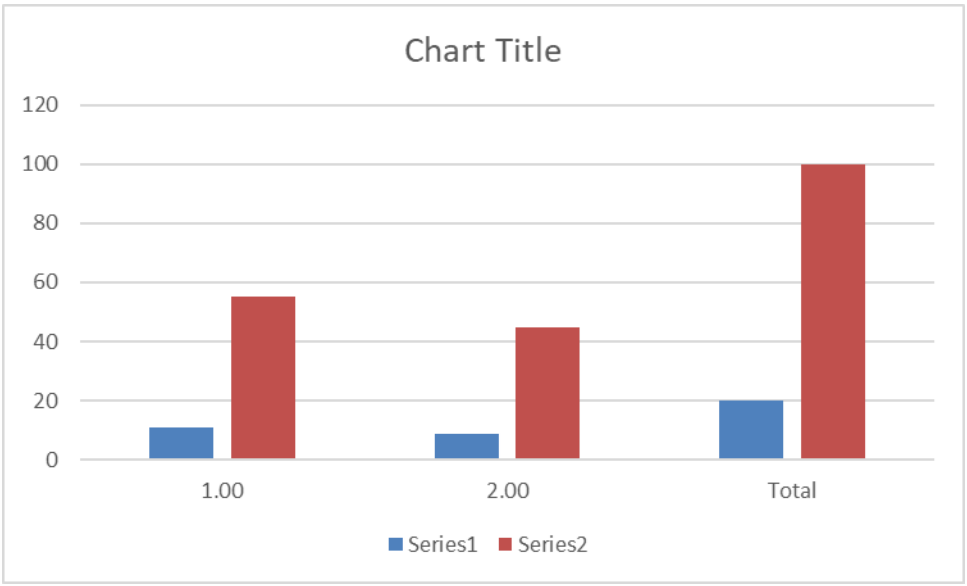

Figure 2.16: Statistics record of women with low blood level

As reflected in this graph, series 1 (Blue chart) means the number of participants, and the one indicates a yes-answer. Series 2 (Red chart) reflects the percentage of participants, and the two indicates a no-answer. Uterine fibroids cause bleeding among women, which may result in low blood levels. The statistics show that 55% of the participants have been diagnosed with low blood levels. It is important to know that low blood levels may lead to a life-threatening situation.

- **Question 17: Have you been transfusing due to anaemia?**

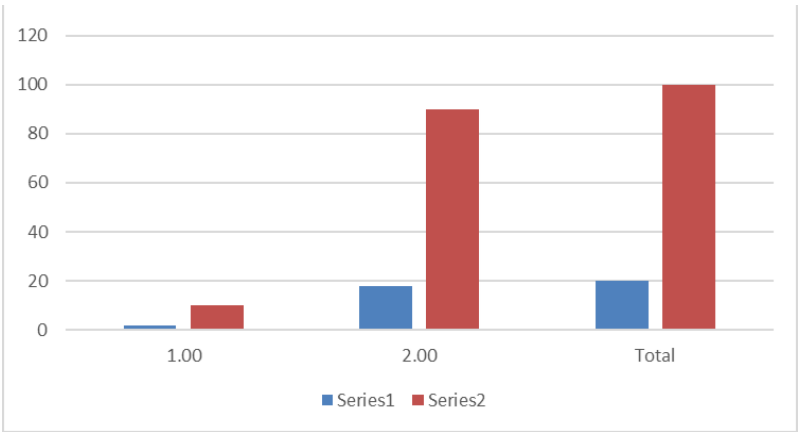

Figure 2.17: Statistics of women on iron supplement

According to this graph, series 1 (Blue chart) means the number of participants, and the one indicates a yes-answer. Series 2 (Red chart) indicates the percentage of participants, and the two, a no-answer. The answer of 90% of the women suffering from uterine myomas was “no” to

blood transfusion, because anaemia is a symptom of myomas, and it can be a life-threating situation. Some of these participants are on iron tablets, particularly in South Africa where medications are free to hospital patients. In other parts of Africa where medications are not free to the patients, these individuals are battling with weakness and fatigue and constantly suffering from headaches due to low blood levels, and 10% have been transfused. The findings of this study reveal that women suffering from uterine fibroid are struggling to keep their blood levels normal. Every month, these women keep losing blood, which results in anaemia.

- **Question 18: Do you have any support from family and friends?**

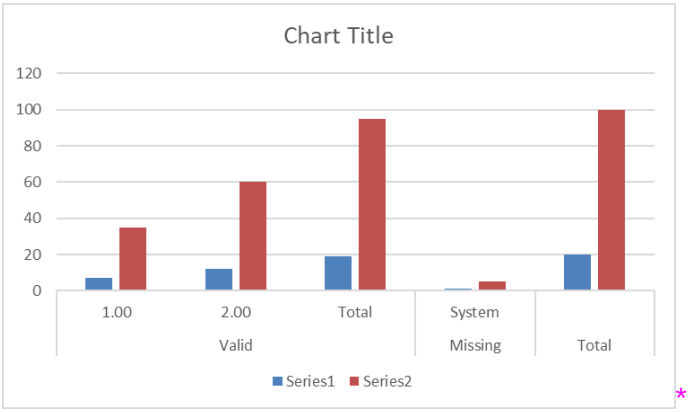

Figure 2:18: Statistics of women with support from family and friends

As indicated in this graph, series 1 (Blue chart) means the number of participants, and the one indicates a yes-answer. Series 2 (Red chart) means the percentage of participants, and the two indicates a no-answer. Support from family and friends is extremely important, but many women with uterine myomas suffer alone. 35% of women with fibroids receive support from family and friends, while 65% receive no support. This finding means that there is not much awareness or understanding of the importance of counselling for women with uterine myomas.

- **Question 19: What are your greatest challenges due to fibroids?**

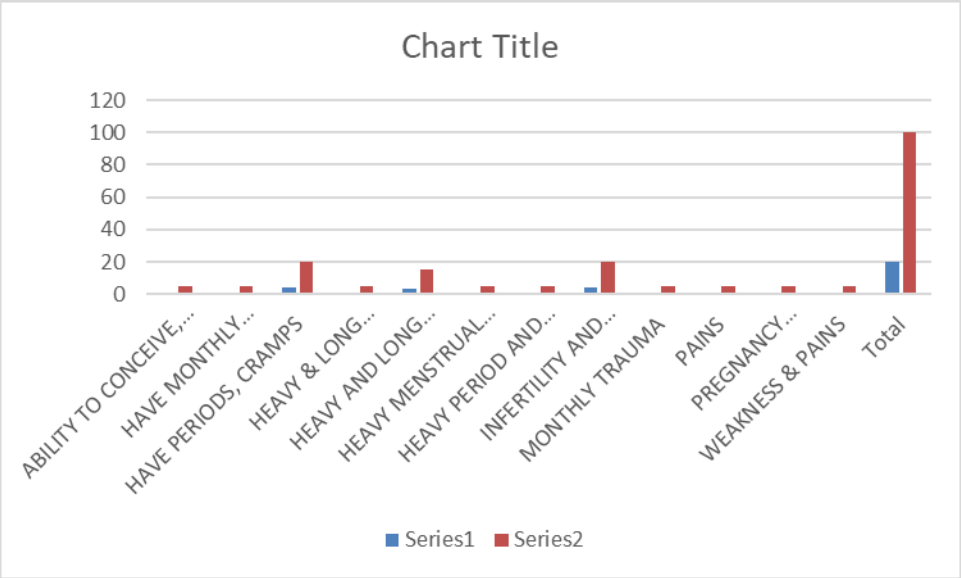

Figure 2.19: The greatest challenges of women with fibroids

As reflected in this graph, series 1 (Blue) indicates number of participants, and series 2 (Red) indicates percentage of participants. The graph above illustrates the challenges women with uterine myomas face. Women with uterine myomas face a variety of challenges. All 20 participants answered this question. The findings reveal that all 20 participants are suffering from this illness. Four participants are suffering from heavy periods and monthly cramps, four participants are facing infertility challenges, three participants suffer from prolonged periods, heavy menstrual periods and cramps, the rest of the participants are facing challenges with pregnancy complications, inability to conceive, monthly trauma, infertility and constipation, backpain, and weakness.

- **Question 20: What is the impact of fibroid on your marriage and daily activities?**

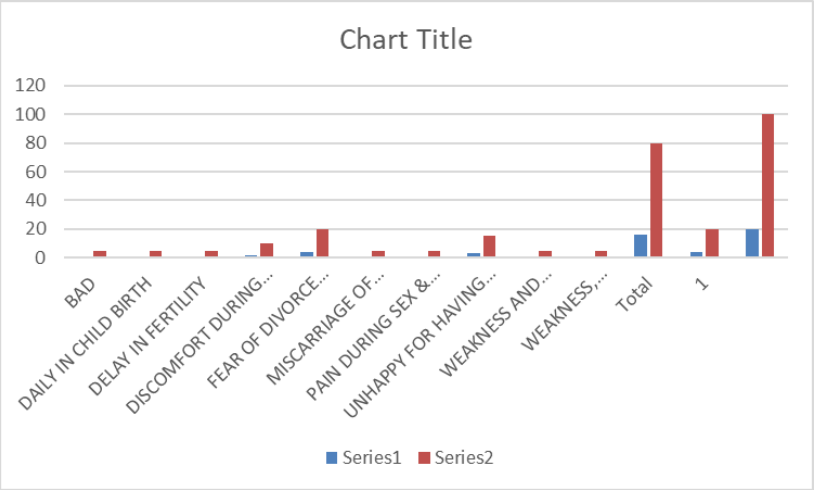

Figure 2.20: Impact of fibroids on marriage and daily activities

According to this graph, series 1 (Blue) indicates number of participants, and series 2 (Red) indicates percentage of participants. The one in the bar chart means missing data. The findings reveal that uterine fibroid has a negative impact on the marriages and relationships of women who suffer from fibroids. Two participants are facing delay in fertility (delay in childbirth means delay in fertility). One participant wrote fear of divorce, and miscarriage during pregnancy, three participants indicated discomfort during sexual intercourse and resentment from their husbands, and two indicated weakness and headaches. This finding is important to this study since it aims to create pastoral care and also to address these issues during counselling with women suffering from uterine myomas.

- **Question 21: What is the response of your religious community to this illness?**

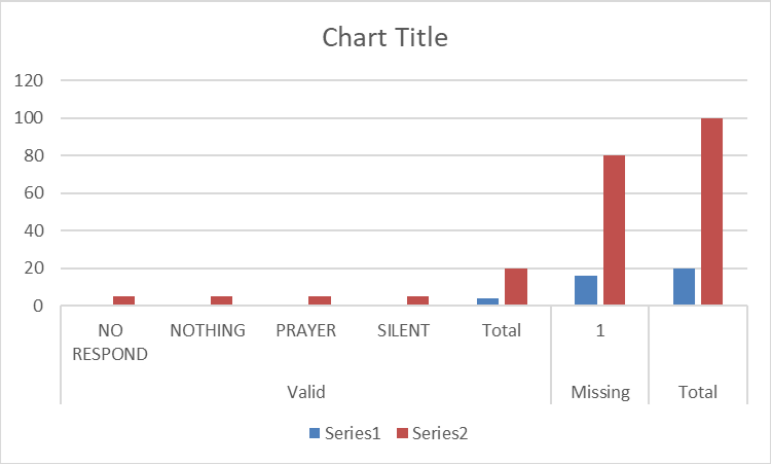

Figure 2.21: Record of religious community's support for women with fibroid

As depicted in this graph, series 1 (Blue chart) means the number of participants, and the one indicates a yes-answer. Series 2 (Red chart) means the percentage of participants, and the two indicates a no-answer. 16 participants did not answer this question. The reason for this missing data is unknown. It can be that they do not belong to a religious community. 80% of the participants did not answer, and the responses of the 20% were either nothing, silent, no response, or prayer. The missing data also means silent, nothing or irrelevant. This means that women suffering from uterine fibroid do not expect anything from a religious community regarding this. The lack of support for women suffering from uterine fibroid in the church is revealed in this finding. Women are alone and suffer alone like the woman with the issue of blood (Mark 5:25-34, Luke 8:43-49).

- **Question 22: What are your needs and expectations in terms of your religious community?**

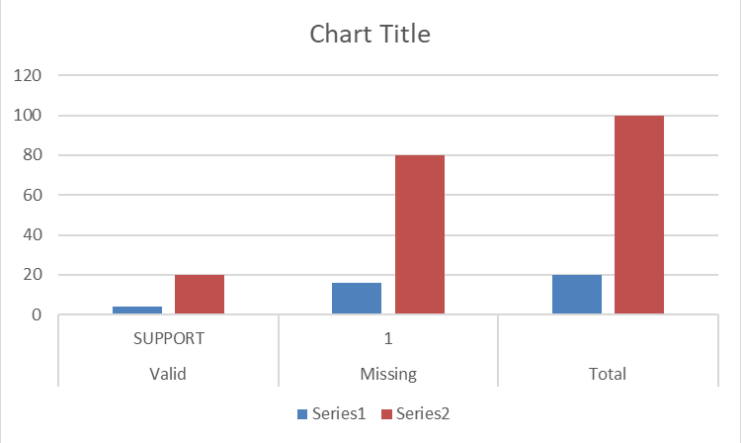

Figure 2.22: Expectations of women with fibroids

This graph indicates that series 1 (Blue chart) means the number of participants, and the one indicates a yes-answer. Series 2 (Red chart) means the percentage of participants, and the two indicates a no-answer. 20% of participants want support from the church, while 80% did not answer the question. This response correlates with the previous question's response. Women need support and prayer. Most importantly, women need awareness.

- **Question 23: Do you need care and counselling regarding fibroid and medical treatment?**

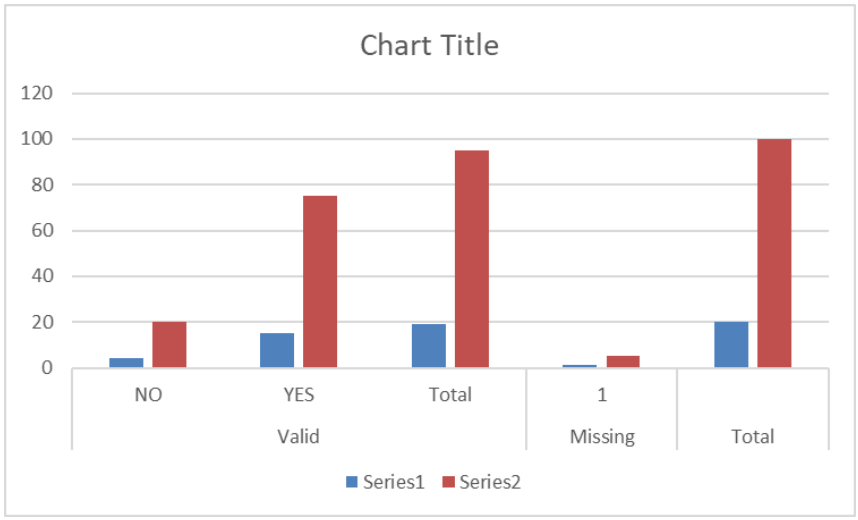

Figure 2.23: Statistics of women in need of counselling

As depicted in this graph, series 1 (Blue chart) means the number of participants, and the one indicates a yes-answer. Series 2 (Red chart) means the percentage of participants, and the two indicates a no-answer. 75% of the women suffering from fibroid said they need care and counselling regarding fibroid and regrowth. 20% said no and 5% did not answer. The statistics from the findings show that 75% of women suffering from fibroid need help and counselling. This means that the Christian community needs to create a support group or refuge place for these women where they can share their experiences and gain some knowledge and support in a safe environment.

- **Question 24: Do you have any knowledge of fibroid and regrowth?**

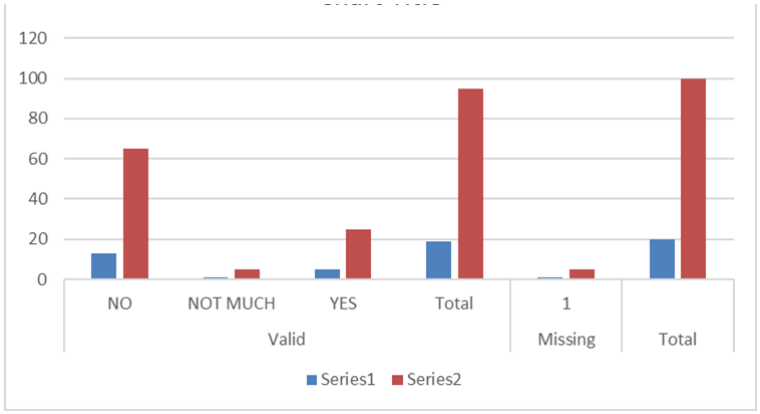

Figure 2.24: Knowledge of fibroid regrowth

As reported in this graph, series 1 (Blue chart) means the number of participants, and the one indicates a yes-answer. Series 2 (Red chart) means the percentage of participants, and the two indicates a no-answer. The findings reveal that 65% of women did not possess adequate information on fibroid and regrowth. 5% said the information is not much, while 25% answered yes to the question. This means that the information regarding fibroid regrowth needs to be discoursed during pastoral counselling.

- **Question 25: Have you sought assistance or talked to pastors or social workers about your fear and anxiety?**

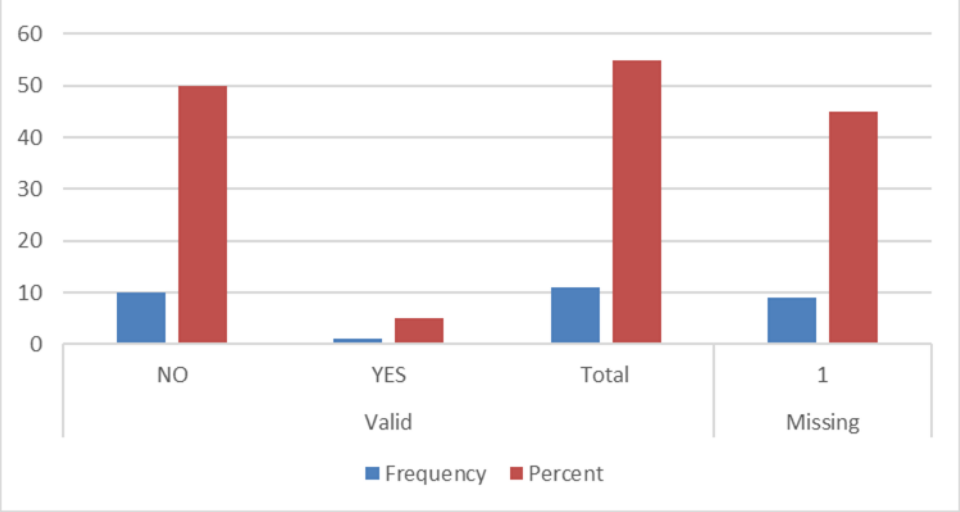

Figure 2.25: Pastoral help

As depicted in this graph, series 1 (Blue chart) means the number of participants, and the one indicates a yes-answer. Series 2 (Red chart) represents the percentage of participants; the two indicate a no-answer. 50% of the women suffering from uterine myomas did not ask for counselling with regard to facing fear and anxiety due to fibroids. It may mean that they do not know what counselling would entail. 5% answered yes. 45% of the participants did not answer and their data are missing. No appropriate support exists for these women to seek help. Women with uterine myomas are neglected in church and society. The familiarity of the word fibroid makes it a common illness.

2.4.4 Conclusions from data from Group 1's participants

The above findings established that many women with uterine myomas are suffering in silence. Following is a list of issues that need to be addressed during counselling with women suffering from uterine myomas:

- Information on fibroid regrowth.
- Importance of a good diet (fruit and vegetables) and regular exercise.
- Information on delay in childbearing.
- Christian identity and low self-esteem.
- Christian perspective on birth-control pills.
- Fibroids and marriage.
- Fibroids and infertility.
- Importance of women's support groups and counselling.
- Regular and routine check-up details.
- Regular blood-test details.
- Open discussion with a partner (husband) regarding fibroid and sex.

How these women are suffering has been established and can be used in the following chapters to gain a biblical perspective on counselling these women. It became clear that knowledge among these women concerning the counselling role of the church is lacking. The importance of counselling among women suffering needs to be established in the church. Pastoral care is needed to enhance pastoral care and counselling for Christian women suffering from uterine myomas. African women need to be educated about issues affecting female reproductive organs. The church can be a channel to create more knowledge of uterine myomas.

2.5 Group 2: Professional Health Practitioners/Caregivers

The second group in the empirical research consisted of professional health practitioners or caregivers. The interviews with professionals, such as medical practitioners, social workers, pastors and psychologists were conducted via email due to their busy schedules and responsibilities. Twelve professional participants were requested to respond regarding their emotional support rendered to women suffering from uterine myomas, their support to women traumatised by this condition, and how they help these women concerning their negative self-image due to the impact of fibroid and the effects it has on her sex life.

The three questions that were asked, are:

- **Question 1:** What is the emotional support rendered to women suffering from fibroid?
- **Question 2:** How do you support a woman traumatised due to fibroid?

- **Question 3:** How do you help a woman who seeks your help regarding her negative self-image due to the impact of fibroid and the effects it has on her sex life?

2.5.1 Feedback on the responses of medical doctors and/or gynaecologists

2.5.1.1 Participant A's response

> *As a medical doctor, the response to these women depends on the symptoms, and whether the patient still wants to have children. Fibroids are typically non-life-threatening, and many people have mild symptoms or no symptoms at all. Nevertheless, the symptoms can have a significant impact on their quality of life. Different treatment options are available. If the patient has heavy periods, I will advise her to do regular blood tests to be sure her blood levels are within healthy limits and if her blood levels are low, I will recommend an iron supplement; or if her blood levels are extremely low, she could maybe need iron infusions. I refer a patient with depression, anxiety and fear to a psychologist. Patients are advised with different sex positions, and if that does not work, they need to seek further counselling from a sex therapist, for instance.*

From her answers, it is evident that this doctor (general practitioner) only focuses on medical treatment of the illness, and no emotional support forms part of her professional services.

2.5.1.2 Participant B

> *The symptom of uterine fibroid determines the emotional state of the patient. Patients without symptoms are more stable than those with symptoms. Treatment is the possible option to end the fibroids nightmare. Emotional support is as important as physical treatment for patients with chronic symptoms of uterine myomas. These patients are recommended to join a support group and talk to other women with similar problems. Due to the overweight, women suffering from fibroid develop feelings of inadequacy and undesirability. This may lead to low sex drive. Patients are counselled to exercise regularly and eat healthy food, and to seek counselling along with their partner.*

For his answers, it is evident that this doctor (gynaecologist) is a bit more sensitive to the emotional needs of the patients. His response gives a more holistic treatment than those of the first doctor.

2.5.1.3 Participant C

> *Dealing with the pain and other effects of fibroids can lead to depression. Traumatized patients are those with symptomatic fibroids. Patients with bleeding disorders or heavy bleeding are more traumatized due to weakness, fatigue, and constant headaches. These patients need urgent treatment to end the symptoms. These women are referred to gynaecologists for treatment advice. I will help these women to make the right decisions regarding treatment for their depression and anxiety. Women suffering from uterine myomas suffer from weakness and fatigue. Myomas cause sexual intercourse to be painful and unpleasant, and it decreases overall sex desire. These women are advised to seek counselling.*

Participant C is not a gynaecologist, and as a general practitioner explains that these women suffering from uterine myomas are likely to be depressed as a result of symptoms associated with fibroids.

2.5.2 Feedback of the responses of psychologists

The three psychologists who participated, work in hospital facilities. Their duties are to assess the patient referred by the doctors concerning their emotional state of mind and anxiety regarding the illness, treatment advice and observed patient behaviour. The same questions were posed to them as those to the doctors/genealogists.

2.5.2.1 Participant A

Participant A said the women who sought help were those who did not understand or recognize the source of their symptoms until it became more problematic.

> *On many occasions, uterine myomas lead to psychological distress. The anxiety that comes with not understanding the source of one's symptoms can be significant, particularly if there is an unnecessary delay in receiving the diagnosis. Dealing with the pain and other effects of fibroids can lead to depression among women suffering from fibroids. Women with infertility due to the fibroid are more traumatised. More than two-thirds of the women with fibroids are suffering from infertility, which further leads to depression and occasionally, delays in medical treatment. African women suffering from uterine myomas prefer non-surgical treatment options. The existing treatment of fibroids is limited. Surgical options, such as a myomectomy, are available, but often this option is only considered when fibroids are large enough to have caused months or even years of symptoms. While removal of the uterus, or a hysterectomy, is a more definitive cure, it is not an option for women wishing to preserve fertility. Living with uterine myomas as well as the uncertainty around how much an individual's fertility or pregnancy might be impacted, can therefore be a source of chronic stress and traumas among women. For these women, emotional struggles include low self-esteem resulting from being overweight, appearing to be pregnant, and feeling unattractive. These emotional responses to fibroids made it difficult for many women to enjoy intimacy with their partners. These women need to involve their partner in counselling. Sharing their suffering will help their partner to understand and to work towards a solution that works during intimacy.*

From this data, the researcher can conclude that women with uterine myomas experience depression due to the symptoms of this illness and delay in diagnosis. Infertility can lead to depression. The fibroid patient who does not want to undergo surgical treatment is struggling with her choices, especially a woman who wishes to preserve her uterus. These women need to be counselled on the treatment options, the importance of treatment, fertility, how to manage fibroids and the importance of life quality.

2.5.2.2 Participant B

> *Most women with fibroids that I counsel experience worry, fear, anxiety and depression in response to having fibroids in the uterus. Women who choose not to suffer in silence reach out for help. The thought of undergoing surgical procedure, such as a hysterectomy or myomectomy creates stress and plenty of fear of the unknown. They normally ask questions such as, how long will the recovery be? How will my body react? Is it safe? Will I be able to have children again? Will my life be forever changed because of this condition? These are the issues some women discuss during counselling. Most of these questions can only be answered by gynaecologists. Many women with fibroid are helpless because of their inability to be active which leads to women experiencing uncontrolled weight gain as they cut back on physical, daily and social activities with friends and family. This can be traumatising. These women are advised to seek medical advice on treatment options. The impact of fibroid on sex and marriages is under-discussed in our society. Women with fibroids need to listen to their bodies and be proactive about discussing the situation with their partners regarding the pain and stress that come with fibroids.*

Participant B mentions the importance of creating awareness by discussing the impact of uterine myomas among women and society at large.

2.5.2.3 Participant C

> *I treat these women with counselling and support. Especially, women with anxiety that comes with not understanding the sources of their symptoms. Lack of finances usually delays treatment among African women suffering from fibroids. This can be traumatized. After the treatment, there is always a fear of regrowth that can lead to anxiety and dread, because there is a 30% chance that myomas will regrow; this causes women with a history of fibroid to constantly check for regrowth. Woman suffering from reproductive symptoms are encouraged to see their gynaecologist for treatment information and not to delay the treatment. Women do not need to monitor fibroid growth before seeking solutions. Individuals with uterine myomas need to listen to their bodies and be practical about discussing symptoms with a gynaecologist. A change of diet and regular workouts can be of great help. Women with low blood levels need iron medication to reduce weakness and fatigue.*

Fibroid regrowth is common among patients. Participant C also highlights regular exercise and a changed diet to reduce the risk of fibroid regrowth.

2.5.3 Feedback of the responses of social workers

Many social workers work in communities and help women with fibroids to understand the important issues of this illness, such as access to proper screening and diagnosis, treatment options, and pre- and post-treatment care and well-being guidance. Social care can be allocated to women suffering from fibroid through the entire process. They can help and guide at every level from diagnosis to treatment and post-treatment. The researcher decided to include social workers in the empirical study because they are of great help in this research regarding the information needed.

2.5.3.1 Participant A

> *The impact of social workers in the lives of women suffering from uterine myomas is to give them advice to improve their knowledge of the illness and to make the right decisions for treatment, personal care, prevention of regrowth and further, to address wellness and fertility concerns. Positive wellness and lifestyles will give the patients a positive outlook on the issue at hand. Changes in lifestyle, such as exercise, eating healthy and nutritional food, cutting down on smoking and drinking, and eight hours of sleep can improve fertility and prevent – or at least slow down – fibroid regrowth. The social worker department in a Johannesburg hospital has created a support group for women suffering from fibroids, to educate and help women through each stage of the illness, from diagnosis to treatment and other awareness. Women with fibroids experience fear and anxiety, stress, anger, sadness, feelings of hopelessness and helplessness, and even depression. The social worker community helps these women through the process. Different relationships can be affected due to the illness, but those who have gained weight, increased abdominal size, or incontinence are advised to take their partners along both for medical appointments and treatment sessions. Their partners will then gain a better understanding of how fibroids affect their relationships, especially because it may lower their desire for sex or intimacy until treatment is over.*

This participant empathises that women suffering from fibroids need knowledge of fibroid, from diagnosis to treatment and post-treatment information to prevent fibroid regrowth; and the importance to involve the patient's partner in the process.

2.5.3.2 Participant B

This is a male social worker, and he did not have much information. Nevertheless, he responded that the knowledge improvement of the patient is important. He supports them with counselling and information on medical interventions. He states that the patient needs treatment options that are offered individually to be able to live a full healthy life and reproductive life, respectively. He recommends that women receive medical advice for treatment procedures, and proposes lifestyle changes, such as regular exercise and change of diet.

2.5.3.3 Participant C

> *This participant has more knowledge on the treatment of patients who are pregnant and having fibroid at the same time, as it can affect the growth of the baby or even result in a miscarriage. The importance of counselling is to help patients manage their challenges and setbacks. She states that a diagnosis can be difficult during the pregnancy because it can lead to a mental health decrease. For women in Africa, having fibroid is common, but effective support and awareness are lacking, because "it's just fibroids". Many do not ask for help; many women delay treatment until it gets worse. But those who seek help, especially married women, are advised to get their partners involved with medical procedures for a better understanding.*

The information obtained from Participant C is particularly useful, because it explains the importance of counselling and care for pregnant women diagnosed with fibroid. The stage can lead to an emotional crisis due to the risk of miscarriage.

2.5.4 Feedback on the responses of pastors/pastoral counsellors

Christian women often turn to their pastors after diagnosis of illness for prayer and support; especially in Africa where every illness is assumed to be caused by witches or evil spiritual forces, according to Oduyoye (1999). The researcher chose church pastors randomly in her region and interviewed them. The same questions were posed.

2.5.4.1 Participant A

> *There is room for divine intervention and a place for medical intervention. Women suffering from fibroids need both medical treatment and spiritual support for divine intervention and emotional healing. During an alter call to pray for ill people, many women in the church (from age 26 to 40) will mostly come forward with uterine myomas problems. In many cases, these women are mostly single without children or with one or two children. In my experience, the delay in childbearing and the lastness of marriage contribute to fibroid growth among women. Prayer, support and encouragement are rendered to these women. Christian communities are to love and support people in sickness and in health. Prayer and support are rendered to members of our congregation who are suffering from fibroids. Having bad feelings about yourself can lead to an increase in anxiety and depression. These women are counselled about their Christian identity in Christ.*

Participant A's response does not indicate extra support that one would expect from a pastor to women suffering from uterine myomas. He does not mention whether any support group is available for the emotional and biblical guidelines to help women overcome the depression and fear that accompany the trauma of this illness. The researcher inferred that, for him, it was "church business" as usual; maybe because he lacked knowledge of the phenomenon.

2.5.4.2 Participant B

> *These women mostly experience an emotional breakdown or depression because they suffer from uterine myomas. The treatment available for uterine myomas does not come without surgery, which might lead to damage in the uterus or removal of the uterus that might cause barrenness or further delay in fertility. In pastoral care, giving these women hope, faith in God, trust in His word and praying for divine intervention in their suffering, is the method of approach. In Africa, it's common belief that all afflictions are from the devil and must be dealt with by spiritual power (Eph 6:12). Many women sufferings from reproductive issues, mostly believe that the enemy is at work. I base my intervention with them on, "Confess your faults one to another, and pray one for another, that ye may be healed. The effectual fervent prayer of a righteous man availeth much" (James 5:16). The constant bleeding makes women suffering from fibroids to stay away from sex, which affects relationships and fertility negatively. Many African women consider this a spiritual attack against their marriage and fertility. The medical option is not considered by many in Africa but rather seeking a spiritual intervention.*

In her conversation with this pastor, the researcher realised that he believes that all afflictions are from Satan, and this belief adds to the guilty feelings of these women. The sad reality is that there is not much pastoral counselling and care for women suffering from fibroids.

2.5.4.3 Participant C

> *Women suffering from fibroids are emotionally distressed due to the fear of surgery, but the bible says, "Do not fear, for I am with you; do not be afraid, for I am your God. I will strengthen you; I will surely help you; I will uphold you with My right hand of righteousness" (Isaiah 41:10). I saw many women who have refused the treatment because the doctors advised them that the only cure is to perform a hysterectomy or signed the consent form in case of any complication during surgery. These women are lonely, either single or married; this issue makes many of them feel isolated and depressed. Treatment is important to prevent living in discomfort. But prayer is needed also for comfort and divine intervention. I try to strengthen them by quoting: "I have told you these things, so that in me you may have peace. In this world you will have trouble. But take heart! I have overcome the world" (John 16:33 NIV). Deep insight into the word of God can cast away fear and anxiety. Christian women suffering from fibroid are advised to meditate on God's word. The Bible says, "Cast all your anxiety on him because he cares for you" (1 Peter 5:7 NIV) and "Even though I walk through the valley of the shadow of death, I will fear no evil, for you are with me; your rod and your staff, they comfort me" (Psalm 23:4). As Christians, we cannot be troubled by the circumstances of this world, God knows everything about his people. Psalm 139:13-16 says, "You made all the delicate, inner parts of my body and knit me together in my mother's womb. Thank you for making me so wonderfully complex! Your workmanship is marvellous – how well I know it. You watched me as I was being formed in utter seclusion, as I was woven together in the dark of the womb. You saw me before I was born. Every day of my life was recorded in your book. Every moment was laid out before a single day had passed."*

The researcher realised that the response from this pastor does not help these women, as no pastoral care and counselling are given to them. Pastoral counselling is not reciting one Bible verse after another. This will only add to their distress.

2.5.5 Limitations of the empirical study:

a. **Small Sample Size** – The study includes only 20 women suffering from uterine myomas and 12 professionals (pastors, medical doctors, social workers, and psychologists). This small sample size may not provide a comprehensive representation of all African Christian women facing this condition.
b. **Limited Geographical Scope** – The research was conducted within specific hospitals (Potchefstroom Hospital and Chris Hani Baragwanath Hospital in Johannesburg). This geographic restriction may limit the generalizability of the findings to other African regions with different healthcare infrastructures and cultural practices.
c. **Self-Reported Data** – The study relies on self-reported experiences of women with uterine myomas, which may be subject to recall bias, emotional influence, and individual subjectivity. Some participants may not fully disclose personal struggles due to stigma or privacy concerns.
d. **Limited Inclusion of Diverse Perspectives** – Although healthcare professionals were interviewed, the study may not fully account for the perspectives of alternative healthcare providers, such as traditional healers, who play a significant role in many African communities.
e. **Potential Religious Bias** – The focus on Christian women and pastoral care may limit the applicability of findings to women from different religious or secular backgrounds who might experience similar struggles but seek support outside of Christian pastoral frameworks.
f. **Ethical and Emotional Sensitivity** – The nature of the study involves discussing deeply personal and emotional topics, which may have influenced how openly participants shared their experiences, potentially limiting the depth of data collected.
g. **Lack of Longitudinal Data** – The study appears to be cross-sectional rather than longitudinal, meaning it captures data at a single point in time rather than tracking changes in participants' conditions and pastoral care effectiveness over time.
h. **Limited Medical Data Analysis** – While the study acknowledges medical factors, it does not include an in-depth clinical analysis of medical records, which could provide stronger empirical evidence on the connection between pastoral care and medical outcomes.
i. **Possible Selection Bias** – The use of gatekeepers (medical professionals) to recruit participants might have influenced the selection of respondents, potentially excluding women with different experiences or alternative views on healthcare and pastoral care.

j. **Generalizability of Pastoral Interventions** – The pastoral care model proposed in the study may not be universally applicable to all churches or Christian communities due to variations in doctrinal beliefs, cultural influences, and pastoral counseling approaches.

2.6 Untreated or Undiagnosed Uterine Myomas

According to empirical research, African women suffer uterine symptoms because of:

- delayed diagnosis and lack of adequate treatment,
- no awareness that their symptoms were “normal” due to the condition,
- limited knowledge of fibroid symptoms,
- don’t perceive themselves to be at risk for fibroids,
- not engaging in avoidance-based coping strategies,
- and/or they dissociated themselves from the problem of uterine myomas.

It appears that for some, limited knowledge regarding fibroids and normal menstruation may lead to a distorted view of what is normal about uterine bleeding, which might cause a delay in treatment. Some women know their symptoms are abnormal but simply avoid the problem. In other parts of Africa, the awareness of uterine fibroids is high, but appropriate knowledge of aetiology and proper treatment is low. Many women with symptomatic uterine myomas live with this condition chronically without seeking medical assistance because they believe that uterine myomas is a spiritual problem, which may require spiritual healing. Fear of complications of surgery kept most away from the hospital until fibroids became advanced, although uterine myomas surgery (Myomectomy or hysterectomy) is not without complications (Adegbesan-Omilabu & Okunade, 2014:4).

2.7 Summary of Medical Procedure of Uterine Myomas from the Professional Interviews

In support of the professional health practitioners’ feedback, the researcher wishes to include the following summary of medical procedures which confirm the findings of the interviews with the medical practitioners (Sefah *et al*., 2022:10).

Table 2.1: Medical Procedure of Uterine Myomas

PROCEDURE	TREATMENT TYPES	DESCRIPTION
Non-surgical	High-intensity focused ultrasound (HIFU) MRI- based HIFU Ultrasound -based	Fibroids heat up beyond 100o F.
		Fibroid size reduction
Surgical	Myomectomy Laparoscopic Hysteroscopic Traditional open myomectomy	Uterine myomas removal
	Hysterectomy	Uterus removal
	Uterine artery embolization (UAE)	shrinks fibroids by cutting off their blood flow
Hormonal	Oral contraceptives pill	reduce bleeding associated with fibroids.
	Progesterone-containing agents	Control the bleeding
	Gonadotropin-releasing hormone agonists (GnRH agonists	GnRH agonists are used to shrink the fibroid
Non-hormonal	Tranexamic acid	Control the heavy abnormal bleeding
	Non-steroidal anti-inflammatory drugs	Reduces the menstrual pain and cramps
	Health diets (vitamin D)	Control bleeding, improves weakness, improves physical image.

2.8 Conclusion

The proposed pastoral care program as an outcome of this research needs to improve knowledge of uterine myomas symptoms and treatment, both in the church and community among African women. There is a need for a pastoral care model that will assist in care for women with reproductive diseases that lead to their infertility, miscarriages, poor quality of life, emotional stress, fear levels and lack of overall support for these women.

The information gathered from the empirical research reveals that the symptoms of uterine myomas affect the quality of life of women suffering from uterine myomas. 90% of the women with fibroid in this current research suffered unnatural bleeding, heavy bleeding, weakness, and pain and 65% with infertility.

The report from professional health practitioners established that seeking counselling is less common among women with fibroid in Africa. Delays in diagnosis and treatment can be life-threatening.

During pastoral care with women suffering from fibroid, emotional support and words of encouragement are needed. Churches need to create a support group for women with uterine myomas with a view to share information and support. The data revealed the silence that prevails concerning this illness.

CHAPTER 3 SICK WOMB: THE FACTORS CONTRIBUTING TO SUFFERING DUE TO UTERINE MYOMAS

3.1 Introduction

The previous chapter focused on answering Osmer's question (what is going on?) in the life of women suffering from uterine myoma. In terms of the symptoms, emotions, and impact of uterine myomas, experiences, support, counselling and pastoral care for women suffering from uterine myomas, the insights were gained to answer the question "What is going on?" (Osmer, 2008:4).

In this chapter, the researcher conducts a literature study of related sciences to gain an understanding and explanation of the current situation and factors contributing to suffering due to uterine myomas. 'Why is this going on?' is the second question of Osmer's four core tasks of practical theological interpretation (Osmer, 2008:4). What are the factors contributing to the abnormal growth in women's reproductive organs?

The findings in chapter two of this study revealed the suffering of women with uterine myomas. All twenty patient participants are suffering from several types of symptoms caused by fibroids. This chapter will explore the factors contributing to uterine fibroid growth.

3.2 Aim of Interpretative Task

This chapter aims to determine the factors contributing to uterine myomas and the suffering of women with this condition. The interpretative task is the practical theological interpretation that attempts to understand "Why is this going on?". With the above-mentioned in mind, this chapter will address the factors contributing to uterine myomas growth and the suffering of women as a result thereof:

- Biological factor
- Nutritional factor
- Genetic factor
- Hormonal factor
- Sociological factor
- Psychological factor
- The impact of uterine myomas on the quality of life

- The pastoral care for women with uterine myomas

The data gathered here will be used to build a model for the pastoral care of these women.

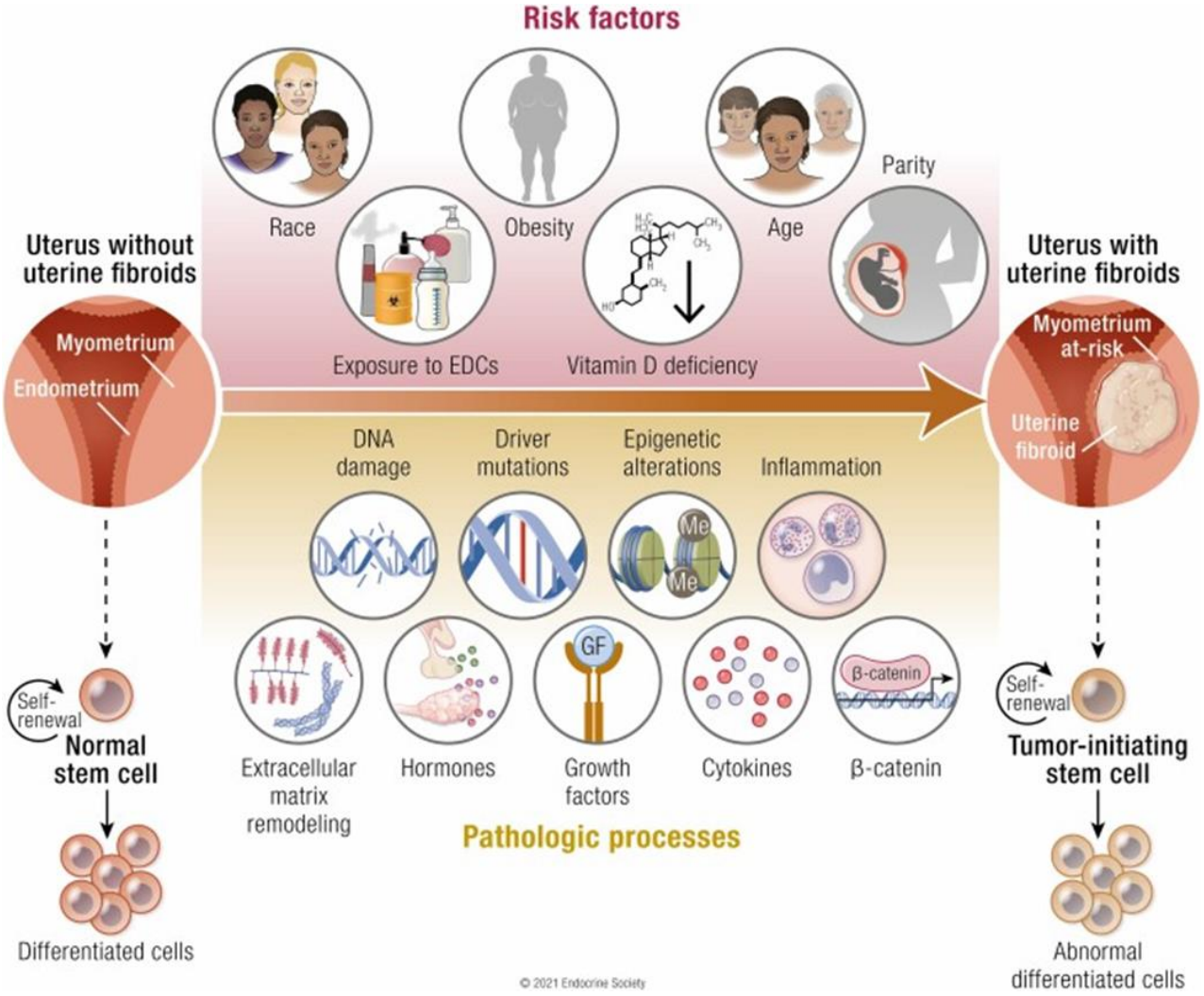

Figure 3.1: Risk factors summary (Yang *et al*., 2021:39)

To provide pastoral care to a woman suffering from uterine fibroids, it is important for the counsellor to understand the biological factors involved in this problem.

How does the world around us contribute to women suffering from uterine myomas? This will be answered by investigating the biological, psychological, and sociological factors to determine the factors contributing to fibroid growth. The contributing factors are presented as follows:

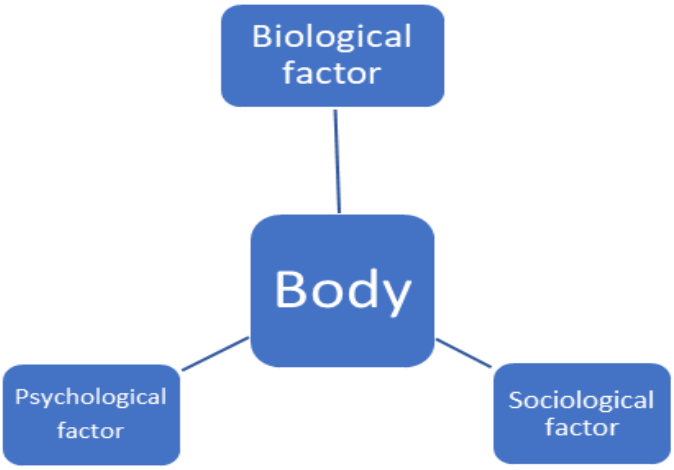

Figure 3.2: Factors contributing to the suffering of women with UM (created by the researcher).

3.3 Biological Factors

This biological factor can be subdivided into three categories, namely nutritional factors (food diet), genetic factors and hormonal factors, as presented below:

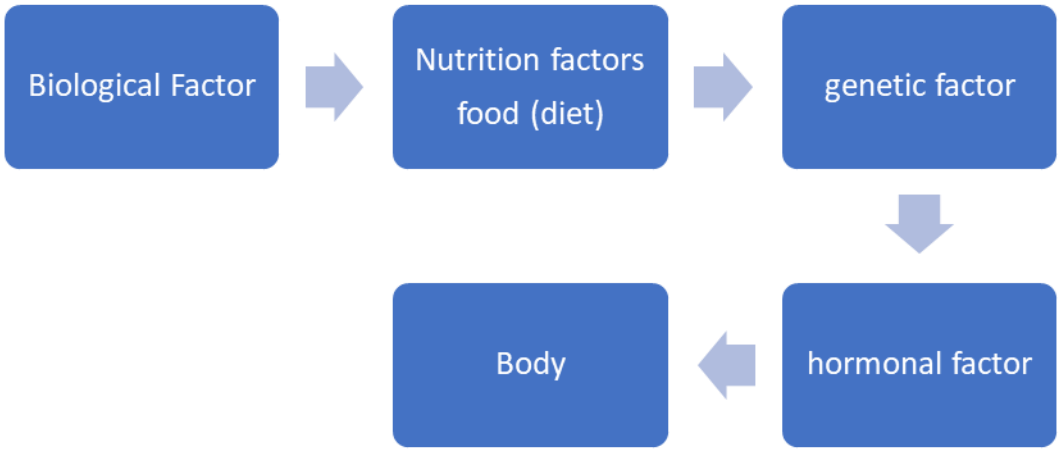

Figure 3.3: Biological factors contributing to the suffering of women (created by the researcher)

3.3.1 Nutrition factors (food diet)

The genetic factor is influenced by the nutritional factor as dietary changes can modify the genetic expression, leading to an increase in the levels of oestrogen and progesterone, known as the hormonal factor (Yang *et al.*, 2021:5).

Women's diseases in general are diseases involving the female reproductive system and include benign and malignant tumours, cancers, endocrine diseases, uterine fibroids, and endometriosis. These illnesses are common among women with a negative impact on women's quality of life and can also be life-threatening. Malignant tumours are among the most common causes of death in recent years (Yang *et al*., 2010:5).

The research findings have indicated that African women have a lower-than-normal intake of fruits and vegetables (Kant & Graubard, 2007:2456). A large share of the African population suffers from infectious diseases and malnutrition, dietary deficiencies or hunger, micronutrient deficiencies, overweight, obesity, and chronic diseases (Pinstrup-Andersen, 2007:5).

In Africa, street foods are part of the daily lifestyle. Street foods, which may provide another source of dietary diversity, are also exposed to microbial contamination caused by poor sanitation and unclean water. Efforts to reduce food safety risks must include sanitary improvements and access to clean water (Nakimbugwe & Boor, 2010:166). Although Africans consume enough calories to meet their daily energy requirements, they might not consume enough key micronutrients. Micronutrient deficiencies can result in several illnesses and conditions (Waston II & Pinstrup-Anderson, 2010:23). Poverty and lack of education also have a deadly influence on eating habits (Grimble, 1994:615). Numbers of research have shed light on increasing evidence that dietary factors may play a key role in the ethology and growth of uterine myomas (Tinelli *et al*., 2013:18). Many nutrients and dietary habits are associated with myomas development risk.

Below is a list of foods that can modify humans' genetics and cause abnormal growth in different parts of the body:

- **Fats**

Fats increase hormone levels; a metal-analysis of 13 intervention studies reported that reducing fat consumption results in lower serum oestradiol levels (Wu *et al*., 1999:91). Trans-fats are reported to influence the levels of interleukin[4] 6 (IL 6) and other inflammatory markers (Mozaffarina *et al*., 2004:79). Black women consume more fat from meat and fish and less in dairy products than other ethnic groups (Wise *et al*., 2014:99). The mono-unsaturated fatty acids are associated with increased fecundability or a shorter time to pregnancy, whereas poly-unsaturated

[4] Interleukin 6 (IL6), also referred to as B-cell stimulatory factor-2 (BSF-2) and interferon beta-2, is a cytokine involved in a wide variety of biological functions.[20] It plays an essential role in the final differentiation of B cells into immunoglobulin-secreting cells, as well as inducing myeloma/plasmacytoma growth, nerve cell differentiation, and, in hepatocytes, acute-phase reactants.

fatty acids show the opposite effect. The role of polyunsaturated fatty acids in decreasing fecundability may be due to their effect on androgen synthesis, and androgens have been associated with ovulatory disorders or reproductive organ disorders such as polycystic ovary, uterine myomas, endometriosis etc. Fatty acids also are thought to affect fecundability through changes in insulin sensitivity and inflammation, as these also influence ovulatory function (Saldeen & Saldeen, 2004:59). In another study on the association between dietary fat and uterine myomas the risk has been found to be limited (Brasky *et al*., 2020:189). A case-control study that investigated uterine myomas risk concerning butter, margarine, and oil (among other foods) showed little evidence of an association (Chiaffarino *et al*., 1999:94).

The common use of fats, trans-fats, and refined oils, including partially hydrogenated oils (PHOs) in fast-foods and other products such as snacks, baked and fried foods is problematic. The hot-pressed vegetable oils and margarine, which are further "purified" by the addition of acid, or alkali and bleach can affect the overall health of an individual (Kretzschmar, 2021:45).

Epidemiologic studies of other hormone-dependent conditions indicated that dietary fat is associated with an increased risk of endometriosis (trans fat only) (Weuve *et al.*, 2010:25) and cancers of the endometrium ovary (Littman *et al*., 2001:12).

- **Meat and Fish**

Uterine myoma development is hormone-dependent and is mediated by the oestrogen and progesterone receptors in the myometrium. Contaminants harm women's health by acting as endocrine-disrupting chemicals through their similarity with endogenous steroid hormones, including oestrogen and progesterone (Piazza & Urbanetz, 2019:155). Based on the theory that high-meat diets may increase breast cancer risk and other women-related diseases such as uterine myomas through hormonal pathways, this analysis compared oestrogens in serum and urine (Harmon *et al*., 2014:17). These studies show that high in meat and low in plant-based foods might be associated with higher circulating sex steroid levels in women (https://www.wcrf-uk.org).

The World Cancer Research Fund suggests that semi-vegetarians have lower serum oestrogen levels than non-vegetarians and agree with current dietary recommendations for cancer prevention published by the American Institute for Cancer Research, namely "(t)o choose mostly plant foods, limit red meat, and avoid processed meat" (2007:10), given that an estimated 30%-35% of all cancers and other women diseases may be due to nutritional factors (Lanou & Svenson, 2010:3).

Women in Africa base their diets mostly on staple foods such as maize, rice or cassava. These types of food hold the potential to cause prolonged vitamin deficits. Although poverty and unequal

income distribution play a key role in the degree to which individuals and households have access to food, poor infrastructure and poorly functioning markets hamper the physical distribution of food from food surplus to food-deficit areas (Sullivan *et al.*, 2016:112).

- **Sugar**

Sub-Saharan Africa is now dealing with diet-related non-communicable diseases, with the rising intake of sugar-sweetened beverages and other ultra-processed foods (Hoffman, 2021:1) South Africa has a heavy load of these non-communicable diseases (Hoffman, 2021:1). Africa is battling with obesity and many dietary diseases such as diabetes and heart disease, high blood pressure etc. The use of sugar as an additive is particularly important in a South African context. People do not drink sugar in tea and coffee alone; it is found in sugar-sweetened beverages such as cold or soft drinks and energy sports drinks. Sugar is a significant ingredient in pre-packaged foods such as cakes, biscuits, fast food, snacks, breakfast cereals, ice cream, yoghurt etc. Children from early stages of life are exposed to candy and sweet gum, which are packed with sugar. From 1989 to 2008, calories from sugary beverages increased by 60% globally in children aged 6 to 11 years, from 130 to 209 calories per day, and the percentage of children consuming them rose from 79% to 91% (Chan, 2020:5). The increased feeding with fast foods has led to numbers of the risk of breast, colon, prostate cancer, elevated level of hormones and obesity etc. Processed fast foods are made up of high salt, sugar, and fats with additives to hold these ingredients (Gopalan, 2001:1213). The World Health Organization (WHO) has suggested that individuals drink (eat) no more than 10% of total calories from added sugar, and preferably less than 5%, but carbonated sugary drinks play a significant role in making these numbers hard to attain. A 250ml cool drink contains upwards of 26g of sugar – more than half the daily suggestion (Hoffman, 2021:1).

- **Food Pollutants**

Contamination of food by chemicals from the environment is an emergent and major global health, social, and food safety issue. The compounds which contaminate food belong to many chemical groups. A number of these compounds arise naturally in the environment, while some chemical compounds originate from human sources. These chemicals exert adverse effects on our health. It will be necessary to perform estimations regarding the potential associations of these compounds and human disease in the future (Thompson & Darwish, 2019:14). Some chemicals are used in agricultural products as faeces in food production processes as fertilizer, and they will influence human health. Oestrogen contamination of the environment might arise from human activities, chemicals, and various industries, with pharmaceutical agriculture, forestry and animal farming. For the past five decades, animal farming has become the major source of oestrogen

contamination in the environment (Leite *et al.,* 2018). Extreme oestrogen in drinking water and food may cause diseases that commonly affect women, such as breast cancer and uterine cancer, and uterine fibroid. It also decreased the volume of human sperm by 25%. Diseases in Africa are facilitated by many disease-transmitting arthropods, contaminated water supplies, and malnutrition (Pinstrup-Andersen, 2010:87).

3.3.2 Genetic factors

Many studies suggested that more Black women develop uterine myomas than do those from other ethnic groups. Epidemiological studies show that Black women have a higher (two to three-fold) relative risk for uterine myomas than other ethnic groups (Stewart *et al*., 2017:124).

Genetic history of uterine myomas is yet another risk factor. A case-control study revealed that both a maternal history of uterine myomas and reduced parity are significant risk factors for the disease in women (Moraffarina *at el.,* 2002:47). Black women develop fibroids more than other races due to an elevated level of oestrogen, but women in controlled diets and regular exercise have differences in oestrogen metabolism. Black women had higher serum levels of estrone, oestradiol and free oestradiol than Caucasian women. But when placed on a low-fat, high-fibre diet, both groups responded with lowered oestrogen levels (Flake *et al*., 2003:1037).

Nutrigenomics and nutrigenetics are defined as sciences that examine the relationship between genetic variations and nutrient requirements (Kussman & Fay, 2008:5), which shows that food alters natural genes.

3.3.3 Hormonal factors

Hormones are the body's chemical messengers. They travel in your bloodstream to tissues or organs. They work slowly, over time, and affect many different processes, including:

- Growth and development
- Metabolism - how your body gets energy from the foods you eat
- Sexual function
- Reproduction

Sex hormones are those that play an essential role in sexual development and reproduction. The main glands that produce sex hormones are the adrenal glands and the gonads, which include the ovaries in females. Sex hormones are also important for a range of bodily functions and a person’s general health. Both in males and females, sex hormones are involved in:

- Puberty and sexual development
- Reproduction
- sexual desire
- Regulating bone and muscle growth
- Inflammatory responses
- Regulating cholesterol levels
- Promoting hair growth
- Body fat distribution

In females, the ovaries and adrenal glands are the main producers of sex hormones. Female sex hormones include oestrogen, progesterone, and small quantities of testosterone.

- **Oestrogen**

Oestrogens are mainly produced by the ovary in vertebrate species, and they are generally regarded as female hormones, primarily responsible for female differentiation and reproductive function (Plant *et al*., 2012:234). Many theories clarify the initiators of uterine myomas. It has been stated that increased levels of oestrogen and progesterone lead to an increase in the mitotic rate which is responsible for somatic mutation. Oestrogen plays a part in women's conditions, from the menstruation cycle to pregnancy, women's health, and disease etc.

There are three major forms of oestrogen:

- Estrone (E1) is the primary form of oestrogen which one's body makes after menopause.
- Oestradiol (E2) is the primary form of oestrogen in one's body during one's reproductive years. It is the most potent form of oestrogen.
- Estriol (E3) is the primary form of oestrogen during pregnancy.

According to the findings of this research, uterine myomas develop during the reproductive age and are inclined to degenerate after menopause. Oestrogen and progesterone play prominent roles in promoting growth. When compared with normal myometrium, smooth muscle cells in uterine myomas exhibit increased expression of steroid hormone receptors, growth factors, and growth factor receptors, most of which are regulated by oestrogen (Andersen, 1996:269), although circulating sex steroid hormones are no different in women with and without uterine myomas (Okolo, 2008:585). The causal factor to this increase is aromatase, which changes

testosterone and androstenedione to oestrogens. Aromatase and oestrogen receptor expression is higher in myomas tissue than in myometrium (Bulun *et al*., 2005:60).

- **Progesterone**

Progesterone has become a focus of research in uterine myomas development and growth for the last two decades (Rein, 2000:792) and might be the primary hormone stimulating uterine myomas growth (Moravek *et al*., 2015:10). In the secretory stage of the menstrual cycle after progesterone is highest, anti-apoptotic proto-oncogene bcl-2 activity in uterine myomas is highest (Matsuo *et al*.,1997:298). The proliferative activity of fibroid appears to be higher with medroxyprogesterone acetate combined with oral contraceptives or no hormonal contraception use. Uterine myomas proliferation is higher in post-menopause women using oestrogen and progesterone therapy compared to oestrogen therapy alone (Matsuo *et al*.,1997:299). The role of progesterone in uterine myoma growth is supported by many studies of fibroids treated with progesterone inhibitors (Bagaria *et al*., 2009:4).

- **Oral contraceptives**

Oral contraceptive pills are combined oestrogen-progestin-only medications that inhibit ovulation. Oral contraception may also be prescribed to women with other pelvic diseases (e.g. endometriosis or dysmenorrhea), thereby increasing the opportunity for incidental detection of uterine myoma. Oral contraceptives prevent pregnancies successfully, but this can also lead to a significant increase in the risk of developing uterine myoma and other conditions (Bitzer, 2020:5). Women on contraceptive pills may experience high levels of oestrogen in their bodies. The higher levels of oestrogen promote fibroid development. When women are in menopause and the level of oestrogen naturally decreases, fibroids also decrease, shrink or disappear (Tinelli, 2015:39). Combined oral contraceptives contain oestradiol valerate as oestrogen and diverse types of progestins. Initiation of treatment with combined oral contraceptives is associated with side effects such as nausea, breast tenderness, and headaches (Athanasios *et al.,* 2022:139). Oral contraceptives are often the initial treatment prescribed to women experiencing abnormal menstrual bleeding, irregular periods, or heavy bleeding, typically without investigating the underlying cause of these symptoms. While an elevated level of oestrogen has been linked to the development of uterine myomas, currently no study exists that directly examines whether the use of combined oral contraceptives could contribute to the growth of fibroids. The use of these pills to manage women's symptoms may lead to an increased risk of cancer or uterine growth, which needs to be investigated further.

- **Oestrogen in the food**

All mammals produce oestrogen biologically. High emphasis has been placed on the effect of oestrogen in the body. Everything contains oestrogen, from processed food to water, meat to fruit and vegetables. An elevated level of oestrogen in the body might cause diseases. The role of oestrogen in the disease is relevant in this situation. Food mechanisms and dietary habits might relate to the risk of developing uterine myoma. Indeed, pollutants detected in food such as fruit, vegetables, and fish might promote some hormone-related diseases.

An oestrogen-like compound is found in chicken feed and faeces. E2 and an oestrogen-like compound that might be added to chicken feed were isolated from 1g of chicken faeces and 1g of feed. Oestrogen-like compounds are universally used in animal feed, and animal faeces are also used to fertilize vegetables and fruits. Contamination of the compounds in water and food could affect human health. Fortunately, eliminating such compounds by bacteria has been proven to be an economical method (Miao *et al.,* 2018:229).

In summary, oestrogen plays a role in most conditions affecting women's health. Contamination of the compounds in water and food might affect human health. Research on the role of oestrogen in conditions affecting other body systems is ongoing. Oestrogen has been linked to some endocrine disorders, uterine myomas and gastrointestinal diseases. Excess oestrogen in the body can be associated with multiple health conditions, such as polyps, fibroids, PCOS, endometriosis pain, ovarian tumours etc. The level of oestrogen can be high because animal and plant products, including food, are also contaminated by oestrogen and oestrogen-like compounds, the hazardous content will ultimately be consumed by humans, which can jeopardize their health.

Oral contraceptives which are artificially hormonal manufactured to regulate women's reproduction also add to the level of oestrogen in the body.

3.3.4 Conclusion

How can the data presented above be used in pastoral care for Christian women suffering from uterine myomas? The counsellor with knowledge of the cause of the disease can understand the women's suffering better and can refer them to a dietician or nutritionist etc. The focus could be on exploring the role of nutrition in managing uterine myomas, and discussing how the presented data can be utilized to refer women to dieticians or nutritionists. The research could also delve into specific dietary recommendations and their potential impact on the management of uterine myomas.

3.4 Sociological Factors

Sociology is the study of social life, social change, and the social causes and consequences of human behaviour. The core of sociology is the sociological perspective, the interpretation that our social backgrounds influence our attitudes, behaviour, and lifestyle. Social conditions that affect human behaviour are socioeconomic, lifestyle, environmental circumstances etc. The issue of uterine myomas is related to social influence by the exposure of harmful toxic in the environment and lifestyle choices.

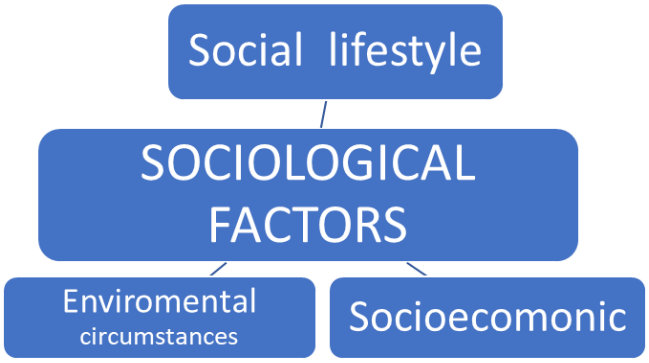

Figure 3.4: Sociological factors (created researcher)

3.4.1 Social life (lifestyle factors)

Unhealthy lifestyles harm the human body. Studies indicate that lifestyle factors such as smoking, alcohol consumption, body weight (both underweight and overweight) and diet choices affect our health (Halme *et al*., 2010:106). Other lifestyle factors such as lateness in childbearing, and beauty products (hair and skin products) contribute to uterine fibroid growth.

- **Alcohol consumption**

It is well known that alcohol, coffee, and tea consumption are associated with a higher risk of various diseases, but regarding uterine myoma risk, the available findings are still controversial (Wise, 2004:19). Alcohol consumption relates to higher endogenous levels of oestradiol and estrone as reported in some studies (Reichman *et al.,* 1993:85). The true instruments which link alcohol intake and uterine myoma risk is the endogenous level. Endogenous levels of oestradiol and estrone are the oestrogen that the body produces naturally during reproduction and menopause years. The increased level of oestrogen in the body triggers abnormal growth in reproduction organs (Hankinson *et al*., 1995:87).

- **Fast-food lifestyle**

The process of fast food is not harmful but the preservatives and additives to these foods are the issue on this topic; [w]hat is in our food? Food additives are natural or artificial substances added to food. The aim of this process is to improve the flavour or appearance, or to preserve food; food additives such as acidifiers, acidity regulators, anti-caking agents, anti-foaming agents, antioxidants, bulking agents, carriers, colourants, preserving agents and sweeteners" (Ratescu, 2010:401). The artificial chemical substances used in food processing are the most problematic. The increased consumption of fast foods leads to the occurrence of the risk of breast, colon and prostate cancer, due to the processed fast foods that are made up of high salt, sugar and fats with additives to hold these constituents (Gopalan, 2001:1213).

Food additives such as monosodium glutamate (MSG -E621) are used in many processed foods. The effects of MSG include headaches, serious allergic reactions, nausea, chest pains with heart attack-like symptoms, brain oedema, weakness etc. Monosodium glutamate, also called sodium caseinate or yeast nutrient, increases the chances of reproductive dysfunction both in females and males (Grumezescu & Holban, 2018:8).

Another chemical additive used in processed food that is dangerous to the body is azo dye. There are five common types of azo food dyes, namely tartrazine, sunset yellow, carnosine, Allura red, and ponceau 4 R-in the food supply chain. These dyes are used to restore the original colour of the food that were lost during food processing (Food Info Foundation, 2017). The research conducted by this foundation argues that the azo dyes used in food are toxic and had negative effects on the body (2017). Fruit drinks may appear to be healthy, but they are occasionally coloured with additives that cause allergic reactions and others.

Sodium sulphites form naturally in wine when it ferments. However, they are used in bottled drinks, dried apricots, pizza dough, pickled onions, fruit toppings, and snack foods. And some people experience adverse reactions to sulphite additives (Winter, 2004:489). Vally and Misso (2012:20) point out that many people are sensitive to sulphite additives and experience a range of symptoms, including dermatological, gastrointestinal, and respiratory symptoms. Nevertheless, reactions manifesting in the respiratory tract account for most cases of sulphite sensitivity (Vally & Misso, 2012:20). Minich (2009:44) states that sulphites can "become cancer agents".

- **Beauty Products (Hair and Skin products)**

Chemical additives used as preservatives in skin and hair products, such as parabens, phthalates, benzoates, endocrine-disrupting chemicals (EDC) and isothiazolinone, including methylisothiazolinone, can occasionally cause allergy reactions or increase the level of estrogenic

in the body. Parabens have been associated with disturbances of estrogenic hormone action and potential estrogenic activities of parabens have been examined in the past decades (Boberg *et al.*, 2010:30). Darbre *et al.* (2004) report the detection of unconjugated parabens in breast cancer tissue, causing further investigations into estrogenic activities of parabens (Darbre *et al*., 2004:24). Oestrogens are primarily female sex hormones playing a significant role in a variety of physiological actions in females and males. Oestrogen in females primarily regulates the sexual development of the reproductive tissues and the development of secondary sexual characteristics at puberty (Holst *et al*., 2004:105).

Parabens have been used successfully as preservative additives for more than 50 years. However, following the detection of parent paraben compounds in female breast tumours, possible estrogenic effects were extensively investigated (Darbre *et al*., 2004:25).

In their research, the National Women's Health Network established that fibroid tumours are oestrogen dependent. Exposure to phthalates, paraben, and endocrine-disrupting chemicals that disrupt the body's natural oestrogen production, can potentially spur the development of uterine myoma (Ndinge, 2019:2). Black women who use hair relaxers which contain toxic chemicals are more likely to have uterine fibroids. The Black Women's Health Study found that hair relaxers expose Black women to endocrine-disrupting chemicals and other toxic chemicals that are absorbed through scalp lesions and/or burns caused by the products. The length of time a woman used hair relaxer treatment, and the number of scalps burns she experienced were correlated with developing fibroids (Wise *et al*., 2012:432).

Endocrine-disrupting chemicals are mimic oestrogen; they are thought to increase the risk of endometriosis as well as other reproductive and developmental problems (Ribeiro & Scarano, 2016).

- **Lateness in childbearing**

According to the findings in chapter two of this study, women with more than three children are low in uterine fibroid development. Women who nurture children have less chance of developing fibroid. Delayed childbirth after 30 years of age appeared to be the most potent risk factor for uterine fibroid in the population studied (Ekpo, 2009:1). The research indicates that women without children during reproduction age are more likely to have uterine myomas. The high incidence of uterine myomas in our society is due to late reproductive years which ultimately allow lengthy uterine smooth muscle stimulation and proliferation of its smooth muscle cells by factors which could be beneficial to gestation.

In the past, women reproduced at quite an early age accompanied by more demanding physical conditions and prolonged breastfeeding (Ross *et al.,* 2006:359). Hence the effect of oestrogen is assumed to be directed toward nurturing a gestation rather than the uterine smooth muscle cells. And there would be fewer menstrual periods due to a higher number of children from women. It therefore reduces the opportunity for cells of the uterine smooth muscles to grow into fibroids.

In summary, a modern lifestyle such as a fast-food lifestyle, low-fibre diet, and delayed childbirth, women exposed to chemicals through cosmetics, perfumes, food packaging, medicines, and insecticides (Ahmad *et al*., 2018:137) currently hold a huge risk of developing uterine fibroid.

3.4.2 Environmental circumstances

Environmental toxicants may affect the risk of uterine myomas via multiple mechanisms, including endocrine disruption. Environmental aspects are known to cause a large number of harmful effects on the reproductive system of women. There are diverse types of chemicals, developed for commercial use mainly in agriculture. Exposure to toxic chemicals may impact reproductive health, including fibroid, increasing the risk of miscarriage, infertility, and difficulty conceiving (Flint & Adewumi, 2016:03).

Some reports have established that there are more than 70 chemicals which may disturb endocrine function; these chemicals are common in the environment and have hormone-like effects (Goksøyr, 2006:69). These chemical compounds include organochlorine pesticides such as DDT[5] d polychlorinated biphenyls, chemical compounds, dioxin, and toxic gases released due to burning of garbage, pharmaceuticals such as diethylstilbesterol, which are used as a synthetic hormone for women, freon released from old models of refrigerators, all kinds of plastic products, especially plastic food utensils that can release considerable diphenol A, phthalate, polythene, phenyl ketone, butyl hydroxy anisole, and oxybenzene in cosmetics and various kinds of pigments and preservatives (Cabrerizo *et al.,* 2012:46). Environmental oestrogens exist everywhere and greatly increase the exposure to oestrogen (Petro *et al*., 2012:27).

Reports on the effects of the use of plastic products on women have determined the content of phthalate metabolites in urine and found higher levels of dibutyl phthalate in patients with uterine myoma (Weuve *et al*., 2010:118). Research indicated that the occurrence of uterine myoma in people who were regularly exposed to plastic products such as plastic cups, plastic lunch boxes,

[5] dichloro-diphenyl-trichloroethane

plastic food bags, and preservative foods was higher than that of people who were not exposed to them.

Atrazine (2-chloro-4-ethylamino-6-isopropylamino-1,3,5-s-triazine), as chlorotriazine, is largely used in agriculture as an herbicide. It has been used to reduce the growth of leaves and weeds in wheat, soy, and sugar cane crops due to the inhibition of photosynthesis. Its metabolites remain active for prolonged periods and, as pesticides, they cause water contamination, including water sources for human consumption (Solomon *et al.,* 2013:32). The pesticides used in the agricultural system contaminate vegetables, fresh fruits, or whole wheat grains, and animal fat or fish contaminated by heavy metals.

The environment also shapes health-related behaviours. The lower-income neighbourhoods have more liquor stores and offer fewer opportunities for exercise and less access to nutritious food. The impact of environmental threats and individual responses may be modified by the same health behaviours that are also shaped by socioeconomic forces (Adler & Ostrove, 2006:12).

3.4.3 Socio-economic

Socio-economic forces are measured as a combination of education, income and occupation. Some data suggest that fibroid growth differs by race (Wise *et al*., 2010:221). Socioeconomic is important to health, not only for those in poverty but also at all socioeconomic levels. The more privileged individuals are, the better their health. There are numerous pathways by which socioeconomic regulate health; a full analysis must include macroeconomic contexts and social factors as well as more immediate social environments, individual psychological and behavioural factors, and biological tendencies and processes. What does this have to do with women suffering from uterine myomas? Many African women live in poverty. Poverty, poor sanitation, and unclean water are the key factors underlying the spread of infectious diseases caused by viruses, bacteria, protozoa, and intestinal worms. These diseases interact with hunger and malnutrition to cause serious health problems (Pinstrup-Andersen, 2010:58).

In addition to disease and mortality, risk factors for disease also show an incline with socioeconomic factors. Rates of smoking, cholesterol levels, and prevalence of sedentary lifestyle are lower the higher one goes on the socioeconomic order, and these occur in a gradient relationship (Adler & Ostrove, 2006:12).

3.5 Psychological Factors

Psychological factors can be defined as an individual's relation to their social environment and the impact on their physical and mental health (Upton, 2013:1580). The connection between

psychological factors and the physical body can be influenced by social factors, the effects of which are refereed through psychological understanding. The psychosocial factors include social support, loneliness, marital status, social disruption, bereavement, work environment, social status, and social integration (Upton, 2013:1582).

Stress is the body's biochemical response to life challenges. The brain tells our body to produce additional hormones. As a result, hormone levels rise, which stimulates fibroid growth and causes symptoms. Stress can cause fibroids, that were once asymptomatic, to grow at an alarming rate (Yaribeygi *et al*., 2017:1057).

Most anti-depression treatments are oestrogen or hormonal therapy which can also contribute to uterine myomas growth. Premenstrual depression, postnatal depression and menopause depression are related to changes in ovarian hormone levels and are treated by hormones (Studd, 2011:638).

The relation between psychological factors and physical health is discussed, including the impact of social environment on mental and physical health. It also highlights the influence of psychosocial factors such as social support, loneliness, and work environment on an individual's well-being. Moreover, the text explores the connection between stress and fibroid growth, as well as the impact of hormone therapy on the growth of uterine myomas.

3.6 Impact of Uterine Myoma on Quality of Life

The findings thus far reveal that uterine myomas are symptomatic in all patients who participated in this research due to the lateness in diagnosis. The finding reveals different symptoms, such as heavy menstrual bleeding, pelvic pain, anaemia, cramps, fatigue, weakness in the body and infertility. Obstetric complications of co-existing uterine myomas in pregnancy include miscarriages, preterm labour, antepartum haemorrhage, malpresentation, malposition, obstructed labour, postpartum haemorrhage, uterine inversion, puerperal sepsis (Lee *et al*., 2010:20).

3.6.1 Uterine myomas and heavy menstrual bleeding

Women with uterine myomas with HMB as a symptom are at a higher risk of developing depression, emotional distress, anxiety, marital problems, and loss of intellectual and work productivity, all of which affect the quality of life (Marsh *et al*., 2014). A woman with prolonged bleeding and heavy menstrual bleeding cannot have a sexual relationship with her husband, which puts more strife in marriage and home. Discomfort during sexual intercourse and other

sexual difficulties are the impact of uterine fibroids in women. Furthermore, fibroids can also result in bleeding after sexual intercourse or a reduction in libido.

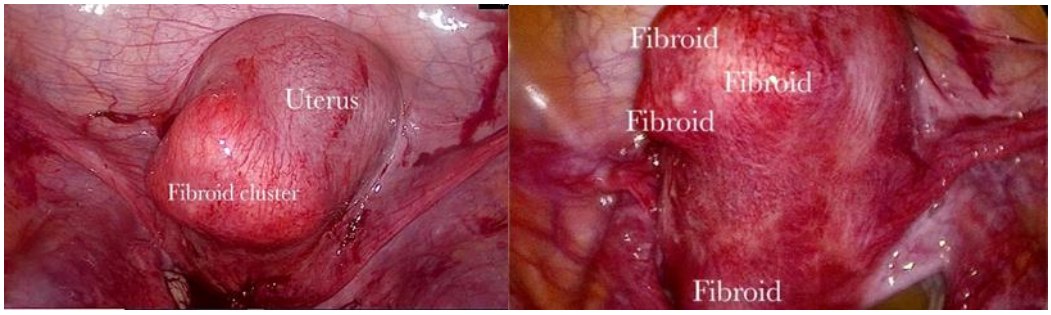

Figure 3.5: Uterus and multiple fibroids (Maadzi Una, 2022:2)

3.6.2 The impact of uterine myomas on infertility

The impact of uterine myomas on fertility is complex and remains controversial. Fibroids are present in up to 45% of patients seeking reproductive assistance and may be the only cause of infertility in more than 40% of infertile women (Guo & Segars, 2012:533).

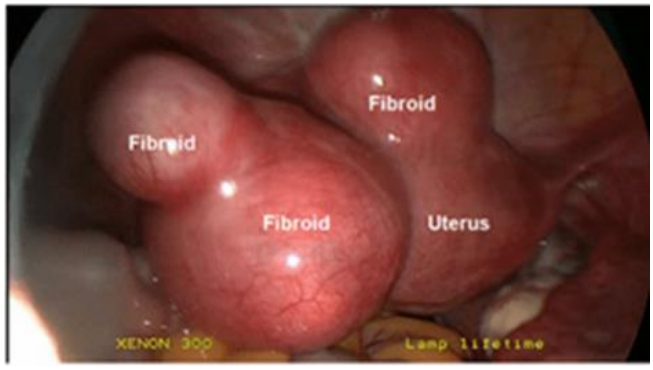

Figure 3.6: Uterine Myomas surround the Uterus (azccpp.com/for-women)

3.6.3 Uterine myomas and obstetric complications in pregnancy

Between 20%-30% of women with uterine myomas develop complications during pregnancy. Discomfort and miscarriages are the most common complications of uterine myomas in pregnancy, and they occur in women with large fibroids of more than 5cm during the second and third trimesters of pregnancy. Research indicates that pregnant women with fibroids are significantly more likely to develop preterm labour and deliver preterm than women without fibroids (Klatsky *et al*., 2008:198). Multiple uterine myomas and uterine myomas in contact with the placenta appear to be an independent risk factor for preterm labour. The clinical symptoms are influenced by uterine myomas' size and anatomical location, and they are characterised by excessive extracellular matrix production leading to abnormal uterine contractility and decreased

blood supply to the endometrium (Casini *et al.,* 2006:108). Compared to women without uterine myomas, the effect of this disease affects the quality of life during pregnancy. Miscarriage rates are seriously increased in pregnant women with fibroids compared to women without fibroids.

3.6.4 Uterine myomas and hysterectomy

Hysterectomy is the total removal of the uterus or reproductive organ, leaving a woman permanently barren. Hysterectomy is a common treatment for uterine fibroids, but not necessarily the first approach, especially for women concerned about preserving their fertility. More than 50% of all hysterectomies performed on Black women are performed to relieve symptoms of fibroids (Weiss *et al*., 2009:210).

The uterus has several essential functions for women besides simply bearing children. Women who have undergone a hysterectomy often struggle psychologically and physically without their womb (i.e., like a man being castrated), sexually (for example, loss of orgasm, and loss of libido), and have increased bone loss which increases their risk for osteoporosis (weak bones) and have an increased cardiovascular risk (heart disease), particularly if the hysterectomy is done before age 50.

There are also several risks to the woman in undergoing surgery (hysterectomy). Women with fibroid symptoms appear to suffer a disproportionately higher disease burden and poorer quality of life at work. Surgical treatments are mostly needed for fibroids that cause moderate to severe symptoms. Women with severe symptoms or chronic fibroids who have already had children undergo a hysterectomy, which removes the uterus and is 100 percent effective in treating fibroids and their symptoms.

3.6.5 Impact of uterine myoma on social life

The lower energy level among women with fibroids is explained by the 50% of women with fibroids who are concomitantly anaemic (Borah *et al*., 2013:319). Excessive bleeding interferes with sleep in many women, further exacerbating their fatigue. Women with uterine myoma feel limited in their daily and social activities, mostly attributable to pain and bleeding; affected women also mention the frequent need to change sanitary products as significantly hampering social interactions and leading to social isolation (Borah *et al*., 2013:320). Research has also demonstrated the negative impact fibroids can have on self-image. Almost half of women with fibroids worry that their bodies will never be normal again. Between 68% and 88% of women with fibroids feel self-conscious or embarrassed about the size and appearance of their stomachs and approximately 68% of women feel self-conscious about weight gain due to their fibroids (Stewart *et al.,* 2013:810).

Conclusion

The researcher discovers the critical influence of environmental, socioeconomic, and psychological factors on the prevalence of uterine fibroids in women. It highlights how environmental toxicants such as chemicals and pesticides can affect reproductive health and increase the risk of uterine fibroids. Socioeconomic factors such as education, income, and occupation also play a role in the prevalence of fibroid growth, with lower-income individuals being more susceptible. Added to this, psychological factors, for instance stress and social environment, can influence the physical and mental health of individuals, potentially contributing to the growth of fibroids.

3.7 The Clay Eating

Geophagy, also known as clay eating, is the practice of consuming soil. It is relatively common among women in Africa. This behaviour is complex and raises concerns worldwide due to potential health implications. Despite various reasons attributed to justifying the practice, the causes and potential health risks of geophagy are not well understood among those who engage in this behaviour (Malepe *et al*., 2023:104848).

In some African countries, the Chaggas people of Tanzania consider geophagy sacred for women (Orisakwe *et al*., 2020:3860). In Nigeria, the Yorubas use soil materials to cure diseases such as dysentery and cholera, showcasing their medicinal value (Momoh *et al*., 2015:273). In South Africa, women commonly associate soil ingestion with aesthetic and therapeutic benefits (Matike *et al.,* 2011:7557; Malepe, 2022a:). Moreover, in Namibia, pregnant women consume soil due to its antinausea effects (Kambunga *et al*., 2019:10). Furthermore, some socio-economic and cultural groups believe that the practice of geophagy by pregnant women promotes dark skin pigment in infants (Getachew *et al*., 2021; Bernardo *et al*., 2022:4832).

Clay craving is a result of low levels of nutrients (iron) or low levels of blood in the women. The low levels of iron can lead to various health issues, including clay craving, and nutrient deficiencies. Heavy menstruation or pregnancy are some common factors contributing to low blood levels in women.

Clay eating can have serious health implications. Health risks include damage to dental enamel, nutrient deficiencies, and potential issues such as colon rupture and perforation, particularly in pregnant women. Furthermore, geophagy may expose individuals to potentially toxic elements and harmful microorganisms (Kambunga *et al.,* 2019:20).

3.8 Conclusion

In summary, clay eating is common among women in Africa. It explores various reasons attributed to justifying the practice, such as medicinal, aesthetic, and cultural beliefs. The text also highlights potential health risks associated with geophagy, including dental damage, nutrient deficiencies, and exposure to toxic elements and harmful microorganisms. It also emphasizes that clay craving may result from low iron levels and low blood levels in women, which can lead to various health issues.

Taken into consideration the foregoing, all the above-mentioned factors contribute to the suffering of women with uterine myomas, also known as fibroids. It includes a literature study of related sciences to understand the current situation and factors contributing to suffering due to uterine myomas. The findings reveal that women from ages 24 to 45 years develop fibroids, especially women in their reproductive years. The objective of this chapter is to determine factors contributing to uterine myomas' growth and the suffering of women with this condition.

CHAPTER 4 IDENTIFYING CURRENT PASTORAL PROGRAMS FOR CHRISTIAN WOMEN SUFFERING FROM UTERINE MYOMAS

4.1 Introduction

Identifying different pastoral programs for Christian women suffering from uterine myomas would partially answer Osmer's interpretative task. To answer the question: "Why is it going on?" the researcher aims to reach the objective of this study. Breed's biblical pastoral model is used for this program because its Scripturally grounded. Gert Breed's model is widely recognized in pastoral counselling but has not been fully published yet. The model is considered effective for counselling believers struggling with trauma or health related challenges. This model provided with a stronger biblical foundation.

To develop a pastoral program for Christian women suffering from uterine myomas, the paradigm thus needs to be Christian, and the proposed spiritual care only includes approaches that will deepen and enhance a personal relationship with God. This includes worship, compassionate presence, prayer, Bible reading, and the love and support of the Christian community (Shelly, 2000:25). Lartey (2003) states:

As human persons, we find ourselves broken and bruised in many ways. From time to time, we find ourselves in need of physical, emotional, psychological, and spiritual restoration. Healing presupposes that we have lost something we once enjoyed and that it is possible to regain what we have lost. Often it is hoped that such restoration will take us further or place us in a better position than we were before. The art of healing entails those activities that facilitate the restoration sought (p. 62).

Lartey (2003) emphasizes the importance of offering healing to individuals facing various types of distress. However, what exactly is the specific definition of healing? Parsons (2002:147) maintains that healing can be described as the journey of returning an individual in distress to a state of total physical, emotional, and mental well-being, thereby restoring their overall wholeness.

In this research, this chapter will examine deeper into pastoral care in the African context. Louw (1997) accentuates that Western pastoral care cannot be applied to African pastoral care, and that it would be unwise to do so. Louw (1997:407) argues that a paradigm shift is necessary for pastoral care to be recognized as authentically African. He identified two areas of emphasis for pastoral care in Africa. Firstly, pastoral care in Africa should adopt an alternative framework that incorporates and understands the African worldview. Secondly, there is a need to improve

pastoral care through a community-oriented and contextual strategy that centres on existential elements.

Clebsch and Jaekle (1964) highlight the importance of helping individuals overcome obstacles and experience the fullness of life, as mentioned in John 10:10, in their definition of pastoral care. This involves caring for others so that they can flourish in their relationships with God, themselves, and others (McClure, 2012:269). Pastoral care aims to assist individuals in escaping the circumstances that bring misery into their lives. The African populace faces numerous challenges, and pastoral care, as a frontline ministry, is ideally positioned to play a crucial role in addressing these challenges within the African church environments, making it indispensable (Nanthambwe & Magezi, 2022:27).

To stay true to the paradigm, the researcher relies mostly on the pastoral model of Breed for spiritual direction and guidance. Breed (2015) pastoral program consists of theoretical and practical components. The theoretical side of pastoral care aims to introduce the counselee to an understanding of God as the Father, Son, and Holy Spirit, as well as the grace of God that is available to Christians. The practical side will involve e.g. understanding the counselee's beliefs and spiritual experiences, and the emphasis on helping people to connect with God – to live in His presence (*coram Deo*), and to understand what God's mercy and Word mean in difficult situations (Breed, 2021:1). Christians must understand what it means "to live in the light" (1 Jn 1:7) or "to let Christ shine on you" (Eph 5:8–14). Breed in his article "Living as a diakonos of Christ and pastoral care to the narcissistically entitled person" proposes pastoral care questions, which also are relevant to the theme of this study because these women need to realise:

- what the revelation of the triune God means in their specific problematic situation (*Coram Deo*).
- what God's grace means to them; and
- what guidance in His Word means to them.

These three enquiries will be used as a theoretical aspect of pastoral care guidelines for Christian women suffering from uterine myomas. Breed (2021:3) points out that a pastor/pastoral counsellor needs to lead counselees to discover the answers to these questions, so that wholeness can occur within the different phases of the pastoral process (Breed, 2021:3). Breed (2021:3) proposes that pastoral care should be in the form of a Bible study, by means of which the counselee can discover what the Word of God teaches about their struggles. The process involves three theoretical questions.

4.1.1 Theoretical framework for pastoral care- Question 1: What does the revelation of the triune God mean to me in my problematic situation? (*Coram Deo*)

Before we address the question, it's important to explain the concept of the *triune God*. This will be done in three anchors. To speak of God as a trinity is to talk about God as the One who turned toward this world, the One who addressed humanity, who entered and shaped history, who risked all for the sake of this world, and in doing this, God saved, rescued and healed the world from total ruins. The full reality of God cannot be captured; God cannot be explained or described by the limitation of our human understanding. God is not silent, nor is God hidden. The trinity God speaks and so it is manifest. He lights the earth by the spoken word, He came down in human flesh and dwells in us through His Spirit (Janssen, 2016). The Triune-God is the Father/creator, the Son/Christ, and the Holy Spirit.

(a) Anchor 1: God as the Father

God as a father is an impression that refers to God as a creator, source, and sustainer of life. Christian women suffering from uterine myomas must know God as the one who is interested in his people, and He cares for his children who call on Him and who are dependent on Him. God is the author of life, the maker of all things, and the potter who shapes His people by discipline. Humans exist to “serve God” which means that he or she lives in the praise of the creator and the redeemer (Janssen, 2016:64).

- The Fatherhood of God (Mathew 6:8-13) – Fatherhood Relationship

Intimacy- God the Father desires intimate relationships with his people. According to Breed (2017) “Only in a living relationship with God can a person discover the meaning of his/her life, joy in life, and the fulfilment of his/her life in a manner that glorifies God.” Pretorius (2017:198) uses Breed’s model to underline the importance of a living relationship with the Father, “Where the relationship between man and God was intended to be an intimate relationship in which man experiences the closeness, providence, and love of God. The fatherhood of God understands our needs and weaknesses. For we do not have a High Priest who cannot sympathize with our weaknesses (Heb.4:15a).” Having an intimate relationship with the Father is an important conversation in pastoral care, the love of the Father can help these women to know that God cares and sympathizes with their weakness.

Communication- Prayer is communication with God. It involves opening the mind, heart, body, emotion, and our whole being to God (Keating, 2006:36). it’s a way of entering God’s presence. Prayer is an intimate conversation between a man and God. It's a human response to God’s initiative. Prayer recognizes our human limitations and needs for God (Shelly, 2000:90). In

Mathew 6 Jesus teaches us how to pray to the Father. Through prayer and communication, Christian women suffering must present their need to the Father in heaven. An honest prayer is a dialogue in which the counselee opens herself to God's will and direction and communicates their requests, thoughts, and feelings to God. Prayer draws the counselee closer to God. We receive perspective, power, and assurance of God's presence through prayer. This communication includes worship and the study of the Bible (Bible reading).

Unconditional love- The Fatherhood of God is unconditional love as proclaimed in Romans 5:8: "But God demonstrates His love toward us, while we were still sinners, Christ died for us." The love of God is a transformative love force that changes life; it is a sacrificial love; He laid down his life for ours. Love is God's commitment to our well-being.

Meet our need- Mathew 6:8 "For your Father knows the things you need of before you ask Him" The fatherhood of God is addressed in Psalm 23 as a good shepherd that meets our needs. He is the restorer of souls, the healer, the comforter, and a friend in need.

Always with us- God as the Father is ever-present in times of need (c.f. Psalm 46). He is our omnipresent God as promised, "I will never leave you nor forsake you" (Hebrews 13:5). Even in the deepest suffering and pain, women suffering from uterine myomas can trust in the Lord and find comfort in His presence. Psalm 139 below explains that God's presence brings light and sustains believers even in the deepest places on earth.

> *If I go up to the heavens, you are there; if I make my bed in the depths, you are there. If I rise on the wings of the dawn, if I settle on the far side of the sea, even there your hand will guide me, your right hand will hold me fast. If I say, "Surely the darkness will hide me and the light become night around me," even the darkness will not be dark to you; the night will shine like the day, for darkness is as light to you (Ps. 139:8-12).*

Discipline- Divine discipline is God's loving correction of his children to protect his children from disobedience and harmful consequences. Hebrew 12:5-8 states,

> *"And ye have forgotten the exhortation which speaks unto you as unto children, My son, despise not thou the chastening of the Lord, nor faint when thou art rebuked of him: For whom the Lord loveth he chastened, and scourged every son whom he receives. If ye endure chastening, God dealeth with you as with sons; for what son is he whom the father chastened not? But if ye be without chastisement, whereof all are partakers, then are ye bastards, and not sons. Christians' suffering is part of training and discipline. Trust the fatherhood of God even in tribulation."*

(b) Anchor Two: God the Son

God also manifests through the son Jesus Christ as the second person in the Trinity. In the Trinity, Jesus humanly identifies himself as the Son of the Father (Brownsberger, 2013:10). First, we

must say that Jesus is connected to the Father; his identity is specifically in procession from the Father. Even though we certainly would want to say much about what Jesus is, the question of who Jesus is can be answered with the simple statement that he is from the Father (Matt. 16:16; Mark 14:61-62), the identity of God exists in Jesus Christ, the Word made flesh. Jesus Christ is the true image of God (Alistair, 2011:381).

The Messiah is our Immanuel, “God with us” - Jesus as a son of God has become our brother, companion, the High Priest at the depth of our humanity, in the waste places of our living (Janssen, 2016:70). This is God who is present in the wilderness, where the oppressed have lost hope, the God that healed the woman with flowing of blood, the God that raised a dead (Ps. 139:8-9).

Knowing who Jesus is, can help women suffering from reproductive issues. Jesus has the power to restore and rescue her. What does it mean that Jesus is the Son of God? The fact that his humanity (what) is a creature of the Triune God, the identity of the Second Person of the Trinity (who), even in his humanity is tied to the Father. The incarnation is about the full humanity of Jesus Christ; it is God who is present in the person of Jesus Christ. Jesus Christ is God at work. This is who God is, the one whose Son enters human flesh, to save creation. Jesus understands himself as humanly knowing God and as God humanly knowing. Christ’s human intelligence has always known that Christ is also God, but He could not have acquired this knowledge of Himself (Brownsberger, 2013:18).

This information can be used in pastoral care to Christian women suffering from uterine myomas that Jesus is the creator of all things, He can heal and restore life to its original through faith. Yet, He Himself was obedient to suffering, “And being found in fashion as a man, he humbled himself, and became obedient unto death, even the death of the cross” (Phil. 2:8). Jesus Christ's portrayal evokes deep human needs and longings and rescues humanity from ruin. Christ never promised Christians that this life would be without suffering and loss, but He does promise to be with believers. “These things I have spoken unto you, that in me, ye might have peace. In the world ye shall have tribulation: but be of good cheer; I have overcome the world” (John 16:33) is a message of peace and encouragement from Jesus Christ to the church and Christian believers.

(c) Anchor Three: God the Holy Spirit

The Holy Spirit is the third person in the Trinity. The Spirit is God acting in the world, present everywhere and yet invisible. The Holy Spirit is at work continually developing the human spirit, healing the broken heart, and restoring life. The breath of God is the spirit of God from creation. Baptism of the Holy Spirit means the complete immersion into the world of the Spirit, whereby

one is consumed, filled, overwhelmed, and completely covered with or by the Spirit (Macchia, 2006:87). The Spirit has spoken through the prophets, in Christ Jesus, and still whispers today in the heart of every human person (Brouillette, 2021:6). As the active presence of God, the Spirit's role is to transform the heart, mind, soul, spirit, body, and all human activity into harmoniousness with God's highest purposes and help people into deeper relationship with God (Yong, 2011:142). Holy Spirit is called fire, breath, wind (Moltmann, 1981:175) (Acts 2:1-4; John 20:22; 1 John 2:20, John 3:5-8). The Spirit nourishes the spiritual life of believers. The Holy Spirit is also deeply involved in the spiritual care of Christians; as the life-giver, the Spirit is in the process of replacing deadness with new life. Because the Spirit is at work, one can have realistic hope regarding the process of healing.

The women suffering from uterine myoma need to know that the Holy Spirit is a life-giver; the work of the Spirit aligns with traditional theologies of the Spirit, viewing it as a force or energy (Chandler, 2016:59). It empowers disciples to witness the work Christ has done (Act 1:8). The Holy Spirit gives the power to transform and to break the bonds of sin; the Spirit's connection regenerates, restores, renews and sanctifies the body and soul of the believer (Ro. 8:11; 1 Co 6:11; 2 Co 3:17–18; Ti 3:5). The women suffering from uterine myomas need to grow spiritually and live in a relationship with the Holy Spirit for restoration and wholeness.

The Spirit's life-giving work involves leading and guiding (John 16:13). The Holy Spirit provides direction and inspiration in times of crisis. The term "*paracletos"* refers to the Holy Spirit as the one who comes alongside to guide, teach, sustain, and comfort believers (John 14:16–18, 26; 16:7–13), making the Holy Spirit the comforter. The Spirit empowers us to love one another. The experience of the Spirit's energizing presence forms a key part of this work.

The personhood of the Spirit refers to the nature of the Spirit, which is the love shared between God the Father and Jesus Christ. This concept speaks to both the work of the Spirit and its nature (Chandler, 2016:57). In pastoral care, believers understand the triune God as the creator of all things, Jesus as the healer, and the Holy Spirit as the sustainer of life. The presence of the Spirit in the life of Christian women means the purification of life and soul for women suffering from uterine myomas.

4.1.2 Theoretical framework for pastoral care model- Question 2: What does God's grace mean to me?

The second question for Breed's pastoral guidance, is "What does God's grace mean to me?" Grace is understood as a gift of God to the human person, a gift that derives from the love of God (Brouillette, 2021:11). Grace is positioned toward salvation and accomplishes sanctification

through participation in the life of God. 2 Cor. 5:17 says: “Therefore if any man is in Christ, he is a new creature, old things are passed away; behold, all things become new” - this is grace that introduces a person into something new: a new relationship, a new creation, in which the Son plays a central role in sharing his place in God’s own life with the human person. It is through the grace of God, that a believer can enter a relationship with Him. Although our purpose here is not to develop a theology of grace, but to create guidelines for pastoral care and counselling for Christian women suffering from uterine myomas, it is important to understand what grace means and entails in a person's life. The place of grace in pastoral care means salvation of life, a newness of life, and wholeness of life. Salvation is inscribed with a direction toward growth (Brouillette, 2021:15). Spiritual growth can deepen both our love and devotion to God and others and lead to more holy actions and living (Kilian & Parker, 2001:78).

4.1.3 Theoretical framework for pastoral care model Question 3- what does God’s guidance in his Word mean?

The third question of Breed, is “What does God’s guidance in his Word mean to Christian women suffering from uterine myomas?” The word of God is sufficient for life and godliness, for salvation and sanctification have been given to us in the Bible. This does not mean that the scripture tells us everything Christians need to know about everything or the solution to every problem (Kellemen, 2014:21), but the word puts Christians in command and gives direction because all things were created by the word, and everything remains under the command of the word. Two Scripture references of importance are “In the beginning was the Word, and the Word was with God, and the Word was God…. all things were made by him, and without him was not anything made that was made. In Him was life; and the life was the light of men” (John 1:1-4). God’s word is spirit and life, by the word, we become partakers of divine nature (2 Peter 1:4).

In pastoral care, providing guidance based on the teachings of the Bible involves offering insights derived from the truth of God's word. The word of God serves as a foundational source of truth, offering profound insights into the purpose and meaning of life. Religions provide ways of understanding the source of suffering, provide coping resources, and help Christian women suffering from uterine myomas identify areas of personal growth. The Christian women suffering from fibroids need to be guided into a relationship with God, where they can ask all the questions they have to God and tell Him about the pain they are wrestling with, to attain a sense of clarity or calmness (Pretorius, 2017:222).

In conclusion, the word of God is the sword of the spirit and the weapon of our warfare, “For the weapons of our warfare are not carnal but mighty in God for pulling down strongholds” (2 Cor. 10:4). The word of God is a power spiritual weapon to teach/guide the counselee to understand,

adopt and use these weapons (Breed, 2017). Jeremiah 23:29, "Is not My word like fire," declares the LORD, "and like a hammer that smashes a rock?"

The theoretical framework for pastoral care guidelines cannot be established if the counselee's conviction and relationship with God are not solid. Next, the answers to the above questions will be discussed in a practical application.

4.2 Practical Application of Breed's Guidance for Pastoral Care

During pastoral guidance, the counsellor listens more than speaks, and open questions should be posed to encourage the counselee to share their 'story' with the counsellor. The counselee should experience the honest interest and understanding of the counsellor. This can be done by using Breed's proposal as outlined in his article titled "Breed's Biblical Pastoral Model Scripturally grounded in 2 Peter 1:3–11: An exegetical elucidation". The article found that seven important elements of Breed's model can be grounded in 2 Peter 1:3–11, which can be used to counsel Christian women suffering from uterine myomas. These elements are:

(a) The meta-theoretical starting point regarding the Bible as the Word of God

Breed submits that the meta-theoretical starting point is that the Bible *is* the Word of God, and it's the primary source of study of pastoral science (Breed, 2013:5–6). The direction of a pastoral conversation's content must be determined through the Word. Word (*Rhema*) is God's voice in every situation or circumstance of life, and whatever God says is deeper than simply the surface level. God is doing more than wanting us to change a thought or a behaviour, God wants to change *the person* during the circumstances. God's plan is about the redemption process - to bring God glory by becoming more like Christ. Counselees must learn to have confidence, purpose, direction, and wisdom in God's word (Kellemen, 2014:95).

(b) The need for someone receiving counselling to be born again

Breed (2021:11) emphasizes that man is created to be in a close relationship with God, in an open relationship with fellow human beings and as king to live within creation. However, Breed also points out that the Scripture says that the Fall changed everything. People no longer correspond to their purpose of creation. During counselling, a person in this condition is not good and cannot bear spiritual fruit. In this state, man is not able to understand what the truth is from God's Word, nor can man do what God commands in his Word (Breed, 2013:2–3; 2019a:11). Breed explains that there is a 'God-shaped emptiness' in man after the fall, and man tries to fill this emptiness with his own solutions. Because this kind of fulfilment is not according to God's Word, it only brings temporary relief, and it does not lead to the truly abundant life that God gives

to his children (Breed, 2019a:4–6; Nickols *et al.,* 2019:167). It is important to know the counselee's conviction. Pretorius (2017:215) points out that the counselee's faith is resistant to change and not always rooted in truth, often originating from misunderstandings and falsehoods. Acting upon these convictions can lead to negative outcomes, shaping a person's character and ultimately affecting their life and health. Hence a person's choices and beliefs, whether true or false, significantly impact their life. These convictions are formed either by repetition (habit) or after trauma (life events which have a great impact on one's life) and once established, it is difficult to change (Breed, 2015). A Christian woman suffering from uterine myomas seeking counselling must be guided in Christ and his Word. The counsellor must lead the counselee to Christ and establish the right relationship with God; the counselee must be born again. However, Breed (2013:3; 2019a:8) also emphasizes that man, according to the Bible can receive new life. It happens when someone is born again by the Holy Spirit. Breed points out that born-again people believe the truth in God's Word, to overcome sin in their lives and in faith maturity to grow (Breed, 2021:4).

(c) The importance of a counselee's relationship with God

The importance of a counselee's relationship with God is the answer to Breed's question 1 (What does the revelation of the triune God mean to me in my problematic situation?). In the presence of God (Coram Deo) people become healthier, and whole in their relationships with God, and then with others. The presence of the Holy Spirit is necessary in pastoral care for the counselee's wholeness and health. In pastoral care for Christian women suffering from fibroids, the hope is that where there are signs of deadness, pain, emotional, spiritual, or relational struggles, life can be renewed. This life-giving work may take many forms, but the Holy Spirit makes everything new (Parker, 2015:288). Growth in the Spirit is accomplished in the fellowship with other believers.

Pastoral care, guided by the Holy Spirit, aims for counselees to attain inner peace and harmony within their physical being. Furthermore, it aspires for counselees to deeply appreciate their bodies as precious gifts from God's divine creation and to diligently steward and nurture them (1 Co 6:19).

The revelation of the triune God brings peace to counselees. Peace is not the absence of trouble, "May the God of hope fill you with all joy and peace in believing, so that by the power of the Holy Spirit you may abound in hope" (Rom. 15:13), and peace is also a fruit of the spirit (Galatian 5:22). The presence of God the Father, Son, and Holy Spirit in the lives of the believer gives peace, "God is in the midst of her; she shall not be moved: God shall help her, and that right early" (Psalm 46:5). There is hope in suffering, knowing that suffering produces endurance which shapes Christians' character to hope, and hope in God does not lead to shame because God's love has

been poured into their hearts through the person of the Holy Spirit who has been given to them (Pretorius, 2017:220). The counselee will be filled with the Holy Spirit and submit their will to the will of the Holy Spirit as He guides and comforts and reminds them of the love and the promises of God. The book of James 3:18 says, “Peacemakers who sow in peace reap a harvest of righteousness.” God desires that we who know Him learn to live in peace within ourselves first. Then the counselee can radiate that peace to others, bringing calmness and wisdom to tense situations, and in so doing be lights in the world (Matthew 5:14; Philippians 2:14–15).

(d) Change in the life of a counselee through insight

Insight in the word of God can guide counselees to make the right decisions about their treatment and Biblical healthy lifestyle. The revelation of the word of God delivers only to the measure of our understanding. The counsellor must guide the counselee to understand the Word and how to apply and interpret it for their context. The word of God is a mystery (c.f., Paul) and the secret to life for those who find them.

The process of counselees replacing negative thoughts and negative convictions about their situation restores life. Women suffering from uterine myomas can discover the restoration power of the word through the positive declaration: “No medicine or ointment cured them. They were restored to health by your word, O Lord, the word which heals all humanity” (Wisdom 16:12).

The book of Jeremiah 15:16, “Your words were found, and I ate them, and your words became to me a joy and the delight of my heart...” Although this is a beautiful promise, the question arises: What does it mean to eat the word of God? Or what are the benefits of using the word as a food? Jesus said, “Man shall not live on bread alone, but on every word that proceeds out through the mouth of God” (Matt. 4:4). The word of God serves as spiritual nourishment for Christians, providing sustenance for both body and soul and as healing medicine for overall well-being. Engaging with God's word through meditation satisfies, sustains, and strengthens believers. Jesus emphasized the power of his words, stating: "The words that I have spoken to you are spirit and are life." (John 6:63.) To truly receive the word of God as nourishment and healing, believers must move beyond the literal interpretation of the Bible and connect with the Spirit within His Word through meditation. In Ephesians 6:17-18 it is written: "Take the helmet of salvation and the sword of the Spirit, which is the word of God. And pray in the Spirit on all occasions with all kinds of prayers and requests." Accessing the Spirit within God's Word requires receiving the Holy Spirit and continually engaging with the Word through meditation and unceasing prayer.

(e) External and internal motivation of a counselee

In a living relationship with God, counselees can understand the meaning of their lives in a way that glorifies God, leading to joy and fulfilment (Breed 2013:2; 2019a:4, 6). According to Breed's theoretical framework for pastoral counselling, these three anchor points to the counselee's relationship with God will help them to understand the working of God in their lives. The first anchor point is the counselee's knowledge of God the Father. The second anchor point is the counselee's relationship with Jesus Christ. Christian counsellors must guide counselees to the salvation of Jesus Christ through his death, to know and to live with the certainty that nothing will be able to separate them from God's love. The third anchor point for the counselee is in the work of the Holy Spirit. The counselee must have the Holy Spirit as the Helper or Comforter, as the One who gives insight and strength to love and to live in obedience to God (Pretorius 2017:199–204; Breed, 2020:5). God uses affliction and suffering to strengthen believers' faith (Romans 5:3-4). It is during these times of despair that believers are confronted with difficult convictions and must practise their faith. When believers live through this process of endurance and strengthening of their faith, it ultimately produces hope because God's love has been poured out into their hearts. Confidence in God is cultivated. If believers do not lose their faith when they endure suffering, they will have confidence that God will once again be with them and carry them through if they face suffering again (Breed, 2015; Pretorius, 2017:203).

(f) Perseverance in a New Life

The new life signifies a spiritual transformation, as individuals become the children of God. 2 Peter 1:3-11 elucidates that this transformation marks the commencement of the new life. In verse 1:4b, Peter employs the term γίνομαι, denoting a new state or condition. The new life of the individual seeking counsel is mentioned in 1:4b, as signified by the phrase θείας κοινωνοὶ "partaker of divine nature" (Breed, 2020:6). Uterine myomas are non-cancerous, but for those battling life-threatening illnesses, the promise of eternal life is secured for God's children.

This answers Breed's question 3: "What does grace mean to Christian women suffering from uterine myomas?" Grace is the gift of God that establishes or strengthens the relationship between the human person and God. Christian spiritual growth leads to peace during suffering. Salvation presents being freed from a state of loss that is inherited from being human. In pastoral care, the grace of God means being freed from every captivity of life: "So if the Son sets you free you will be free indeed" (John 8:36) and the beginning of a new life. The gift of God is eternal life in Christ Jesus. When Jesus set you free, He took away your pain, suffering, and death sentence. Counselees come into a new state or condition by the renewal of the mind.

(g) The counselee as *diakonos* of Jesus Christ

During the counselling process, the Christian women suffering from uterine myomas receiving counselling can come to understand what it means to represent Jesus and the Father and to trust the Father to meet her needs for healing and wholeness. It is important to have faith in Jesus and trust that by releasing our own needs, we will receive true life from the Father, along with everything necessary to live with peace and joy. This transformation leads individuals to become servants of Christ (*diakonos*) and to rely on God to meet their needs. Consequently the focus of their lives can shift towards serving Jesus and others (Louw 2015:533; Breed, 2021:9).

Pastoral care for Christian women suffering from fibroids must focus on two aspects that need to be changed. First, the counselee is encouraged to embrace the care and honour that come from God, replacing dependency on other people. Second, the counselee is guided to understand and embrace their new calling to be a representative of the Father and the Son through the work of the Holy Spirit (Breed, 2021:9)

Furthermore, Breed (2021:9) contends that the counsellor must convince the counselee to live according to the directions and grace given for a life as *diakonos* of Christ ...' (also Breed 2013:5; Breed, 20218). Breed (2018:2”50) indicates that the word group διάκον is occasionally intricately connected with care, hospitality compassion and love.

4.2.1 Process of biblical pastoral model

Through the Biblical pastoral model, Breed (2015) presents a four-task spiral that is related to Osmer’s (2008) model, illustrating the process involved in the journey of pastoral care.

Table 4.1: Osmer (2008) and Breed’s (2021) pastoral model

OSMER’S- FOUR TASK	BREED’S- FOUR TASK
What is going on?	Listening to discover what is going on
Why is this going on?	Understanding / visualizing
What ought to be going on?	See what is going on / happening
How might we respond?	Leadership plans ways of addressing the situation

- **Principle of true convictions - *Coram Deo***

This phase involves building trust in our relationships with others (horizontal) and God (vertical). During counselling, the individual will address God's word, acknowledge God's grace, and feel unconditional love. Using scripture, the individual will identify and replace false beliefs with the truth and then apply these truths to their life. Throughout this process, prayer will be used to bring God into the conversation, enabling the individual to communicate directly with God and

experience His love, comfort, and strength through an intimate relationship and communion with the Holy Spirit. In this phase, the counselee may also have accountability partners who remind them of God's grace and commandments and help them confront false beliefs with the truth (Breed, 2015:15; Chemorion, 2021:164).

- **Compliance principle - Obedience**

In this phase, the counsellor assists the counselee in breaking from false convictions in their lives and forming new convictions as they integrate truth into their decisions, behaviours, or habits. The following passage emphasizes the importance of committing to learning the truths, having faith in the word, and engaging in acts of service. It also highlights the notion that through divine grace, individuals seeking counsel can find renewed hope (Breed, 2015; Chemorion, 2021:164).

- **Accountability principle - Support and follow up**

In task 4, the counselling process transitions from individual counselling by a pastoral caregiver to the involvement of the entire community of believers for ongoing support and development. At this stage pastors, counsellors, and community members come together to provide support, pray, and help those receiving counselling as part of the faith community support networks (Breed, 2015).

- **Encouragement**

Christian communities should encourage and support one another in their relationship with the Lord. 1 Thessalonians 5:14 says: "And we urge you, brothers and sisters, warn those who are idle and disruptive, encourage the disheartened, help the weak, be patient with everyone."

In conclusion, pastoral care for Christian women dealing with uterine myomas must encompass counselling regarding the unique issues and challenges these women face. Countless African women have tragically lost their lives due to insufficient support from their communities and churches. It is essential to prioritize living a healthy life. Pastoral care should have a holistic focus, with an emphasis on physical health and the emotional and psychological impact of uterine myomas on African women.

4.3 Conclusion

Chapter 4 explores Breed's pastoral program for Christian women suffering from uterine myomas, emphasizing the need for a Christian paradigm and spiritual care that deepens the relationship with God. It explores the concept of healing and the importance of pastoral care in the African context, highlighting the need for an authentic African paradigm. The program exploration is

based on Breed's pastoral model, which includes theoretical and practical components aimed at helping individuals connect with God and understand His grace and guidance. It also outlines three theoretical questions that will guide the pastoral care program for Christian women suffering from uterine myomas.

A pastoral care program needs to incorporate a theoretical framework that addresses the spiritual and emotional needs of Christian women suffering from uterine myomas. By exploring the concept of the Triune God and understanding God as the Father, these women can find solace and guidance in their struggles. The intimacy, communication, unconditional love, and omnipresence of God as the Father provide a foundation for healing and hope in their challenges. Through prayer, Bible study, and a deepening relationship with the Father, these women can experience the transformative love and comforting presence of God as they navigate their difficult circumstances.

The Holy Spirit plays a crucial role in the lives of Christian women suffering from uterine myomas. The Spirit is the life-giver, providing power for transformation and spiritual growth. Understanding the concept of grace is essential, as it signifies a newness of life and wholeness in the context of pastoral care. Moreover, recognizing God's guidance in His Word offers direction and command, emphasizing the significance of Scripture in providing guidance and solutions. Incorporating these elements into a pastoral care model can largely benefit Christian women suffering from uterine myomas, offering them spiritual support and guidance.

In conclusion, it is essential to recognize the significance of God's grace and guidance in providing pastoral care and counselling for Christian women suffering from uterine myomas. Understanding the transformative power of grace and the foundational guidance in the Word of God can lead to spiritual growth, wholeness, and a deeper relationship with God. By incorporating these principles into pastoral care, it is possible to offer meaningful support and guidance to those in need, helping them find comfort, strength, and direction in their faith.

CHAPTER 5 PASTORAL GUIDELINES FOR CHRISTIAN WOMEN WITH UTERINE MYOMAS (THE NORMATIVE TASK)

5.1 Introduction

Chapter Two of this research established the suffering of women with uterine myomas, while Chapter Three investigated the factors contributing to uterine myomas growth. Chapter four identified current pastoral guidelines for Christian women suffering from uterine fibroid. In this current chapter, Osmer's "normative task" is addressed. The question is: 'What should be going on?' It describes the interaction of divine disclosure and human shaping as prophetic discernment. This interprets theologically specific social conditions, events, and choices before the Christian community to a particular moment (Osmer, 2008:135). The third approach to the normative task of practical theological interpretation focuses on good practice, which derives customs from good practice, by discovering models of such practice in the present and past or by engaging reflexively in transforming practice in the present day. This chapter will seek theological and practical guidelines from various parts of scripture for pastoral guidance of women suffering from uterine myomas. The research results in the previous chapters (themes determined) will determine the choice and focus on certain parts of Scripture.

5.2 Pastoral Problems Identified in Previous Chapters

The following are the pastoral problems identified from the previous chapters.

5.2.1 Marriages

Uterine myomas affect marriage in many ways. Christian communities believe in family and children ministry, which causes childless couples to experience feelings of isolation and loneliness and to see themselves as 'second-class citizens' in the church. Christians celebrate Father's Day and Mother's Day and that is painful and depressing for childless couples (Feske, 2012:9). The effect of childlessness results in a polygamous family such as Abraham and Sarah as seen in Genesis 16:2, "So she said to Abram, The Lord has kept me from having children. Go, sleep with my slave; perhaps I can build a family through her." According to the African setting, marriage is fertility-oriented (Abasili, 2011:567) and a husband could claim the right to marry another wife if the first wife is barren or suffers from an illness such as uterine myomas that makes it difficult to conceive or bear children (Launderville, 2010:107). Uterine myomas cause fatigue due to heavy menstrual bleeding, self-consciousness, feelings of ugliness as a result of body

weight gain, large stomach etc. The pelvic pain and pressure in the abdomen cause many women to be less active during sexual intercourse because of the size of uterine myomas.

In the perception of many people the ultimate purpose of marriage is to bear children to build a family. According to Malachi 2:15 “it is God who created marriage to have children”. If there is no child in the marriage yet, people do not consider it to be a marriage or the stability of the marriage is questioned (Egede, 2015:65; Baloyi, 2017:3). The uterine myomas have put an end to many marriages. Other impacts of uterine myomas in marriage are loneliness, fear, resentment and depression, infertility, miscarriage etc.

5.2.2 Infertility

Infertility is an issue of concern in Africa both in religion and tradition. Throughout human history, women have been defined by their primary role in reproduction. Uterine myomas are one of the factors affecting reproduction or fertility. The physical performance of the womb plays a role in fertility (Bauman, 2019:102). When there is a tumour or fibroid growth in the uterine, it causes infertility in some women or delays in conceiving or miscarriages. A woman with uterine myomas must undergo treatment to be able to achieve motherhood. The removal of uterine myomas is called myomectomy, which remains ambiguous. This procedure can cause uterine rupture during pregnancy or delivery. Women experiencing infertility due to uterine myomas, mostly undergo this procedure so as to conceive. Many women with uterine myomas lose their uterus during a surgical operation that “goes wrong” and leads to hysterectomy. This complication causes women to be permanently barred. The biological view through culture and religion is that motherhood is an expression of being a woman (Phoenix & Woolett, 1991:15).

Genesis 1:28a is often seen as a mandate to women in the African culture, “And God blessed them, and God said unto them: ‘Be fruitful, and multiply, and replenish the earth, and subdue it.’” Fertility and parenthood are both highly valued in African culture. Childbirth is the foundation of a woman's identity (De-Whyte, 2018:24). To be a childless woman in Africa causes suffering from shame and disgrace that makes you less than a woman. The reality of childlessness can result in dehumanizing women’s lives. A childless woman in Africa is permanently under abuse by the African community and society at large. Oduyoye (1999:115) points out that a worse shame is that Christianity does not seem to have stories from which the childless can draw strength. If there are such stories, we must find them, for the sake of many who suffer in silence (Oduyoye, 1999:116). In her article, Oduyoye addresses the lack thereof that women such as herself can find comfort, neither in the Bible nor in their cultural practices. Western medicine has advanced in such a way that women who are labelled barren, can either be allowed to bear children through medicinal treatment such as IVF (in vitro fertilization). Others are granted the opportunity of having

access to surrogacy or adoption. It is essential to point out that all these processes come at a cost. Such a cost can also include a cultural frown on the process (Oduyoye, 1999:115).

Infertility in the African culture can be seen as a sign of disappointment from God (Cox, 2013:30). The role of uterine myomas in infertility cannot be overemphasized. The biology of the female body strengthens the notion of motherhood, and that a woman's identity is seen as created and rooted in the womb (uterus). When the womb is sick with myomas, it raises a question about the woman. Why does God allow this to happen to me? God's promises of healing will be challenged. A Christian woman usually turns to a pastor for spiritual or pastoral counselling.

5.2.3 Miscarriage or reproductive loss

Miscarriage is the death of a foetus before it is born (Susanta, 2022:5). Scientists believe that the location or size of uterine myomas interferes with the attachment of the embryo, contraction of the uterus, or function of the placenta which usually causes miscarriage. The presence of uterine myomas in the uterus affects foetus development which can lead to miscarriages (Lenox, 2017:2). Pregnant women who experience miscarriage due to uterine myomas usually experience disturbances that affect their bodies. According to research, the level of depression and anxiety in women who experience miscarriage will decrease between one to three months after the miscarriage, but the permanent symptoms are more traumatic (Farren *et al.,* 2016:53). Many women who have experienced a miscarriage, describe it as a sad experience, causing depression, anxiety, and guilt (Schwerdtfeger & Shreffler, 2009:218). Deep sadness, anxiety, confusion, guilt, and depression can continue for months, and even years after the miscarriage (Reynolds, 2016:53).

In his book, "What Does the Bible say about Suffering?" Gregg (2016) narrated their suffering of infertility and miscarriage. After many attempts to have a child, his wife finally became pregnant, but…

> *Then came the blow. Our little miracle had died sometime at the end of the first trimester. The heartbeat was gone. The fragile life within my wife's womb had been snuffed out. We were overwhelmed with grief. Our hearts ached for the baby we would never hold, never kiss, never know. The world seemed to grow pale and cold. Our hopes and dreams, so recently kindled into a blazing fire, now offered only the most meagre warmth. But the grief did not come alone. It was accompanied by confusion. Why had we become pregnant? Why had the baby died? Why had God taken us through this if we were meant to adopt all along? The questions multiplied, but no answers were forthcoming… (Gregg, 2016:65).*

Many women turn to a pastor for counselling and ask questions regarding the loss of their baby before even being born. Pastoral care has failed many (van der Sijpt, 2017:178) because we

simply do not have all the answers. Theologically, women who have experienced the trauma of miscarriage also often ask the question: Where was God when it happened? Why did God not stop it? What kind of God do I believe in, who allowed this to happen to me?

5.2.4 Uterus removal (hysterectomy)

The uterine myomas are the common cause of uterus (womb) removal in women (Sullivan *et al.*, 2016:1591). Hysterectomy is the only complete cure for uterine myomas. By removing the uterus completely, the fibroids cannot come back, and the symptoms disappear. This is the only treatment recommended for women who experience heavy menstruation bleeding or abnormal bleeding due to uterine myomas and for those with large uterine myomas (pineapple or watermelon size). The removal of the uterus means no child and no menopause after a hysterectomy. The chance of childbearing is limited to adoption, egg donation, surrogacy – all taboos for the African culture – and no chances of becoming pregnant (Sullivan *et al.,* 2016:1591). This surgical procedure and uterus removal have a massive effect on the female identity and sexuality and the body image of women (Roland *et al.,* 2013, 2413). Uterus removal can cause vaginal dryness, decreased libido, fatigue and painful intercourse.

5.2.5 Death

In Africa, untreated uterine myomas could lead to death. Uterine myomas can continue to grow, both in size and number. As these tumours take over, the symptoms become worse. The fibroid pain increases. The heavy bleeding becomes heavier, and it may be accompanied by severe complications such as a drop in red blood cells (anaemia), which causes fatigue from heavy blood loss. This can be a life-threatening issue. Untreated uterine myomas can also lead to uterine cancer.

In summary, the problems mentioned above are identified from the previous chapter of this study. The negative impact of uterine myomas in marriage cannot be overemphasised. Women with uterine myomas, according to this research, are suffering from infertility and “secondary infertility”.

5.3 Identified Pastoral problems due to Uterine Fibriods

A list of problems in the lives of these women follows that need to be addressed by pastoral care and counselling.

- Isolation
- Rejection

- Delay in childbearing.
- Suffering in a biblical perspective (Dealing with ongoing suffering and the “why?”)
- Marital issues such as conflict, painful sexual intercourse, low sex drive, infertility
- Fasting as a Christian lifestyle
- Artificial beauty products
- Self-image
- Struggling with faith and God
- Lateness in marriage
- Physical and spiritual exercise
- Seeking help and support
- Medical check-up

From all the issues listed above that need to be addressed during pastoral care, the following question arises: What is the role and task of pastoral care as seen from a biblical perspective? The task of the church in pastoral care and the role of the congregation in pastoral care will be addressed from a Biblical perspective.

5.4 The Task of Pastoral Care, a Biblical Perspective

In chapter one, pastoral care was described from the viewpoints of different authors. In this current chapter, exegetical work will be performed to determine guidelines from Scripture on pastoral counselling of women who suffer from uterine myomas.

5.4.1 Luke 4:18-21

This pericope was chosen based on the belief that the task of the Church is to (also) help these women to live in freedom (Luke 4:18-21 NIV). Subsequently, the focus will fall on the pastoral task of Jesus, as He described it in the synagogue, as described in Luke 4:18-21.

To understand this description correctly, looking at the context in which Luke places these verses is necessary. In Luke 3 Jesus’ baptism by John is described, as how Jesus received the Holy Spirit and a voice from heaven declaring Him the beloved Son with whom the Father is pleased. In 3:15-17, Luke also describes Jesus’ task for which He was called.

> *Luke 3:15: But as the people were filled with expectation, and they were all reasoning in their hearts about John, whether or not he might be the Christ, 3:16 John answered all of them, saying, "I indeed baptize you with water; but He is coming Who is mightier than I, of Whom I am not fit to loosen the thong of His sandals. He shall baptize you with the Holy Spirit, and with fire; 3:17 whose fan is in His hand, and He will thoroughly purge His floor, and will gather the wheat into His granary; but the chaff He will burn with unquenchable fire.*

Luke chapter 4 starts with a description of how the devil tempted Jesus. All the temptations were focused on Jesus' identity, to get Him to forsake the task for which He came to earth. Jesus overcame the temptations by holding on to the truth of the Word of God and therefore, to the correct interpretation of his task (Brannan & Loken, 2014).

Marshall (1978:66) adds: "Thus at the outset of his ministry, Jesus is depicted as overcoming the evil one who stands in opposition to the work of the kingdom of God" (11:19f). Luke 4:14-21 describes how Jesus was led by the Spirit (4:14). He came into the Synagogue on the Sabbath and was granted the opportunity to read Scriptures and explain it. He read from the book of Isaiah (61:1) in which the task of the Messiah is described. Then He applied this description to Himself (4:21), implicating that He is the Messiah (Lange & van Oosterzee, 2008:73).

Although the people were amazed by His words of grace, they in the end rejected Him and tried to kill Him (4:29). The reasons being that He explained to them that the grace of God is not restricted to Israel (4:25-27) and that Israel rejected the prophets God sent to them (4:23,24). The description of Jesus' task is placed by Luke in the inclusion of the temptation to forsake His identity and the people's rejection due to their misperception of His identity. Luke is leading the readers to understand Jesus' identity and His calling. He says Jesus is called by God and led by the Spirit of God (Luke 3, 4:1, 14; Lange & van Oosterzee, 2008:72). Luke is telling his readers: This is not His identity and task (4:2-13), this is indeed His identity and task (4:14-21), this is not His identity and task (4:22-30).

What was Jesus' task on earth?

> *Luke 4:18-19 "The Spirit of the Lord is upon Me; for this reason, He has anointed Me to preach the gospel to the poor; He has sent Me to heal those who are broken-hearted, to proclaim pardon to the captives and recovery of sight to the blind, to send forth in deliverance those who have been crushed, to proclaim the acceptable year of the Lord."*

In Chapter 3, Luke describes the anointing of Jesus with the Spirit for his task. Now he describes His task which He would fulfil through the anointing of the Spirit. Lange and van Oosterzee (2008:73) remark the following about verses 18 and 19,

> *This text appears, however, to have been designedly ended at the words: The acceptable year of the Lord (that is, the definite time in which the Lord is gracious). The core of the task is bringing freedom to people by addressing their specific needs, serving them with the grace of God, and making the kingdom of God a reality in their lives by conquering the sorrow brought by sin and Satan.*

Jesus practised a holistic and inclusive method of pastoral care. This is the assignment of Jesus to the world to set free the oppressed, such as a woman with the issue of blood and the lame, the blind, the crippled, the mute and many others. These are also the assignments of the church to the world, namely, to set the oppressed free by the work of the Spirit, because Jesus said: "… As the Father has sent me, I am sending you" (John 20:21). This is the task of the church to help the people live in freedom. The model of pastoral care of the church should not aim solely at strengthening people who are suffering, it should also help them to deepen their relationships within their community and with God. They must experience God's grace in their need and what it means to be part of the kingdom of God. The pastoral care offered within and by the Church is based on the life and ministry of Jesus, done in the power of the Holy Spirit. His ministry provides the guide on which we can model our pastoring (Alby *et al*., 2019:2).

5.4.2 What is the task of pastoral care, according to 1 Corinthians 12?

1 Corinthians is made up of answers of Paul on questions in a letter addressed to him by the Corinthian congregation. There were many problems in the congregation (Breed, 2018a:155). Chapters 11-14 contain the answers concerning the worship service. In chapter 12 Paul addresses the question regarding spiritual gifts. In verse 3 he connects the work of the Spirit to the confession of Jesus as Lord. With that he poses the question concerning spiritual gifts within the kingdom of God that came with Jesus' victory over evil.

Clinebell and McKeever (2011:4, 8–9, 26) explain that pastoral care is a ministry of caring for individuals, families, and other relationships to heal brokenness, and cultivate wellness in all dimensions of life and the systems that affect troubled people. Jesus Christ laid a foundation of pastoral tasks throughout his ministry in the Gospel (Breed, 2021b:3).

1 Corinthians 12 speaks about the unity in the body of Christ, the διακον-words are used in 1 Corinthians 12:4-6, where Paul emphasizes the variety of gifts, services (διακονία) and activities that are assigned by God, who works all things in everyone through the διακονία of those who use their gifts. For the ancient Hebrews, the individual was never separate from the community: if one person suffered, the impact was felt throughout the community (Tidball, 1986:33).

The fact that the unity of the body is served because all members see themselves as necessary, yet dependent members of the body, is strongly emphasized in 1 Corinthians 12. The relationship

between gifts, service, and the powerful work of God, through which everything in everyone is brought into existence, is also singled out. When members use their gifts to perform service (διακονία), God works powerfully to bring about rebirth, faith, diligence and commitment in people and congregations (Breed, 2016:287–291; Goede, 2004:183, 184). The work of the Holy Spirit takes a central position in 1 Corinthians 12 (Breed, 2019:8). No one is in the body by chance but is placed there by the Holy Spirit to reveal God through every member. Nobody can say that they do not need the other members of the body or that they do not belong or are not necessary because they are different from other members.

Pastoral care should lead believers to confess Jesus as Lord and to understand the work of the Holy Spirit in and through them. The dynamic of care within the unity of the body should be applied in pastoral care. But it is also an important part of healing and being set free when those who are suffering understand that they are needed in the body. They belong there through the work of the Spirit.

5.4.3 Principle to lead the congregation to care for one another (1 Thessalonians 5)

The letter of Paul to Thessalonica (1 Thessalonians 5) demonstrates what is said in Ephesians: Christ gave gifts to the Church “to equip the saints for the work of ministry, for building up of the body of Christ. And comfort each other and edify one another” (V:11).

1 Thessalonians was written by Paul to a young congregation. Paul was still busy teaching the congregation the essentials of the Christian faith when he had to depart from them because people in the city attacked him and his fellow workers. Now he writes this letter to add to the teaching. In chapter 5 he writes about the second coming of Jesus (the day of the Lord). He says that for some people “the day of the Lord will come exactly as a thief comes by night.” (1 Thessalonians 5:2). They wouldn’t expect it. That is because they are children of the night and do not live in the awareness that Jesus can come anytime. He says they are like people who are asleep. In contrast to these people, the believers are children from the day, they are not asleep, and they are sober and watchful. Because God appointed them to obtain salvation through the Lord Jesus Christ, they should “put on the breastplate of faith and love, and for a helmet the hope of salvation” (1 Thessalonians 5:8). Paul is pastorally encouraging them in challenging times. He is using the armour for war to teach them that they need to be victorious. The three things that will help them are faith, love, and hope. When in verses 10-15 he teaches them how to use these weapons, he uses a unique structure. The structure can be illustrated as follows:

- Verse 11: What the believers should do for one another.
- Verses 12,13: What their attitude should be towards their leaders.
- Verses 14,15: What the believers should do for one another.

The believers should "therefore, encourage one another, and edify one another" (1 Thessalonians 5:11). The word παρακαλέω, translated with encourage, can also mean to comfort or admonish. And the word οἰκοδομέω can also mean to build up or restore, which clarifies and amplifies the exhortative connotation given to παρακαλεῖτε (Wanamaker, 1990:189). Verses 14 and 15 name different situations in which the believers should be involved with one another to help them to win the battle, to stay awake in the expectation of Jesus' coming back.

In the middle of these commands is the exhortation to honour their leaders. With this structure Paul leads his readers to understand how deeply involved the believers should be in the lives of each other, but also the crucial place of the leaders. The teaching about the leaders ends with the command to be at peace among themselves. When people are so deeply involved with one another to exhort, warn, comfort, and support, the potential for friction is high. Hence leaders are essential for keeping the peace and should thus be esteemed highly (1 Thessalonians 5:12,13).

Pastoral care is deep involvement with each other, keeping one another in the light of God's Word. This involvement should stand under the leadership of those in the special services who are appointed over the congregation. How can these congregational and church services be applied to care for Christian women suffering from uterine myomas? Before addressing pastoral care guidelines, the origin of human suffering (the fall of man) needs to be addressed, using Genesis 3:16 as a pastoral problem and the faith of the woman with the issue of blood.

5.5 Pastoral Care to Women Suffering from Uterine Myomas

5.5.1 Biblical principles

Human suffering – Genesis 3:16

This passage will establish the origin of women's suffering as part of the pastoral problem.

> To the woman, He said:
>
> > I will greatly multiply your sorrow and your conception.
> >
> > In pain you shall bring forth children.
> >
> > Your desire shall be for your husband.

Analysis outline

Man, and the "Cursed" of the ground (3:16)

- Pain and conception 3:16a
- In pain you shall bring forth children 16b

5.5.2 Introduction to the commentary

Wenham (1987:81) indicates that the man and the woman are not cursed, only the ground (v.17) is cursed because of man, placed within the concentric structure as it would strongly suggest that the labouring itself forms part of the death sentence. Regarding this, Wenham says: "For him [the narrator] only life in the garden counts as life in the fullest sense. Outside the garden, man is distant from God and brought near to death" (Wenham, 1983:178). This sentence on the man and the woman takes the form of a disruption of their appointed role (Wenham,1987:81). Walton (2001:229) poses a question in his commentary on Genesis 3:17-18: "what does it mean for the ground to be cursed or anyone to be cursed?" The verbal root used here is recognized as the opposite of blessing (*brk*). To be cursed is to be removed from God's protection and favour (Walton, 2001:229). God strikes the woman's womb, which is "the organ". God said: "In suffering you will bring forth" (Lange, 2010:379). And to the man: "Cursed is the ground for your sake." The impact on the ground is food and is still available to people, but it will be much harder to produce food (Wirzba, 2019:16). Like women, fruitfulness became suffering.

- **Pain and conception 3:16a**

> *"To the woman, He said: "I will greatly increase your pain from conception to labour. In pain, you will give birth to children." (TLV)*
>
> *"To the woman, He said: "I will greatly multiply your sorrow and your conception; in pain, you will bring forth children" (KJV).*

NIV translation "I will greatly increase your pain in childbearing", sorrow refers to pain, agony, hardship, worry, nuisance, and anxiety. NIV's 'childbearing' is a strange translation of the Hebrew term *herayon*, for elsewhere in the Old Testament *herayon* refers to conception or pregnancy, not childbirth (Hos. 9:11). Labour pain is more in view in Genesis 3:16, but the most important aspect concerning this profile is that the root is not typically used to target physical pain, but mental or psychological suffering (Walton, 2001:227). Added to this, the 'pain' envisaged is bound up with the difficult circumstances into which women will now bring children as they are born, "I will greatly increase your pain and your conception; in painful circumstances, you will give birth to children". The increase in pain is from conception to labour, in pain will you give birth to children (Provan,

2015:87). God strikes the woman's womb; the womb is "the organ that all along the elect people's history shall be the privileged venue of divine blessings" (Deut. 28:2-11). God has decided that blessing blossoms only within suffering and distress (Titus, 2011:379). At the point of every woman's life, when a woman experiences her highest sense of self-fulfilment, she will experience some degree of physical suffering. In Genesis 3:16, a woman is not cursed with infertility; childlessness is not her lot. The pains of pregnancy and birth in no way diminish the dignity of womanhood and motherhood (Westermann, 1972:262).

These judgements: "I will greatly increase your pain from conception to labour. In pain will you give birth to children" is an attack on the womb; the womb (uterus) will suffer. Motherhood is burdened with severe pain (Gen. 3:16a). Women suffer diverse types of reproduction-related diseases such as ectopic pregnancy, endometriosis, uterine fibroids, cervical cancer, ovarian cancer, uterine cancer, vaginal cancer, vulvar cancer, interstitial cystitis, and polycystic ovary syndrome (PCOS).

Gen. 3:16a is an extended distribution referring to the anxiety a woman will experience through the entire process of her life, from pregnancy to childbirth (Brichto, 1992:42). This includes anxiety concerning the physical discomfort throughout the reproduction years, from first menstrual period to whether she will be able to conceive a child, anxiety that comes with all physical discomfort of pregnancy, anxiety concerning her health, and the child in her womb (uterus) (Walton, 2001:227) and the physical deterioration of her body after birth (Currid, 2003:132). This research deals with pastoral care for Christian women suffering from uterine fibroids. The fact remains that the womb is under attack from the first woman due to her disobedience to God, which brings diverse kinds of suffering due to her rebellion against God's commandment (Titus, 2011: 380).

In conclusion, due to disobedience to God, human nature does not change because of the fall, but what does occur is pain, anxiety in childbearing, other afflictions of the body and soul, death, and frustration in ruling the creation. Women suffering from uterine myomas should be led to understand that their suffering is part of the fall of man into sin.

The researcher will narrate the story of women of faith in the Bible as an example of a curative text. The mission of Jesus Christ to the world is to restore what was lost in the garden and to set the oppressed free (Luke 4:18-21). The encounter of this woman with Jesus brought her healing and restoration. How can this text be used in pastoral care for Christian women from uterine myomas? The woman with the issue of blood narrative served as a therapeutic faith.

5.5.3 Crossing the principlising bridge (curative text)

How can this text (Mark 5:25-34) of the woman with the issue of blood be used in pastoral care to Christian women suffering from fibroid today? The question to be answered is, what can be drawn from this story, the intended meaning, by the author of the text, needs to be discovered. “As God gives specific expressions to specific biblical audiences, he is also giving theological teachings for all of his people through these same texts.” (Duvall & Hays, 2012:44.) What does this text in pastoral care mean to Christian women with fibroids? How can this text influence the modern audience and how do Christians today live out the theological principles (across the “principlis-ing bridge”?).

The Holy Spirit equips pastors not only for the task of preaching but also for counselling and through the entire exegetic and homiletic process. In the study and interpretation of the scripture, the Holy Spirit needs to be present for reflection and identification of counselling strategies. Prayer for guidance is necessary for the manifestation of the Holy Spirit (de Klerk & van Rensburg, 2005:12-13). The Holy Spirit is the Spirit of Wisdom, the Spirit of revelation, and He gives a deeper insight into the revelation of God’s word and the drive to testify, under the security of his wisdom. But God has revealed Him to us through His Spirit. “For the Spirit searches all things, yes, the deep things of God” (1 Corinthians 2:10, NKJV.) “Deep things of God” belong to divine wisdom and truths that exceed human understanding. Spiritual things can be discovered by those who walk by faith, not by sight (2 Corinthians 4:18; Hebrews 11:1; Romans 8:25).

How can researchers answer exegetic questions? They first have a bearing on the Bible as the authentic Word of God and on how a pericope is determined. The place of the pericope in the Bible itself, as well as in the book and chapter, needs to be studied. Studying the structures of the Book and the specific pericope will assist the researcher in identifying the theological perspective of the text. The genre and the historical and literary contexts are also essential, as is the studying of significant words. All of these will assist the researcher in creating the significance of the text as a guide during counselling for Christian women suffering from fibroid (de Klerk & van Rensburg, 2005:35-39).

- Scripture as a source of revelation

The Bible is a manual for living. The Scripture is also God’s Word in human language. It can be explained and assigned with the promise of the Holy Spirit to enlighten it for us (van Rensburg *et al*., 2011:5). Interpretation of Scripture and recognizing the authority of Scripture is challenging work. Christians are continually dependent on the guidance of the Holy Spirit, as the one who opens and clarifies God’s Word for His children (de Klerk & van Rensburg, 2005:3).

- Pericope for exegesis

Through exegesis, the researcher will indicate that Mark 5:25-34 is a text that helps the reader to understand the faith of a woman with the issue of blood and the healing power of Jesus Christ in the context of this study.

- The place of the book in the Bible

Mark is a New Testament book and forms part of the synoptic gospels.

- The genre of the pericope and the book of Mark 5

When studying Scripture, it is important to identify the genre of the text, since different genres should be interpreted in diverse ways (de Klerk & van Rensburg, 2005:19).

The Mark 5 pericope is the most specific in the form of Mark's "interruption" method. Interruptions occur when Mark interrupts a pericope by inserting another unrelated story, which is the story of a woman with the issue of blood (Bock, 2015:184).

Mark 5:21-43 contains a sequence of three scenes.

a) Jairus's urgent request and Jesus's initial response, vv. 21–24a
b) Jesus's distraction and diversion by the woman, vv. 24b–34
c) Jairus's daughter vv. 35–43

- Structure of the text Mark 5:25-29
    - Introduction to the touch that pleaded for help Mark 5:25-29
    - If I but touch his clothes vv. Mark 5:28
    - Who touched me? v. 30
    - Faith amidst suffering vv. Mark 5:33-34

5.6 Introduction: The Woman with the Issue of Blood and Jesus

The woman with the issue of blood will be applied to establish curative text to Christian women suffering from uterine myomas. The place of faith in the healing process is important because the Bible says: "But without faith, it is impossible to please him: for he that cometh to God must believe that he is and that he is a rewarder of them that diligently seek him" (Heb.11:6). The trust and faith of the woman with the issue of blood placed her at the centre of women of faith.

Jesus has the power to overcome the defilement of ceremonial uncleanness (bleeding and death) (Mark 5:22-42). How can Christian women suffering from all this pain mentioned above be cared for in pastoral care? What is the position of the Bible in the life of Christian women suffering from uterine myomas?

In pastoral care "faith cometh by hearing, and hearing by the word of God" (Romans 10:17). The woman of faith with a similar issue in the Bible will be used to illustrate the importance of faith. Establishing the story of the woman with the issue of blood in the Bible helps us understand the views and practices around disease, healing wellness and the place of faith in this story.

- The touch that pleaded for help (Mark 5:25-29)

> *And a woman was there who had been subject to bleeding for twelve years. She had suffered a great deal under the care of many doctors and had spent all she had, yet instead of getting better, she grew worse. When she heard about Jesus, she came up behind him in the crowd and touched his cloak, because she thought, "If I just touch his clothes, I will be healed." Immediately her bleeding stopped, and she felt in her body that she was freed from her suffering.*

This nameless woman, according to the three gospels, has suffered at the hands of physicians. This woman has experienced her life draining away, with the weakness and fatigue that accompany bleeding (Healy & Williamson, 2008:106). Anything she touches or sits on becomes unclean, and others avoid contact with her, since touching her would make them unclean (Lev. 15:25-27). If she is married, sexual union is forbidden to her husband (Lev. 20:18). She cannot worship God in the temple. She lived in isolation. When everything fails, God cannot fail, this is the touch that pleads for help. Other physicians failed, and their failure emphasizes that Jesus can succeed when other sources of healing have failed, and it costs nothing except bold faith (Garland, 1996:220). The woman refuses to accept this disease as her lot in life and boldly takes matters into her own hands by touching Jesus' garment (5:27; 28, 30, 31).

This woman's bleeding could have been a uterine problem (Baert & Schalley, 2014:3). Christ's miracle of healing is carried out through the word, through touch, through word and touch. The woman with the issue of blood belongs to the category of touch, but her touch is peculiar for three reasons, namely that she initiates the touch; the touch seems to have a strong effect on Jesus; and the fountain of her blood dries out, at the exact moment that something "flows away" from Jesus (Baert & Schalley, 2014:4).

During pastoral care, women with uterine myomas need to move with faith toward Jesus with a conviction that He can restore and save. What is faith? Faith is a combination of word revelation,

conviction, the right declaration, and the right action that will produce the right outcome (Romans 10:8). This needs to be applied as pastoral guidance to Christian women with uterine myomas.

- If I but touch his clothes (Mark 5:28)

The suffering of this woman for twelve years stresses her great need, and she is compelled to seek Jesus' help (Garland, 1996:219). Mark tells us that many who suffered diseases pushed forward to touch him (Mark 3:10) and all who touched him were healed (Mark 6:56). The three gospels Luke 8:44, Mathew 9:21 and Mark 5:28, specify that the woman desired (conviction) to touch the garment of Christ. What does it mean to touch his hem? Touching the hem is a gesture one would expect from a hidden attempt to contact somebody. It implies a crawling humble position. It is an act of submission. Touching someone's hem is often a form of pleading with them (Baert & Schalley, 2014:10). But this woman is unclean, anything she touches or contacts automatically becomes unclean. What does it mean for her to have decided to touch Jesus? It is about faith that is seeing beyond the visible realities of the natural world into the invisible realities of the supernatural world and bringing forth supernatural manifestation (Hebrews 11).

The touch here indicates the transfer of power (*dunamis).* The focus on purity draws attention away from the transfer of power that is at the centre of the healing and distracts readers from the woman's agency in her own cure (D'Angelo, 2014:81). What she has heard about Jesus has stirred her to faith. Despite all her disappointments over the years, Mark makes us aware of her inner declamation: "If I but touch his clothes I will be made well" (be healed, be saved, be cured) (Mark 5:28). With these words Mark conveys the motive of action in his account of the bleeding woman (Healy & Williamson 2008:106). The suffering woman's faith is the key to a miracle.

Having faith in Jesus and that she would be healed, the woman reached out to touch the hem of Jesus' cloth; her faith was not in his clothing, as if His robe had magical power, but in Him. She knew about his miracles and therefore had no doubt that He could heal her infirmity (MacArthur, 2015:259). Her unwavering faith was instantly rewarded. This passage indicates that her action speaks of her belief (If I but touch his hem) she dragged her weak and sick body into the crowd in search of healing. This woman's psychological, physical, and spiritual weariness needs to be identified, as well as her weariness with social consequences. She is weary, the woman moves in the crowd with her fragile body with faith that pushes her beyond the temporal reality of her physical condition.

The action and the step of the woman with the issue of blood brought her healing and restoration. In pastoral care this woman's faith can be described as trusting Jesus for the reality, reliability and trustability of Jesus to experience the possibility (to be healing) of God (Hebrews 11:1).

- Who touched me? (Mark 5: 30)

When she touched Jesus, immediately her fountain of blood stopped. The bleeding stopped. Just as immediately Jesus knows that power (δύναμις) has gone out from him (Garland,1996:220). Jesus said, "Who touched me?" The disciples think Jesus' question is ridiculous, given the thronging crowds. What made the woman's touch unlike that of all others in the crowd, was her faith (Healy & Williamson, 2008:106). "Everybody is touching you," says the disciples. *But* only one was healed. She had wanted to touch Jesus' garment lightly, without attracting any attention to herself, whereas others were jostling roughly against him. Yet, her touch was more effective than that of others because through faith she encountered the person of Jesus and his healing power. And she is seized by fear (Garland, 1996:221).

That moment she touched Jesus; her body was restored. What twelve years of medical appointments could not cure, the power of God healed in an instant (MacArthur, 2015:259). Divine power is not an impersonal cosmic force somehow detached from a sovereign source. God is personally engaged in every act of power, from creation to redemption (Hebrews 1:3). He feels it all. The power that heals the woman does not come from the garments but from Jesus himself. In the words of Mark, the power goes out of Him not out of his garments. We cannot argue that Jesus' garments were already endowed with power by their proximity to his body, because it was at the moment the woman grasps the hem of his garment that power leaves the body of Jesus himself. This is not an act of simple magical transference from garment to woman; the woman's touch pulled power out of Jesus himself (Gundry, 1993:280).

Jesus had a purpose for this woman's life that went beyond her physical healing. That is why Jesus was seeking her out, but she was afraid. But the fear of violating Jewish purity laws as one who, with cultic uncleanness, has dared to touch Jesus (Garland, 1996:221) and the fear of what had just happened to her (Mark 5:33), because she has experienced healing from Jesus' amazing power. She is conscious of his power, and she fears, much as the disciples feared earlier on the lake when they witnessed Jesus' power over the storm (4:41). It is impossible to make Jesus unclean; rather, his touch makes the unclean clean (Healy & Williamson, 2008:107).

Now Jesus is calling her out, it turns out that the healing does not come free. Jesus forced her to step out on faith and be recognized. The fear and trembling she felt in that moment was of a different kind altogether. She already knew she had been healed (Mark 5:29) but possibly at a deeper level now, she realized what had happened to her – she had an encounter with the Lord. She fell before Jesus (a gesture of homage v.22) and confessed her daring act. The Lord responded to her public confession by affirming the boldness and authenticity of her faith. He said

to her “Daughter, your faith has made you whole. Go in peace and be freed from your suffering” (v.34).

The women with the flowing of blood experience God’s healing power and compassion; the Old Testament uses the Hebrew word “רַחֲמִים” (*rachamim*) to describe God’s compassion, which can be translated as “the wounded womb of God” and indicates the powerful emotion of deep concern for the welfare of his people (Hosea 11:8). The “*rechem”* (womb) pain in solidarity with the suffering of others is a “motherly feeling” (Koehler & Baumgartner, 1958:886). The compassion of God in the Old Testament gives us a glimpse of the motherly solidarity of God with his people (Purves, 1989:68-69), a touching description of God’s love and heart.

Pastoral care for Christian women suffering from uterine myomas must be embedded in faith and compassion. The care for Christian women's suffering must be with compassion (almost maternal care) and concern. This imagery of a “wounded womb” conveys a powerful sense of empathy and solidarity with the suffering of others, reflecting a nurturing and protective aspect of divine love.

Faith means coming into agreement with God for the fulfilment of His promises. Agreement in God is about believing in his word as a healer and restorer. “Then Jesus said: “Come to me, all of you who are weary and carry heavy burdens, and I will give you rest” (Mathew 11:28). That is what the woman with the issue of blood did, and she found rest and wholeness.

Christian women need to have faith even while suffering, Faith is the secret of all possibilities. Faith is an action word that needs to carry out the required word-based responsibility to experience word-based possibility, even while suffering, to reach a desired result.

- Faith amidst suffering (Mark 5:33-34)

The question to ask women suffering from uterine myomas is: “How can faith endure in the face of suffering and death, rejection, loneliness, barrenness?” When it hovers over one’s life, the woman with the issue of blood reveals that faith is something that has trust during suffering and hopelessness (Garland, 1996:222). Her faith has made her whole. She moves from the daughter of Abraham to the daughter of God through faith. Jesus’ word transcended her physical condition, indicating that this physical daughter of Abraham had become a spiritual daughter of God (John 1:12). The common Greek word for physical healing was *iaomai*. That is the term Mark used when he wrote that the woman was healed of her affliction. Luke used a synonymous term, *therapeu*o (from which English word “therapeutic” is derived), but the word used for being made well in verse 34 (Matt. 9:21-22; Luke 8:48) is *sozo*, a term usually used in the New Testament for being saved from sin.

In conclusion, the pastoral guidance for women with uterine myomas must include faith, action, boldness, authenticity in their pursuit for healing and wholeness. Christian women seeking healing must touch Jesus with their faith: “Your faith has made you whole” (Mark 5:34; Luke 11:17; Mathew 9:22).

To be saved means to be restored, to be whole and to be healed. In Jeremaih 17:14 salvation places a mandate on Christian health: “Heal me, Lord, and I will be healed; save me and I will be saved, for you are the one I praise.”

5.6.1 Salvation and healing

The gospel often uses *sozo* to demonstrate a connection between a person’s faith and their salvation. Jesus healed many people who did not display genuine faith. There also were those who expressed saving faith in Him. For those with faith, not only their bodies were delivered but also their souls. Jesus’ response to this woman, connecting the word *sozo* with her faith, suggests she had been saved; she could now truly “go in peace”. Her bodily healing enabled her to be reunited with her family and restored to the temple. Salvation meant she was now reconciled with God. Jesus is without limit. He could restore just one part of the body and bring an entire body back to life (MacArthur, 2007:261).

“Go in peace” is not simply a word of dismissal. The Hebrew term for peace, which forms the background for the New Testament concept of peace is *shalom*. It covers wholeness, well-being, prosperity, security, friendship, and salvation. Jesus bestows peace upon her (Matthew 10:13; Acts 10:36). Genesis 3:16 established the root cause of the woman’s suffering due to disobedience to God’s commandment – the woman’s reproductive system was struck by God. The woman with the issue of blood displays a faith in Jesus Christ that brought her healing and wholeness and salvation through a touch of faith. Faith is working the word (Jesus) to dominate the world (life and death). The pastoral care for women suffering needs to establish the importance of faith, salvation, and healing. How can the heart’s conviction and the right declaration and the right action and attitude be applied in pastoral care to produce restoration?

5.6.2 Convictions, emotions, and deeds as part of the pastoral problem

The pastoral care for Christian women suffering from fibroid needs to address the issue of convictions, ideas or experiences regarding God and their relationship with God. Some of these convictions could be based on false information or negative experiences. Pastoral care has the role of identifying these convictions and helping women suffering to form new relationships with God-based truths and not false expectations or lies (Nickols *et al.,* 2019:166). The conviction of

a person determines their perspective of a situation – a person's firm convictions about everything according to their belief. These convictions will determine the way he or she evaluates a situation, and this evaluation will determine the emotion it will create in him or her and the way he or she will react to the situation (Clinebell & McKeever, 2011:215). Pastoral counselling is about bringing a person's convictions regarding a specific problem into the light of the Word. Women suffering from fibroids may be emotionally distressed. In pastoral care, emotional healing involves a person talking to God and a pastoral counsellor, about her suffering. Hence a pastoral caregiver must be a listener and needs to be a person in a relationship of trust and understanding (Coetsee, 2010:76). The needs of women suffering from uterine myomas need to be established from the problem behaviour to the emotion that she experienced before the suffering and from the emotion backwards to the conviction that caused the problem (Breed, 2021:4). To deal with the overwhelming emotion and pain, it is necessary to look directly at the woman's behaviour. The women must be challenged during pastoral care to change what they can and to accept what they cannot. This acceptance implies certain adjustments to their lives so that circumstances no longer have a negative grip on them (du Plessis, 2014:5).

In the next part, the researcher will discuss sacraments as part of pastoral care for Christian women suffering from uterine myomas.

5.6.3 Sacraments and healing – Baptism, Holy Communion, Confession and Anointing

The word "sacrament" is derived from the Latin *sacramentum*. It is referred to as an oath of obedience or something set apart for a sacred purpose. Sacramentum would readily lend itself to describe such ordinances as baptism and the Lord's supper.

- Baptism

In Paul's writing, the word baptism is used both as a noun and a verb (baptism/baptize), it is a reference to conversion and initiation. The event of baptism is like washing, anointing, sealing, and putting on clothes. All of these are images of baptism (Romans 6:4, Col. 2:12). The view of this and its consequences are justification by faith, participation in Christ and the gift of the Spirit (Christiansen, 1995:442), and the Spirit is mediated through or bestowed in baptism.

The first social significance of baptism is "conversion", which involves a public act, and a public confession (Romans 10:9). Those baptized were thereby renouncing the old way of life and committing themselves to a new way of life (Romans 6:3). "Therefore, we were buried with Him through baptism into death, that just as Christ was raised from the dead by the glory of the Father, even so we also should walk in newness of life" (NKJV). "Baptized into death" = "buried through

baptism into death". In other words, the "into Christ" of participation in Christ was affected "through baptism" (Galatians 3:27)

This also occurs in Col. 2:12, "Having been buried with him in baptism, in which you were also raised with him through your faith in the working of God, who raised him from the dead." We are "baptized into union" with Christ's death and resurrection (Rom. 6:3) by dying and rising with him through baptism. We are united to his priestly ministry. The Christ to whom we are united in baptism is our great high priest (Heb. 9:11). As a result, we become a priestly people (1 Peter 2:9).

Luther sees baptism as a "blessed dying unto sin and a resurrection in the grace of God." Baptism signifies two things – death and resurrection. That is, full and complete justification. Death here is the death of sin and life of grace (White, 1999:59).

The sense of union to Christ's priestly ministry, as well as to his death and resurrection has also had an important impact on a new understanding of the role of the laity in the ministry of the church. Union with Christ means being "engrafted in Christ" that through baptism Christ makes us share in his death, that we may be engrafted in it. In baptism, we are "so united to Christ himself that we become sharers in all his blessings" (Calvin, 2009). What does this blessing mean to Christian women suffering from uterine myomas? Blessing is the opposite of curse (Walton, 2001:229).

Baptism means the forgiveness of all sins that were committed before baptism; it also makes the baptized become a new creature. Christians are baptized into a newly adopted son or daughter of God and a member of the Church.

Acts 2:38, "Then Peter said to them, 'Repent, and let every one of you be baptized in the name of Jesus Christ for the remission of sins, and you shall receive the gift of the Holy Spirit." The Holy Spirit is a gift of baptism. Baptism of the Spirit and fire is the inward washing and purging from sin. Another focus of the gift of the spirit is the second blessing which is the sanctification as a gift of the Holy Spirit following the justification (White, 1999:67). The gift of the spirit such as healing, prophesying, and speaking in tongues becomes manifest among believers.

The Holy Spirit is the greatest gift because He is the third person of the Trinity. The Holy Spirit is the spirit of God that helps the children of God to dwell in the presence of God. All the fullness of God is in the Holy Spirit. All the power and the greatness of God dwell inside us (Eph. 1:13-14). 1 Cor. 10:2 records the baptism of the children of Israel in the Old Testament. If the imagery of passing through the Red Sea (under the cloud and the sea) is equivalent to baptismal immersion

and Moses represents Christ, then Paul probably had viewed the experience of being baptized into Christ (Gal. 2:37).

- Lord's Supper

John Wesley (1987:124–139) proposes that this sacrament be seen as a means of grace. To Wesley (1831:280), this means that the Sacrament of Holy Communion is an event through which a person experiences the presence of God, is confronted with the reality of his or her sin and finds grace that will lead the person to change his or her sinful ways[6]. Holy Communion facilitates this process of personal transformation by allowing participants to re-evaluate both their place in the community and their relationship with God (Wesley, 1987:133).

Jesus intended the Holy Communion to be central to domestic spirituality. Spirituality pertains to devotion and piety. Christian spirituality embodies hope and how faith is lived out in our daily lives (Louw, 2008:51). Jesus' instruction is that we are to remember Him as we partake of the Holy Communion. Jesus wanted us to be conscious of how His body was broken for our wholeness, and His blood was shed for the forgiveness of our sins. And whenever we partake in this consciousness, we "proclaim the Lord's death till He comes" (1 Corinthians 11:26).

Death and suffering came to this world through eating the forbidden fruit. The Supper of the Lord as

> *a life-live and most comfortable symbol of our communion with Christ . . . excellently showing unto us the meaning and manner of our redemption, to stir us up to thankfulness, to rejoice in our God and praise his name, to the general strengthening of all our faiths, and to the mutual faith that binds us together in all our holy duties (Scotland, 2016:175).*

The brokenness of His body is the restoration of the Christian's body, "But He was pierced through for our transgressions, He was crushed for our iniquities; the punishment that brought us peace was on him, and by his wounds we are healed" (Isaiah 53:5-9 NIV). John Calvin believed (cited

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[6] In John Wesley's journal entry of 28 June 1740, he recorded the following: I showed at large, (1) That the Lord's Supper was ordained by God, to be a means of conveying to men either preventing, or justifying, or sanctifying grace, according to their several necessities. (2) That the persons for whom it was ordained, are all those who feel that they want the grace of God, either to restrain them from sin, or to show their sins forgiven, or to renew their souls in the image of God. (3) That inasmuch as we come to this table, not to give him anything, but to receive whatsoever he sees best for us, there is no previous preparation indispensably necessary, but to desire to receive whatsoever he pleases to give. And, (4) That no fitness is required at the time of communicating, but a sense of our state, of our utter sinfulness and helplessness; everyone who knows he is fit for hell, being just fit to come to Christ, in this as well as all other ways of his appointment. (Wesley 1831:280)

by Arjona 2017) that Holy Communion is not simply a symbol or representation of the Christian faith; although the bread and wine remain bread and wine, the Holy Spirit, by means of these symbols, offers true communication with the body of Christ (Arjona, 2017:181). The Holy Spirit "is like a channel by which all that Christ is and possesses comes down to us" (Calvin, 2009:556). Calvin (2009) explains that in the sacrament "his flesh is truly food, and His blood truly drink and that both are the substance to nourish the faithful in eternal life" (John 6:54-55). The Lord's Supper is a nourishing event. This must be believed particularly for pastoral care. Even though Calvin understood the Lord's Supper as a spiritual meal, as food for the soul, he explained that the fruits of the Lord's Supper re-create not only the soul but also our flesh. "His body and blood have been made ours to possess the fullness of Jesus Christ crucified and to be participants of all His good things." Through the power of the Holy Spirit, the Lord's Supper is a nourishing meal, and it has power to transform lives (Calvin, 2009:549). In Christ, the poor become rich, the sick are made whole, the weak are strengthened, and death is conquered (Arjona, 2017:182).

This revelation is central to the topic of healing. The word "healed" when translated from both Greek and Hebrew can mean spiritual and emotional healing. However, the context of both Isaiah 53 and 1 Peter 2:24 "And He Himself bore our sins in His body on the cross, so that we might die to sin and live to righteousness; for by His wounds, you were healed" make it clear that they are referring to spiritual healing (MacArthur, 2007:172). Atonement brought Christian healing – both spiritual and emotional healing. Jesus makes atonement for sin, which gives us hope of healing in any form. The redemptive suffering of Jesus Christ on the cross is the source of every blessing, whether spiritual or physical (Prince, 2018:84). Through this revelation, Holy Communion is "Holy Foods". Calvin explains (2009:566): "Holy Foods are medicine for the sick, comfort for sinners, alms for the poor." Communion is an invitation to remember the life of Jesus Christ, and along with that history, is the event of women suffering from reproductive illness, and in the power of the resurrection, there is the proclamation of God's transformative power and healing.

5.6.4 Confession and the anointing

Prince's (2018) book "Eat Your Way to life and Health: unlock the Power of the Holy Communion" explains that confession should be part of Christian devotion. In pastoral care to Christian women suffering from uterine myomas, "human wholeness" means that health in a biblical sense, points to life and salvation (*soz*o, to save). However, the reference to spiritual healing refers to wholeness and a comprehensive understanding of the concept of the soul (*nephesh*) and life as experienced within the presence of God (Louw, 2008:47).

"Confession" is a noun that describes a written deposit. "Confess" on the other hand, is something we do as Christians. In confession, we state or claim something. We say in effect: "This is who

we are", or "It is by this we live" (Janssen, 2016:4). What is the use of confession? In an essay Dutch theologian AA van Ruler (1940s) states: "The place and function of the confession in the church" describes three ways in which confession functions, namely as a staff or guide, as a stick and as a song.

Confession provides the guide; the truth cannot be lost (stray) from limits, as difficult as it may be to clearly stake them out. It is a guide for all work. That is, it presents the promise of the gospel to those who believe and proclaim God's truth (Janssen, 2016:6).

> *Confession as a stick means that Christians must remain faithful to their Lord and do so in what they teach and preach. Confessions are a song, an echo of the word in the midst of reality, an immeasurable joy in salvation never to be fully comprehended …. confession is the language of love, it's to speak back to God, to respond in words (van Ruler,1940s).*

In conclusion, confession is a spoken word of God in faith. The word of faith is needed in pastoral care for Christian women suffering from uterine myomas to help them overcome their emotional struggles and suffering. Vreeland (2001:2) states that the word of faith is words about a Christian having faith. Word of faith teaching appears to occur in three stages. In stage one, a Christian may come to understand a certain scripture pertinent to some situation in life, they are concerned about changing. For example, a search for divine healing such as written in Isaiah 53:4-5:

> *Surely he took up our pain and bore our suffering, yet we considered him punished by God, stricken by him, and afflicted; But he was pierced for our transgressions, he was crushed for our iniquities; the punishment that brought us peace was on him, and by his wounds we are healed (Vreeland, 2001:2).*

In stage two, the Christian should develop faith in scripture. In Mark 9:23 Jesus said to him, "If you can believe, all things are possible to him that believes". The last stage, they should speak this scripture (meditation) aloud to show to God they are 'taking Him at His word.' According to 2 Cor. 4:13 "we have the same spirit of faith, as it is written, I believed, and therefore have I spoken; we also believe, and therefore speak."

The centre of redemption is about forgiveness of sin and restoration of our spirit, soul, and body. Jesus' ministry is about healing and restoration. God said, I am the Lord who heals thee (Ex. 15:26), Pastoral Care for Christian women suffering from uterine myomas is about putting God at the centre of our pain and suffering and reminding Him of His word. Hebrews 4:12 tells us: "For the word of God is quick, and powerful, and sharper than any two-edged sword, piercing even to the dividing asunder of soul and spirit, and of the joints and marrow, and is a discerner of the thoughts and intents of the heart." The word of God can travel into every part of the body (Oyedepo, 2017:8). "We (Christians) believe with our heart and confess with our mouths…"

(Romans 10:9) – what is it to believe"? According to this confession, it is not simply a matter of the brain, of the mind, of reason. It is not "holding something to be true" because it is such to our reasoned understanding. Nor is it "holding something to be true" even though it doesn't fit our reasoned understanding, as in, "I don't know it, but I believe it", it is a "matter of the heart". Belief includes emotion, but is not limited to emotions (Janssen, 2016:16). According to Heidelberg Catechism, faith is "not only a sure knowledge by which I hold as true all that God has revealed to us in the scripture; it is also wholehearted trust, which the Holy Spirit created in me by the gospel … forgiveness of sin, eternal righteousness, and salvation" (Janssen, 2016:16). Faith is a gift of the Spirit.

5.6.5 Anointing of the sick (James 5:14)

The words used for the anointing, and action of anointing, were greatly simplified. It is more than the forgiveness of sin but also about the restoration of body, and soul, in keeping with the orientation of early Christian prayer. The proper matter of this blessed oil and the ministry to the sick is an important part of pastoral care (White, 1999:125). Various witnesses speak of different rites of healing, the most important is undoubtedly the anointing with oil, which is the application and lifegiving-healing-purifying power attributed to God by the symbol of oil in the scriptures (Mark 6:13) and the early churches (Power & Collins,1991:40).

Oil was a popular medicine in the ancient world. Oil was used to relieve the sick, it was used to drive out demons. The early church believed that it protected people from death and maintained and reinforced life. The anointing of the sick is not some magic; the healing action should be ascribed to prayer empowered by faith and to the knowledge through faith that the Lord can help us, as well as to the conviction that He will do so. Jesus Christ himself heals the sick (Grün & Cumming, 2003:248).

Is any sick among you? Let him call for the elders of the church; and let them pray over him, anointing him with oil in the name of the Lord: 15. And the prayer of faith shall save the sick, and the Lord shall raise him up; and if he has committed sins, they shall be forgiven (James 5:14-15).

All the above-mentioned, baptism, the Lord's Supper, and the anointing of the sick can only be done during fellowship with one another. What is the importance of fellowship with one another as it was commanded in the Bible? And how does fellowship lead to emotional healing?

5.6.6 *Koinonia* and emotional healing

The word *koinonia* in the New Testament means communion or fellowship (White, 1999:107). Paul speaks of a sharing [*koinonia*] in the blood of Christ and "a sharing [*koinonia*] in the body of

Christ" and continues, "because there is one bread, we who are many are one body, for we all partake of the one bread" (1 Cor.11:16-17). It suggests that people join in the life of God and one another in a way that brings about communion, fellowship, friendship and sharing (Douglas, 2022:133). 1 John 1:3, "That which we have seen and heard declare we unto you, that ye also may have fellowship with us: and truly our fellowship is with the Father, and with his Son Jesus Christ." The Apostle Paul uses *koinonia* or communion in relation to the Lord's Table (1 Cor. 10.16-17), where there is a communion or participation of the body and blood of Christ in the bread and wine of the Lord's Table (v. 16), and where there also is a communion or fellowship with one another as the Last supper is shared (v. 17). Baptism places us in the one body, and it is necessary to discern the Lord's body in unity. All this is related to the Jewish sense of the unity of those eating together.

Koinonia or communion also means 'communication', 'contribution' and 'in common', in the sense of the Latin word *communis*, with its Greek root *koin*, referring to sharing something with someone (Wood, 1996:217). 'The *koin*-words mean fellowship, sharing, partnership, participation and communion' (Breed & Semenya, 2015:70). Communion in another Greek word *ynaxis,* means 'union' or 'community gathering' (Welker, 2000:3). "The oneness in faith, purpose, and prayer was the expression of the fellowship of the believers, "They devoted themselves to the apostles' teaching and to fellowship, to the breaking of bread and to prayer" (Acts 2:42). The fellowship and partnership among Christians can bring about emotional healing for individuals. A problem shared is a problem solved. The fellowship of the believers in the book of Acts of Apostles demonstrates koinonia among believers. "Everyone was filled with awe at the many wonders and signs performed by the apostles. All the believers were together and had everything in common. They sold property and possessions to give to anyone who had need." (Acts 2:42-47; 4:32-37.)

5.6.7 *Diakonia* and healing

Diakonia can be described as service to another person or the congregation under the command of God and to the honour of God (Mark 10:45). *Diakonia* includes service, care, compassion, and community engagement in different contexts, e.g. care for the sick and the needy in the church. This service is done with the gifts of the Holy Spirit and is used by God to show his grace and power that exceeds all that we can think of (1 Cor 12:1-5). The service addresses another person's need, the community, or the congregation (Breed, 2014a:2-6) and it asks of the *diakonos* to be prepared to denounce all self-interest (John 12:24-26) (Breed, 2014a:5).

Breed (2013:8) in his article "The *Diakonia* of Practical Theology to the Alienated in South Africa in the Light of 1 Peter" says that *diakonia* serves the purpose of people being drawn to Jesus by the gospel of the cross. This happens when people believe the words of God, which He speaks

through Christ, and when they accept that the Father sent the Son to the world so that everyone who believes, will be saved by his diakonia (John 17). Christian fellowship and service to one another can help Christian women with uterine myomas receive help and support from other Christian communities. Sharing, support and compassion are all needed among women suffering from reproductive illness.

When someone who is suffering can be led to use her gifts to serve others through diakonia, it can help her not to be entrapped in her sorrow and pain but to live outwards. In pastoral care, the suffering person should be guided to Christ to drink from the fountain of living water that He opens for us. And then to pray to the Holy Spirit to let streams of living water flow from their inner being (John 7:37-39), so that they can comfort other people with the comfort which God comforted them (2 Cor 1:3-5).

5.7 Addressing Specific Pastoral Problems

It is not possible to address all the identified problems. Two problems will subsequently be addressed as an illustration of what can be done in the pastoral model (chapter 6.

5.7.1 Self-image

The psychological definition of self-image, as defined by Ackerman (2018:1), refers to how one perceives oneself. Self-impressions build up over time and create these self-images, which can be positive and give a person confidence in their thoughts and actions; or negative, which can make a person doubtful of their capabilities and ideas.

But the doctrine of humanity often starts with investigating the image of God and ends with what constitutes a human being through the anthropological terms body, soul, spirit, mind, heart etc. The question concerning self-image will be answered after an explanation of “Who am I?” and “What is a human being?” When we look at pastoral care in the letters of the New Testament, it becomes clear that our identity in Christ plays a major role therein. Paul, in Ephesians, is leading the congregation toward walking worthy of their calling (Ephesians 4:1). But before he comes to the imperative part of his letter (Eph 4-6), he first explains to the congregation in chapters 1-3 who they are and what they have received from God because they were chosen and made new. From this new identity, they can be conquerors in the battle against Satan (Eph 6). The same is true about Romans and 1 Peter. The imperative in these letters is built on the indicative of the new identity in Christ. Hence it is important for pastoral care to women suffering from myomas to establish what the identity of a child of God entails.

5.7.2 What are human beings?

This question turns up, in the plural, on three occasions, “What are human beings?” (Psalm 8:4; 144:3 and Job 7:17). The context of all three pericopes, is the wonder of God singling out humanity for his attention from all his creation. The book of Psalms mentions above wonders at God’s care for something seemingly so inconsequential.

Human beings are the image of God (1 Cor. 11:7). To say that we are "in God's image" is to say that we are made "in the image" of God (Clines, 1968:15). This convergence of opinion is intricately linked to the growing appreciation of the variety of ways in which Genesis speaks to the image. Gen 1:26 uses both '*seem'* and '*demut*', 'image' and ‘likeness'; Genesis 1:27 and Gen 9:6 use only *selem*. “And if God's plan for man (that man would have both image and likeness) was only partially realized by man's image in his image, then it is difficult to explain Genesis 5, which speaks of the creation of the man according to God's image (humility). And this speaks to the fact that Adam had a son "in his image and his image (*selem*)" (Berkouwer, 1962:69).

> *Then the LORD God formed a man from the dust of the ground and breathed into his nostrils the breath of life, and the man became a living being (Genesis 2:7).*

The Bible has a direct interest in answering the question of personal identity, including its three forms of the identity of human being, individuals, and groups of people. What is a human being? Who am I? Who are we? What makes you, you? What defines you? All these questions are the foundation upon which personal identity is built (Rosner, 2017:41).

According to the Bible, human beings are more than their bodies; human beings are spiritual beings because of the breath of God, we are embodied and social beings, and we are defined by our relationships with God and with others. Human beings can be defined by our independence and responsibility to and for one another. Our mind and heart enable us to think and feel and build and sustain relationships.

We are created by God and for God, made in the image of God, and suffered death because of our rebelliousness. By redemption, we are adopted back to the family of God. As a believer in Christ, we are children of God, loved by God and given full right of inheritance as heirs of God and co-heirs with Christ. Our new identity as God’s children by union with God’s Son is our identity. Since being made in the image of God, we are made to be God’s children (Rosener, 2017:171).

5.7.3 Managing ongoing suffering and the “why?” question

The book of Hebrews 11 shows the list of people of faith, this race of faith is not one that we run against others. Victory in the race means overcoming the “true self” against all the lesser possibilities for our lives. This means overcoming obstacles and roadblocks in the journey of life. These include challenges, sickness, pain, barrenness etc. Hebrews 12 is addressed to the people who know suffering. The writer of Hebrews assures them that their suffering is not a sign of the Lord’s discontentment, but training, and the success of this training depends on endurance, which involves suffering. Verses 5-10 is a different analogy: the training is never pleasant, and the genuine growth mostly lies on the far side of hardship, pain, and challenge. These analogies emphasize God’s use of suffering to train and form those He loves (Gregg, 2016:95).

Human suffering is centred in the Book of Job. However, Job cannot understand why God would pay so much attention to testing, training and examining something as insignificant as a human being. “What is mankind that you make so much of them, that you give them so much attention, that you examine them every morning and test them every moment?” (Job 7:17-18). There is no suffering without a cause. In the first chapters of the book of Job, Satan asserts that the blessings of God are responsible for the development of Job’s righteousness, which makes God permit Satan to take everything away from Job. By the end of the book, once Job’s righteousness has been established as independent of God’s blessing, God once again blesses Job (Gregg, 2016:60). The problem regarding why the innocent suffer is not answered, rather innocent suffering is seen to simply be an unpleasant fact. As far as Job was concerned, his suffering was without purpose or meaning. Amid his trials, Job famously proved unwilling to forsake his innocence.

Then, how do Christians deal with suffering? Then Job called on God. God’s challenge makes it clear that Job is small, powerless, and exceptionally limited, but not without a voice. This is the voice that called God out of hiding. This is the voice that has earned the right to hear God’s reply. It is only because Job utterly understands something of God’s justice, that he raises his complaint to God. In this sense, he is vastly different from the rest of creation; he is made in the very image of God, and God honours him as such.

Suffering is called divine discipline in the book of Hebrews (12:7-8), and is not to be regarded lightly, nor is man to lose heart during divine discipline. The author of Hebrews failed to account for the possibility that their suffering is working to their advantage, but they are in danger of “losing heart” (which links 12:3-5) during their suffering. But this suffering can only be understood if they hold firm to their identity as children of God. They will find their peace in God and accept that immediate healing is not the will of God for them.

How can we explain this kind of divine discipline? This can only mean education, correction, guidance, or chastisement. All of this lies in the instructions. God uses suffering to lead his children to maturity. God uses suffering to train, educate and correct his children. Suffering brings growth and transformation for those who hold firm in God. To deal with ongoing suffering, there must be submission to God's providence and his will. We see this in Job, in Lamentations 3, in Paul with the thorn in his flesh and the people described in Heb. 11:3-38 and 12:5-11. The verses below mean "endure as a discipline."

> *Endure hardship as discipline; God is treating you as his children. For what children are not disciplined by their fathers? If you are not disciplined and everyone undergoes discipline then you are not legitimate, not true sons and daughters at all (Heb.12:7-8 NIV).*

5.8 Conclusion

The research focuses on pastoral care for Christian women suffering from uterine myomas. The findings point to the need for counselling and awareness for women with and without fibroids. The study also highlights factors contributing to uterine myomas' growth and the suffering of women with this condition, particularly in the context of marriage and infertility. The chapter discusses the normative task of providing pastoral guidance for women with uterine myomas, emphasizing the need for theological and practical guidelines from scripture. Furthermore, it identifies pastoral problems, such as the impact of uterine myomas on marriages and infertility and discusses their implications in African culture and religious contexts.

The passage discusses pastoral care, spiritual gifts, and the unity in the body of Christ as highlighted in 1 Corinthians, emphasizing the importance of believers confessing Jesus as Lord and understanding the work of the Holy Spirit. Moreover, it mentions pastoral principles addressed in 1 Thessalonians, encouraging believers to comfort, edify, and support one another, while also honouring their leaders. These teachings equip believers for spiritual warfare and the expectation of Jesus' return.

The reason why we suffer cannot be answered here on earth, but our faith needs to firm and endure the suffering, "let us run with endurance the race that is set before us, looking unto Jesus, the author and finisher of our faith, who for the joy that was set before Him endured the cross, despising the shame, and has sat down at the right hand of the throne of God" (Heb. 12:1-2).

This can only happen when Christian's fellowship with one another and the congregation supports and serves one another. Women suffering from uterine myomas need to understand that human suffering is a training for our growth.

CHAPTER 6 PROPOSED PASTORAL CARE PROGRAM FOR CHRISTIAN WOMEN SUFFERING FROM UTERINE MYOMAS

6.1 Introduction

In the previous chapters, the emphasis of Chapter 2 was on the descriptive empirical task which was to investigate The current situation regarding pastoral care to Christian women suffering from uterine myomas, Chapter 3 was on the factors contributing to suffering due to uterine myomas to interpret the current situation and Chapter 4 identified pastoral models for Christian women suffering from uterine myomas as a question that needed to be answered according to Osmer's interpretative task. The aim of Chapter 5 was to understand the normative ethical perspectives the Bible provides for the pastoral care of suffering women. According to Osmer's model, the last remaining task for practical theological interpretation (Osmer, 2008:4) is the pragmatic task, which is to provide the church with a program for the pastoral care of African Christian women suffering from uterine myomas. This leads to the formulation of a pastoral care program that could assist pastors or pastoral counsellors in their pastoral ministry to Christian women suffering from uterine myomas.

This current chapter focuses on the fourth task in practical theological interpretation – the pragmatic task, and answers the question: 'How might we respond?' This chapter is based on the central theoretical argument which states how a practical theological-based program can be used to enhance and improve the quality of life of Christian women suffering from uterine myomas. To answer this question, the summaries of the previous chapters will be considered.

This pragmatic task aims to develop an incorporated Biblical pastoral care program. This program will help pastors and Christian leaders in their pastoral ministry to care for Christian women suffering from uterine myomas. The aim is to create and analyse principles, perspectives, and guidelines that might be foundational to the proposed program, which pastors and Christian leaders can use in their pastoral ministry to care for Christian women suffering from uterine myomas. The findings of the previous tasks are considered for the formulation of a program.

To develop the pastoral care program, a summary of the preceding chapters will be provided before introducing a two-part program.

6.2 Summaries of the Previous Chapters

6.2.1 Summary of Chapter 2 (Descriptive- empirical task)

The empirical research was determined by means of questionnaires by applying qualitative data analysis. To answer “what is going on” the researcher interviewed medical doctors, psychologists, pastors, and social workers. Questionnaires were also completed by women suffering from uterine myomas. Qualitative research is conducted when the researcher is interested in people and their lives, and the problems they experience – this study explicitly focuses on their perceived or experienced health status and emotions.

(a) Women suffering from myomas

Twenty women participants participated in this investigation. The questionnaire consisted of 25 questions from emotional and symptom-related perspectives. The data obtained from these women established that many women with uterine myomas are suffering in silence without the needed critical support, both from the church and communities. A list of the issues that need to be addressed in pastoral care with women suffering from uterine myomas includes:

- Fibroids re-growth
- The importance of a good diet (fruit and vegetables) and regular exercise
- Delay in childbearing
- Christian identity and low self-esteem
- Christian perspective on birth-control pill
- Fibroids and marriage
- Fibroids and infertility
- Importance of women's support groups and counselling, e.g. church support group
- Regular blood tests and routine check-ups
- Open discussion with a partner (husband) regarding fibroids and sex

This information is valuable and must be taken into consideration to answer the research problem of the study, as it became clear that knowledge of the counselling role of the church is lacking. The researcher acknowledges that a pastoral program is needed – now even more than the empirical study – to enhance pastoral care and counselling for Christian women suffering from uterine myomas. African women need to be educated about issues affecting women's

reproductive organs, and the church can be a channel to create more awareness of uterine myomas.

(b) Professional caregivers as participants

Professionals, such as medical practitioners, social workers, pastors, and psychologists also formed part of the empirical study to assist the researcher in putting into context the feedback received from the women. The following question below was summarised and interpreted accordingly, the emotional support rendered to women suffering from uterine myomas by the professionals, how they support a woman traumatized by fibroids, and information on assistance for them regarding their negative self-image due to the impact of fibroids, how it affects their sexual life, and the support they give in this regard.

From the interviews, the researcher can deduct the following. Medical doctors only focus on the medical treatment of the illness and do not consider emotional support to be part of the professional service of a medical doctor. The doctors argued that the emotional or psychological issues need to be addressed through pastoral care for women with uterine myomas. Medical treatment for uterine myomas is available but not without cost, and regular check-ups are recommended, as well as support groups among women to discuss women's health.

The psychological group stated that women with uterine myomas experience depression due to the symptoms of this illness and the delay in diagnosis. They said that the impact of uterine myomas is under-discussed among women and society at large, which leads to women suffering in silence with pre-surgical fear and anxiety. They emphasised that the issue of sexual needs to be discussed with their husband for a better solution.

The social worker group states that women suffering from fibroids need knowledge concerning fibroids, from diagnosis to treatment and post-treatment information to prevent fibroid regrowth. Also, the involvement of the patient's partner is important. They also identified the importance of counselling and care for pregnant women diagnosed with fibroid as it can lead to an emotional crisis as a result of the risk of miscarriage.

What was interesting and even disappointing, was that the pastor participants do not give much support to women suffering from uterine myomas. They also do not have support groups for emotional and biblical guidelines to help these women overcome the depression and fear that accompany the trauma of this illness. One of the pastors believes that all afflictions are from Satan which added to the guilt feelings of these women.

The empirical data revealed the silence around this illness. There is little adequate support for women with fibroids. Participants indicated that more knowledge and awareness is needed in Africa regarding this issue. Women with fibroids need awareness, support, and prayer from both family and friends. Many women suffer in silence with the symptoms, and it affects their work, social life, marriages (marital affairs), and can cause early labour and infertility etc. The silence leads to anxiety and depression.

6.2.2 Summary of Chapter 3 - Interpretative task

In pastoral care for Christian women who suffer from uterine fibroids, the caregiver needs to understand the factors involved in this problem. Knowledge of biological, psychological, and sociological factors will assist in understanding the factors that contribute to fibroid growth. The biological factor can lead to genetic modification through nutritional factors which are linked to the genetic factor because food diet modifies genetic expression which leads to an increase in the level of oestrogen and progesterone in the body, and this is known as the hormonal factor.

An investigation into sociological factors revealed that unhealthy lifestyles harm the human body. Studies indicate that lifestyle factors such as smoking, alcohol consumption, and body weight contribute to uterine myoma growth. Delays in childbearing can cause sickness in the womb due to the increase in the accumulation of hormones and delay in nurturing a child. Nurturing a child helps the woman to normalize body hormones and regulate the body system.

The environmental factor is yet another aspect that causes many harmful effects on the reproductive system of women. There are diverse types of chemicals, developed for commercial use, mainly in agriculture, and exposure to toxic chemicals may impact reproductive health, including fibroids, increasing the risk of miscarriage, infertility, and difficulty conceiving.

Socioeconomic factors regulate health and psychosocial factors, including e.g. social support, loneliness, marital status, social disruption, bereavement, work environment, social status, and social integration. Black women in Africa consume clay as a source of essential minerals and nutrients. This act can lead to serious health implications. Health risks include damage to dental enamel, nutrient deficiencies, and potential issues such as colon rupture and perforation, particularly in pregnant women.

The delay in diagnosis of uterine myomas affects the quality of life. The finding reveals that uterine myomas are symptomatic in all patients who participated in this research due to the lateness in diagnosis. The complications during pregnancy, heavy menstruation bleeding, and loss of the

uterus during the procedure are but a few of the consequences of uterine myomas on the quality of life. Research has also demonstrated the negative impact fibroids can have on self-image.

6.2.3 Summary of chapter 4 – Interpretative task

Another aspect of the interpretative task is Breed's proposed pastoral care program in which he explained a pastoral process, and the counsellor and counselee's relationship with God and conviction. The pastoral program comprises both theoretical and practical components. The theoretical aspect aims to acquaint the counselee with an understanding of God as the Father, Son, and Holy Spirit, as well as with grace. Breed emphasizes the process to facilitate individuals in connecting with God's presence (*coram Deo*) and comprehending the significance of God's mercy and His word in challenging circumstances (Breed, 2021:1). The chapter also investigated the practical application of Breed's program for pastoral care, which consists of seven aspects, i.e.,

- The meta-theoretical starting point regarding the Bible as the Word of God
- The need for someone receiving counselling to be born again.
- The importance of a counselee's relationship with God
- Change in the life of a counselee through insight
- External and internal motivation of a counselee
- Perseverance in a new life
- The counselee as *diakonos* of Jesus Christ.

6.2.4 Summary of chapter 5 – Normative task

Chapter 5 focused on theological and practical guidelines from various parts of scripture for pastoral guidance of women suffering from uterine myomas. Many problems have been identified from the previous chapters that need to be addressed in pastoral care for these women, such as marital problems, infertility, reproductive loss or miscarriage, hysterectomy, or occasionally even death due to low blood pressure or anaemia. The task of pastoral care from a Biblical perspective is for Christian communities and congregations alike to lead these women to live in freedom.

1 Corinthian 12 speaks about the unity in the body of Christ, and the διακον- words are used in 1 Corinthians 12:4-6, where Paul emphasizes the variety of gifts, services (διακονία), and activities that are assigned by God who works all things in everyone through the διακονία of those who use their gifts. In the early church, the individual was never separate from the community – if one

person suffered, the impact was felt throughout the community. Paul wrote about the principle of pastoral care and how the congregation should care for one another (1 Thes. 5). Human suffering originated from the book of Genesis (3:16) and the suffering of women was cause by rebellion against God's commandment, which led to pain and suffering. The salvation comes from Jesus Christ. The woman with the issue of blood received healing because of her faith and she was made whole. Faith in Christ can bring healing, restoration, salvation, and the gift of the Spirit through baptism. The Lord's Table draws Christians closer to the death and resurrection of Christ's life and death. Through Jesus, Christians receive a new identity as children of God. We have been bought by the blood of Jesus Christ. Although the Word states that human suffering is working to the advantage of Christians, they must not "lose heart".

6.3 Proposed Program

The proposed program aims to guide these Christian women to understand the concept of salvation as wholeness. It addresses the challenges of living in a troubled world and emphasizes finding peace and emotional stability in Christ, regardless of external circumstances, while also seeking appropriate medical treatment for uterine myomas. The research seeks to develop guidelines for providing pastoral support for Christian women dealing with uterine myomas.

This program is proposed in four dimensions namely:

- Physical dimension of the pastoral program for women suffering from uterine myomas (biological dimension)
- Psychological dimension of the pastoral program for women suffering from uterine myomas
- Social dimension of the pastoral program for women suffering from uterine myomas
- Spiritual dimension of the pastoral program for women suffering from uterine myomas

6.3.1 Psychological dimension of the pastoral program for women suffering from uterine myomas

In Chapter 2 it was highlighted that the main symptom of uterine myomas is alterations in the menstrual cycle. These changes might involve heavy bleeding, lower abdominal discomfort, and prolonged or irregular periods. It is crucial for women experiencing these symptoms to promptly seek medical attention for a thorough medical evaluation. Research indicates that African women experience more symptoms and develop uterine fibroids at a higher rate than other ethnic groups due to their high carbohydrate, low plant-based diet. Chapter 3 of this research has established that a plant-based diet lowers the risk of fibroids and related conditions. Although not all will agree,

this program advocates for a plant-based diet for women of reproductive age, as this dietary choice aids in preventing fibroid re-growth and promotes weight loss.

Table 2.1 provides details of the various options available for treating uterine myomas. Timely detection facilitates simpler treatment methods with reduced complications. However, if the diagnosis is delayed, it may lead to increased fibroid growth, necessitating more invasive procedures such as a hysterectomy (removal of the uterus), which poses additional risks during treatment. This information is pertinent not only to pastoral care programs but also for women's group discussions.

Chapter 3, figure 3.2, illustrates the relationship between nutritional and genetic factors. It explains how dietary choices can impact genetic expression, leading to increased oestrogen and progesterone levels, which are known as hormonal factors. The study indicates that a poor diet, as depicted in (3.3), results in inadequate nutrition in the body. Plant-based diets, particularly those rich in green vegetables and fruits, promote the production of chlorophyll. Fruits and vegetables provide essential vitamins, minerals, and fibre, crucial for maintaining healthy digestion and balanced blood sugar levels. Menorrhagia is the primary cause of anaemia, and iron deficiency, whether with or without anaemia, can result in symptoms such as headaches, poor concentration, rapid heartbeat, decreased academic performance, fatigue, and weakness, which together lead to African women eating clay or soil known as *pica* (craving and consumption of non-food substances), as well as increased susceptibility to illnesses. This issue should be taken into consideration when providing counselling to women with uterine myomas.

Women with uterine myomas often experience painful sexual intercourse, as noted in chapter 2, with the responses from medical professionals, social workers, and psychologists (2.5) indicating that these women may benefit from exploring different sexual positions. The symptoms of uterine myomas affect the quality of life. Therefore, to enjoy quality of life, women with uterine myomas need to limit their detrimental social habits, such as excess alcohol intake. Emphasizing the importance of regular exercise in improving metabolism and restoring hormonal balance. Moreover, lifestyle modifications, including adjustments to dietary and sexual habits, regular exercise, and seeking social support, can have a significant impact.

Pastoral care and support groups should address crucial topics, such as early diagnosis, treatment, and fibroid re-growth while promoting awareness among African women. By applying the proposed program, attention needs to be given to the overall health of women, and pastors and pastoral counsellors should gather information on the physical and emotional symptoms experienced by these women to understand them and empathise with them.

The impact of uterine myoma on women's emotions and physical health varies. The program for women regarding this aspect can differ from person to person. Especially in the women who received hysterectomy treatment, depression might follow through numerous pathways if ovaries are removed. When the counselee is permanently barred from becoming pregnant due to the hysterectomy, she might become depressed as a result thereof if she still wishes to bear more children.

African women suffering from large uterine fibroids often experience severe depression due to the symptomatic nature of these fibroids, which significantly impact their quality of life. Many of these women encounter challenges in accessing appropriate treatment. Currently, the available treatments for large uterine myomas are the unfortunate removal of the uterus (hysterectomy) and open myomectomy (or abdominal myomectomy). The latter may ultimately result in a hysterectomy if complications arise during the procedure. This issue also needs to be addressed and discussed within the proposed program.

To maintain balanced mental health, these women must learn coping mechanisms. Some literature states that talk is therapy. It is necessary for these women to have a safe space where they can share their emotions and experiences. This is why pastors and pastoral counsellors must establish support groups for these women. They can even invite knowledgeable persons to speak to these women, and in the process these women will have a better understanding of what is happening in their bodies, emotions and lives.

6.3.2 Social dimension of the pastoral program for women suffering from uterine myomas

The social aspect of this program needs to consider the influence of the African community on the development of fibroids (3.3.2). In lower-income neighbourhoods the prevalence of liquor stores and limited opportunities for physical activity, as well as reduced access to healthy food is higher. The impact of environmental hazards and individual responses may be influenced by the same health behaviours that are also shaped by socioeconomic factors. Women seeking counselling should be open to embracing lifestyle changes and take responsibility for their well-being. These women must understand that they cannot do the same thing in the same way and expect a different outcome – it does not work that way. Counselling is an educating process and everyone affected by this problem must be involved in the pastoral program.

Uterine myomas impact marriages in different forms, from fertility to pregnancy complications, fear of reproduction loss, and infertility. During counselling these women must learn – together

with their husbands – how to deal with these issues in marriage. The program needs to address these women's fears and anxiety from a biblical perspective (cf. Chapter 5).

The impact of uterine fibroids on workplace productivity, social interactions, and overall quality of life is a significant issue that requires further attention. Managing the challenges posed by fibroids involves not only medical treatment, but also effective strategies for coping with their impact on daily living. Furthermore, it is crucial to recognize the importance of establishing support groups specifically tailored to the needs of women dealing with uterine myomas. These support groups can serve as vital forums for discussions, sharing experiences, and providing the necessary support to navigate the complexities of living with fibroids.

6.3.3 Spiritual dimension of the pastoral program for women suffering from uterine myomas

- Awareness of uterine myomas

In section 2.6 of this study, the researcher observed that despite widespread awareness of uterine fibroids among African women, an accurate understanding of the causes and available appropriate treatment is lacking. Many of these women endure this condition without seeking medical assistance, often attributing it to a spiritual issue that may necessitate spiritual healing, as discussed by Oduyoye (1999:116) in chapter 5 of this research. Any program addressing this issue must consider the role of spiritual interventions, such as prayer, for women with uterine myomas, alongside emphasizing the importance of seeking medical treatment.

- Biblical support in terms of guilt feelings, poor self-image, anxiety and depression

In 5.7.1. the exploration of self-image and Christian identity is highlighted as being crucial in reinforcing the significance of a new identity in Christ. Therefore, when providing pastoral care to women who are suffering from uterine myomas, it is essential to define the identity of a child of God. Women should be viewed beyond their physical bodies; they are spiritual beings with the identity of God. This perspective helps instil a sense of worthiness in women coping with myomas. In 5.6.2. the conviction of a person determines the perspective of a situation – a person's firm convictions about everything are according to their belief. In this program, emotional healing involves a person talking to God and a pastoral counsellor, about her suffering. Pastoral counselling in this program must touch women in their suffering and help these women receive healing from their anxiety and depression. The consideration of women seeking counselling (cf. 5.6.2) must be considered for a positive outcome of this program. The sacraments (5.6.3) must be applied if the counselee is not born again, i.e. baptism, holy communion and confession of

faith and anointing. This takes place only after the counselee has accepted Jesus Christ as her Saviour.

The process of personal and spiritual growth involves using our life experiences to help and serve others. Each experience of life is a chapter in our growth. The 5.6.7 emphasis on the word diakonia, can be described as service to another person or the congregation under the command of God and to the honour of God (Mark 10:45). Diakonia includes service, care, compassion, and community engagement in different contexts, e.g. mutual care for other women with similar situations. The story of Job was used in 5.7.2 under the theme *how to handle ongoing suffering*. The service of Job changed his suffering because when Job prayed for his friend, God restored Job. “And the Lord restored Job’s losses when he prayed for his friends. Indeed, the Lord gave Job twice as much as he had before.” (Job 42:10.)

6.4 Program for Pastoral Care in an African Context

As mentioned in Chapter 4, Western pastoral care cannot be applied to African women suffering from uterine myomas. In many African countries, development is lacking, and widespread poverty, and inadequately equipped healthcare systems prevail. Moreover, many women suffering from uterine myomas encounter substantial economic hardships. When developing programs for women in Africa, it is crucial to consider the pastoral care needs of African women suffering from uterine myomas. What is the role of the community or church in the physical and emotional healing of women suffering from uterine myoma? The process of healing, both within a faith community (with its act of *koinonia*) and the African community, concludes by proposing healthy integration of these systems. Church as community systems play a key role in the process of healing.

A program for pastoral care in an African context could include the following elements:

Holistic Health Approach: The program must prioritize the holistic well-being of African women by addressing both their physical and emotional health needs. It should acknowledge the interdependence of health and socio-economic factors as mentioned in Chapter 3 within the African community. Many women in Africa do not have access to proper healthcare facilities. The healthcare project has been left in the hands of the African government since the postcolonial period. Churches need to take their place as missionaries in redeveloping the missionary healthcare centres in Africa that are in ruins. This can help many African women to have access to proper health care.

Community Engagement: Involve community leaders, including religious and traditional leaders, to promote health education and support for women’s health initiatives. The church, as a key

community institution, can develop a program to offer high-quality skilled care for women in Africa, addressing health issues during their reproductive years and beyond.

Education and Empowerment: Provide education on health, nutrition, and rights, and empower women through skills training and access to resources. This can improve women's knowledge of uterine myomas and other illnesses.

Support Systems: The church community holds the potential of establishing support groups and networks aimed at empowering women. These groups can serve as a platform for women to share their experiences, offer mutual support, and advocate for their healthcare needs. Such initiatives can provide a vital sense of community, ensuring that women do not suffer alone and have a network of support to turn to in times of need. We can draw inspiration from the story of the woman with the issue of blood in the Bible, who found solace and healing after encountering Jesus.

Access to Services: As a community, the church can play a vital role in providing accessible and affordable health services, particularly maternal and reproductive health care, through initiatives such as community-based outreach and mobile clinics. In many African villages, the lack of healthcare facilities is a pressing issue, and through pastoral ministry, this program holds the potential of greatly impacting the lives of women in these areas.

Cultural Sensitivity: In the preceding chapter, it was noted that many Africans turned to alternative treatment methods for uterine myoma, including traditional medication, herbs, and spiritual cleansers, to alleviate the symptoms of fibroids. When developing the pastoral care program, it is essential to thoroughly consider and integrate cultural practices and beliefs into health interventions, while addressing and educating against harmful practices.

Spiritual Support: Provide spiritual care and counselling to address the emotional and psychological needs of women, integrating faith-based approaches where appropriate.

Koinonia **(**act of *koinonia*): The word *koinoni*a has been described in 5.6.6. *Koinonia* or communion also means ‘communication’, ‘contribution’ and ‘in common’, with its Greek root *koin,* referring to sharing something with someone. In a pastoral care context, particularly within an African setting, the act of *koinonia* can be understood as fostering a sense of community and mutual support among individuals.

A number of ways in which to implement the act of *koinonia* in an African context follows below:

- **Community Gatherings**: Organize regular community meetings, prayer groups, and fellowship events where individuals can share their experiences, support one another, and build strong relationships**.**
- **Shared Resources**: This can be part of pastoral ministry. In many African communities, women play a vital role in promoting the sharing of resources such as food, clothing, and financial support among community members – particularly for those who are less fortunate. The church needs to provide nutritious food to women, especially those who are disadvantaged, and to offer financial support as part of the Christian fellowship among women. As a community, the church can also provide financial assistance for women's medical treatment.
- **Collective Worship**: Promote collective worship and spiritual activities that bring people together, fostering a sense of unity and shared faith.
- **Support Networks:** Create support networks for different groups within the community, such as women, youth, and the elderly, to provide targeted assistance and encouragement**.**
- **Collaborative Projects:** Initiate community projects that require a collective effort, such as building infrastructure, organizing health camps, or starting community gardens, to strengthen bonds and promote a sense of shared purpose**.**
- **Counselling and Mentorship:** Offer counselling and mentorship programs where more experienced or trained individuals can provide guidance and support to others, fostering personal and spiritual growth.
- **Cultural Celebrations:** Celebrate cultural and religious festivals together, recognizing and respecting the diverse traditions within the community and among women.
- **Education and Training:** Provide educational and vocational training opportunities that benefit the entire community, promoting collective advancement and empowerment for women suffering from uterine myomas.
- **Inclusive Leadership:** Encourage inclusive leadership that represents all segments of the community, ensuring that everyone's voice is heard and valued.

6.5 Conclusion

In summary, women suffering from uterine fibroids should recognize the challenges of living in a falling world. Even the woman with the issue of blood in the Gospel of Mark followed a Mediterranean diet and still suffered until she encountered Jesus. The answer is not found in the creation but in the redemption (finished work of Jesus Christ). The purpose of Jesus Christ is to

bring health and life to Christians through his finished work on Calvary. The oneness in faith, purpose, and prayer was the expression of the fellowship of the believers, “They devoted themselves to the apostles’ teaching and fellowship, to the breaking of bread and prayer” (Acts 2:42). The power of the Lord’s Table (body and the blood) restores life and health. The fellowship and partnership among Christians can bring about emotional healing for individuals. A problem shared is a problem solved. The fellowship of the believers in the book of Acts of Apostles demonstrates *koinonia* among believers, “Everyone was filled with awe at the many wonders and signs performed by the apostles. All the believers were together and had everything in common. They sold property and possessions to give to anyone who had need” (Acts 2:42-47; 4:32-37).

CHAPTER 7 CONCLUSION AND RECOMMENDATIONS

7.1 Overall Conclusion

This study focused on the pastoral care of African Christian women suffering from Uterine Myomas. This chapter provides a comprehensive summary, conclusions, and recommendations for this study, and identifies areas for further research. The research question for this study was informed by one primary question, along with five secondary research questions aligned with Osmer's four main tasks. The responses to the primary question were addressed through associated secondary research questions that followed Osmer's practical theological research tasks. These questions include:

- What is going on in the life of women suffering from uterine myomas? (Answer to the first question of Osmer "What is going on?" descriptive-empirical task)
- What are the contributing factors to fibroids and the suffering of women with this condition? (Answer to the second question of Osmer "Why is it going on?" interpretative task)
- What current pastoral program can be used to counsel Christian women suffering from uterine myomas (This question would also answer to Osmer's interpretative task)
- What normative ethical perspectives does scripture provide for the pastoral care of suffering women? (Answer to the third question "What should be going on?" Osmer's normative task)
- What program can the church implement for the pastoral care of Christian women suffering from uterine myomas? (Answer to the fourth question "How can we respond?" Osmer's pragmatic task.)

Research Aim

This research develops pastoral care for African Christian women suffering from uterine myomas.

The following objectives are set.

- To evaluate the suffering of Christian women with fibroids. (The descriptive empirical task: what is going on?)
- To determine the factors contributing to uterine myomas and the suffering of women with this condition. (The interpretative task: why is it going on?)
- To identify current pastoral models that can be used to counsel Christian women suffering from uterine myomas (This question would also answer Osmer's interpretative task)

- To develop a better understanding of what normative ethical perspectives the Bible provides for the pastoral care of suffering women. (The normative task: what should be going on?)
- To provide the church with a program for pastoral care of African Christian women suffering from uterine myomas. (The pragmatic task: How can we respond?)

Central Theoretical Argument (Hypothesis)

The central theoretical argument of the research was that a pastoral-based program could enhance and improve the quality of life of Christian women suffering from uterine myomas.

7.1.1 Conclusion regarding Chapter 1

Chapter 1 explores the introduction to the study, focusing on women suffering from uterine myomas and the symptoms associated with this illness. Uterine myomas have a significant impact on the quality of life of women. The symptoms include:

- Heavy menstrual bleeding (HMB): which in many cases also lasts for prolonged periods.
- Abnormal uterine bleeding (AUB).
- Anaemia (iron deficiency) due to blood loss.
- Pelvic pain and/or feeling bloated.
- Backache or leg pains.
- Pain during sexual intercourse.
- Frequent need to urinate.
- Constipation.
- Desire to eat clay or soil, as an unknown range symptom.

7.1.2 Conclusion regarding Chapter 2

This is the descriptive-empirical research task, according to Osmer, to answer the question: 'What is going on?' It is the first key task in Osmer's model for practical theological interpretation (Osmer, 2008:4). This task is used in this chapter to assist in investigating pastoral care for African Christian women suffering from uterine myomas. This chapter interprets the data from participants. The information obtained from the 20 participants suffering from uterine myomas is analysed using statistical records to analyse the data. The second group of interpretations was gathered from 12 professional participants. This finding is also analysed, interpreted, and

summarised. The chapter concludes with interpretation thoughts regarding the effects of uterine myomas and eventually the needs of these women.

Research Findings

The study identified the age range of women impacted by uterine myomas. It revealed that women in their reproductive years are at a higher risk of experiencing fibroids. The research showed that women between the ages of 24 and 45 are most vulnerable to this condition. Out of the 20 participants, 16 were between 24 and 40, 2 were in the 41-45 age range, and 2 did not provide their age.

- During the study, the researcher found that women with uterine myomas experienced low self-esteem due to weight gain and infertility, impacting their marriage and quality of life.
- Women who delay childbearing may be at a higher risk of developing uterine fibroids later in life.
- African women mostly delay the diagnosis and decrease the chance of receiving positive treatment.
- Most African women believe that uterine myoma is an attack from the enemy and requires a spiritual intervention.
- There is no support for women suffering from uterine fibroids in the Christian community because it is viewed as simply a minor illness.

7.1.3 Conclusion regarding Chapter 3

The interpretative task is the practical theological interpretation that illustrates “Why is this going on?” It addresses the factors contributing to uterine myomas' growth and the suffering of women because of it.

These factors contributing to uterine myomas growth and the suffering of women with this condition is explored, including biological, nutritional, genetic, hormonal, sociological, and psychological factors. The impact of uterine myomas on the quality of life and pastoral care for women with uterine myomas are also discussed. Furthermore, the text highlights the importance of understanding the biological factors, such as nutritional, genetic, and hormonal factors involved in uterine fibroids and their quality of life. The role of dietary factors in the aetiology and growth of uterine myomas is emphasized, as the food diet can alter genetic factors. The research found that a low plant-based diet can increase the risk of developing uterine myomas.

7.1.4 Conclusion regarding Chapter 4

This chapter forms part of the interpretative task of Osmer. It identifies the pastoral model or program for Christian women suffering from uterine myomas. The chapter discusses the spiritual nourishment and healing that results from engaging with the word of God through meditation and prayer. It also delves into the role of faith and spiritual transformation in overcoming suffering and finding hope. Furthermore, it touches on the significance of grace and the new life in Christ for individuals experiencing hardships. Lastly, it emphasizes the importance of representing Jesus and relying on God in the face of adversity.

Breed presents a pastoral model related to that of Osmer, illustrating the process involved in the journey of pastoral care. The model includes four tasks: listening to discover what is going on, understanding the situation, addressing the situation, and involving the community for ongoing support and development. Breed's pastoral principles involve building trust, obedience, support and follow-up, and encouragement within the Christian community. The pastoral care for Christian women suffering from uterine myomas should encompass counselling regarding their unique issues and challenges, with a holistic focus on physical health and the emotional and psychological impact.

7.1.5 Conclusion regarding Chapter 5

To conclude “what should be going on?” a thorough study is conducted on relevant passages to determine the ethical and normative perspectives from Scripture for providing pastoral care to Christian women suffering from uterine fibroids.

The chapter discusses the story from the Bible of the woman with the issue of blood and reflects on themes of faith, healing, and compassion. It emphasizes the personal nature of divine power and the transformative effect of faith. The passage also highlights the importance of boldness and authenticity in pursuing emotional healing and wholeness, especially for Christian women suffering from uterine myomas. It underscores the significance of faith in the face of suffering and the deep compassion of God, drawing on biblical references and scholarly interpretations. Overall, it encourages Christian women to have faith, and act in seeking healing and restoration, emphasizing the spiritual significance of their experiences.

The concept of human beings being made in the image of God, emphasises that humans are spiritual, embodied, and social beings. It also explores the question of personal identity and the role of suffering in the lives of believers. The Chapter explored the Biblical perspective on suffering, referencing passages from the Book of Job and the Book of Hebrews. It emphasizes

the idea that suffering can serve as a divine discipline and a means of spiritual growth, especially for those who hold firm to their identity as children of God.

7.1.6 Conclusion regarding Chapter 6

The focus is on the pragmatic task in practical theological interpretation, specifically addressing how to respond to the needs of Christian women suffering from uterine myomas. The development of a Biblical pastoral care program aims at helping pastors and Christian leaders in ministry to care for these women. This program aims to incorporate principles, perspectives, and guidelines drawn from previous chapters and tasks. The chapter also mentions the introduction of a two-part program after providing a summary of the preceding chapters.

Chapter six provides a proposed pastoral care program for Christian women suffering from uterine myomas. It outlines the previous chapters, summarizing the empirical research conducted through questionnaires, interviews, and qualitative data analysis. The chapter emphasizes the need for a pastoral program to enhance pastoral care and counselling for Christian women suffering from uterine myomas, as it became evident that there was a lack of knowledge concerning the counselling role of the church. The program addresses various issues such as fibroid re-growth, the importance of a good diet and regular exercise, delay in childbearing, Christian identity and low self-esteem, Christian perspective on birth control pills, fibroids and marriage, fibroids and infertility, the importance of women's support groups and counselling, regular blood tests and check-ups, and open discussion with a partner regarding fibroids and sex. The chapter also includes the involvement of professionals, such as medical practitioners, social workers, pastors, and psychologists, to contextualize the feedback received from the women.

The pastoral program for women suffering from uterine myomas addresses the social, spiritual, and emotional aspects of their condition. It emphasizes the importance of creating a safe space for women to share their emotions and experiences and encourages lifestyle changes and support groups tailored to their needs. The program also acknowledges the impact of uterine fibroids on marriages, workplace productivity, and overall quality of life. It incorporates spiritual interventions, such as prayer, alongside emphasizing the importance of seeking medical treatment. Added to this, it focuses on reinforcing the significance of a new identity in Christ to instil a sense of worthiness in women suffering from myomas. The program encourages emotional healing through pastoral counselling and emphasizes the role of personal and spiritual growth in serving others.

In Africa, uterine fibroids can be a life-threatening illness among women who experience heavy menstrual bleeding, abnormal bleeding, and anaemia without treatment.

7.2 Recommendations for Future Studies

- Pastoral care to Christian couples with infertility
- Pastoral care and counselling for reproductive loss
- Pastoral care for Christian couples with sickle cell anaemia children
- The spiritual impact of fasting on health: Pastoral context
- Lateness in childbearing among career women: A pastoral perspective
- Exploring the Practice of Holy Sacraments: A Healing Perspective

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APPENDIX 1: ETHICS APPROVAL

Private Bag X1290, Potchefstroom
South Africa 2520
Tel: 018 299-1111/2222
Fax: 018 299-4910
Web: http://www.nwu.ac.za
Senate Committee for Research Ethics
Tel: 018 299-4849
Email: rsdethics@nwu.ac.za
28 February 2023

ETHICS APPROVAL LETTER OF STUDY

Based on approval by the **Theology Research Ethics Committee (TREC)** on 27-02-2023, the Theology Research Ethics Committee hereby **approves** your study as indicated below. This implies that the North-West University Senate Committee for Research Ethics (NWU-SERC) grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the study may be initiated, using the ethics number below.

Study title: The pastoral care of African Christian women suffering from Uterine Myomas

Study Leader/Supervisor (Principal Investigator)/Researcher: Prof Gert Breed / Prof Amanda du Plessis

Student: CA Ashamu #28827260

Ethics number:

N	W	U	-	0	0	8	5	2	-	2	3	-	A	7
Institution				Study Number						Year			Status	

Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation

Application Type: Single Study

Commencement date: **2023/03/01** **Risk Category:** **Minimal**

Expiry date: 2024/02/28

Approval of the study is initially provided for a year, after which continuation of the study is dependent on receipt and review of the annual (or as otherwise stipulated) monitoring report and the concomitant issue of a letter of continuation.

Special in process conditions of the research for approval (if applicable):

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, the following general terms and conditions will apply:

- *The study leader/supervisor (chief investigator)/researcher must report in the prescribed format to the TREC:*
  - *annually (or as otherwise requested) on the monitoring of the study, whereby a letter of continuation will be provided, and upon completion of the study; and*

- *without any delay in case of any adverse event or incident (or any matter that interrupts sound ethical principles) during the course of the study.*

- *The approval applies strictly to the proposal as stipulated in the application form. Should any amendments to the proposal be deemed necessary during the course of the study, the study leader/researcher must apply for approval of these amendments at the TREC, prior to implementation. Should there be any deviations from the study proposal without the necessary approval of such amendments, the ethics approval is immediately and automatically forfeited.*
- *Annually a number of studies may be randomly selected for an external audit.*
- *The date of approval indicates the first date that the study may be started.*
- *In the interest of ethical responsibility, the NWU-SCRE and TREC reserves the right to:*
  - *request access to any information or data at any time during the course or after completion of the study;*
  - *to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process; – withdraw or postpone approval if:*
    - *any unethical principles or practices of the study are revealed or suspected;*
    - *it becomes apparent that any relevant information was withheld from the TREC or that information has been false or misrepresented;*
    - *submission of the annual (or otherwise stipulated) monitoring report, the required amendments, or reporting of adverse events or incidents was not done in a timely manner and accurately; and / or new institutional rules, national legislation or international conventions deem it necessary.*
- *TREC can be contacted for further information or any report templates via Rudy.Denton@nwu.ac.za.*

The TREC would like to remain at your service as scientist and researcher and wishes you well with your study. Please do not hesitate to contact the TREC or the NWU-SCRE for any further enquiries or requests for assistance.

1

Yours sincerely

Prof Rudy Denton

Chairperson NWU Theology Research Ethics Committee (TREC)

Original details: (22351930) C:\Users\22351930\Desktop\ETHICS APPROVAL LETTER OF STUDY.docm

8 November 2018

File reference: 9.1.5.4.2

APPENDIX 2: CONSENT FORM: PARTICIPATION IN A RESEARCH PROJECT

To whom it may concern

Research on the pastoral care for Christian women suffering uterine myomas.

I am currently working on my Doctoral degree in Practical Theology at the North-West University (NWU), Potchefstroom. My research is titled “Pastoral Care for Christian woman suffering from uterine myomas.

As part of the study, I am seeking permission to conduct an interview with women suffering from uterine myomas in Potchefstroom Hospital and also to interview professionals such as medical doctors, social workers, psychologists, and pastors to generate data. This research is done under the supervision of Prof. Gert Breed and Prof. Amanda du Plessis of the Department of Practical Theology at NWU.

Permission is hereby sought to interview patients and workers from the hospital.

The personal information they disclose will be treated anonymously and confidentially. The interviews will be audio-recorded and the questionnaire for the patients in order to ensure the accurate reproduction and processing of the data. Confidentiality will be achieved by storing the audio recordings and the questionnaire in a safe place by the gatekeeper of this research to which no-one, but the researcher and her promoter will have access. Further, the anonymity of the patient will be ensured by the use of pseudonyms. The data will be treated with respect and integrity.

During the research process, I, as the researcher, undertake to adhere strictly to the prescribed ethical rules and undertake to treat the information with respect and integrity. The benefit of participating in this study is that they (the participants) will have the opportunity to express and share their experience and to contribute to the improvement of the pastoral care for Christian women suffering from uterine myomas.

Your consent to interview the patients and the workers as well as assistance in contacting and scheduling interviews would be greatly appreciated.

PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM FOR WOMEN AND PROFESSIONAL

TOPIC: pastoral care for Christian women suffering from uterine myomas

ETHICS REFERENCE NUMBER: NWU 0085 223 A7

PRINCIPAL INVESTIGATORS: Prof. Gert Breed

Prof. Amanda du Plessis

RESEARCHER: Christiana Ashamu

Student number: 28827260

Phone number: 0717771109

You are being invited to take part in a research study that forms part of my PhD studies. Please take some time to read the information presented here, which will explain the details of this study.

Please ask the researcher or person explaining the research to you any questions about any part of this study that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research is about and how you might be involved. Also, your participation is entirely voluntary, and you are free to say no to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part now.

This study has been approved by the Research Ethics Committee of the North-West University (NWU0085 223 A7) and will be conducted according to the ethical guidelines and principles of Ethics in Health Research: Principles, Processes and Structures (DoH, 2015) and other international ethical guidelines applicable to this study. It might be necessary for the research ethics committee members or other relevant people to inspect the research records.

What is this research study all about?

- The interviews and questionnaire are to be conducted in the comfort of doctor's or participants' own office or other appropriate places they preferred.
- To provide a program for the pastoral care of Christian women suffering from uterine myomas.

Why have you been invited to participate?

- You have been invited to be part of this research because you are suffering with fibroids
- You also fit the research because you are caring for emotional of woman with fibroid such doctor, social worker or psychologist, pastors.

What will be expected of you?

- You will be expected to complete a once-off questionnaire. It would not take more than 20 minutes to complete.
- This will be done in the doctor's office during visitation

Will you gain anything from taking part in this research?

- Participants can express and share their experiences and to contribute to improving the pastoral care for Christian women suffering from uterine myomas.

Are there risks involved in you taking part in this research and what will be done to prevent them?

- The risks to you in this study are minimal, but will be limited by the researcher's availability, if some risk would emerge.
- There are more gains for you in joining this study than there are risks

How will we protect your confidentiality and who will see your findings?

- Anonymity of your findings will be protected by the researcher and study leader. Your privacy will be respected by the researcher and study leader. Your results will be kept confidential by the researcher and study leader. Only the researchers and study leader, will be able to look at your findings. Findings will be kept safe by locking hard copies in locked cupboards in the researcher's office and for electronic data it will be password protected. Data will be stored for 5 years.

What will happen with the findings or samples?

- The findings of this study will only be used for this study.

How will you know about the results of this research?

- The feedback will be given to participant when the results of the study are issued and given information on where and how to access them. Communication with participants will be through cell phone messages and or email. The results will be communicated to participants within three months of completing and obtaining approval for the study.

Will you be paid to take part in this study and are there any costs for you?

- No, you will not be paid to take part in the study.
- There will thus be no costs involved for you if you do take part in this study.

Is there anything else that you should know or do?

- You can contact CHRISTIANA Ashamu 0717771109 or via email at ashamuchristine@yahoo.com you have any further questions or have any problems.
- You will receive a copy of this information and consent form for your own purposes

Declaration by participant

By signing below, I ……..……. agree to take part in the research

study titled: PASTORAL CARE TO CHRISTIAN WOMEN SUFFERING FROM UTERINE MYOMAS.

I declare that:

- I have read this information/it was explained to me by a trusted person in a language with which I am fluent and comfortable.
- The research was clearly explained to me.
- I have had a chance to ask questions to both the person getting the consent from me, as well as the researcher and all my questions have been answered.
- I understand that taking part in this study is voluntary and I have not been pressurized to take part.
- I may choose to leave the study at any time and will not be handled in a negative way if I do so.
- I may be asked to leave the study before it has finished, if the researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at ……..…… On ……..……..2022

…… ……
Signature of participant Signature of witness

Declaration by person obtaining consent (Gatekeeper)

I (name) …… declare that:

- I explained the information in this document to ……..
- I am satisfied that he/she adequately understands all aspects of the research, as described above
- I encouraged him/her to ask questions and took adequate time to answer them
- The informed consent was obtained by an independent person.
- I did/did not use an interpreter

Signed at ……..…… On ……..……..2022

…… ……
Signature of person obtaining consent Signature of witness

(Gatekeeper)

Declaration by researcher

I (name) ……..…… declare that:

- I explained the information in this document to …….. or I had it explained by …… who I trained for this purpose.
- I did/did not use an interpreter
- I encouraged him/her to ask questions and took adequate time to answer them

or I was available should he/she want to ask any further questions

- The informed consent was obtained by an independent person.
- I am satisfied that he/she adequately understands all aspects of the research, as described above.
- I am satisfied that he/she had time to discuss it with others if he/she wished to do so.

Signed at ……..…… On ……..……..2022

…… ……
Signature of researcher Signature of witness

APPENDIX 3: QUALITATIVE QUESTIONNAIRE TO PARTICIPANTS OF THE STUDY

QUESTIONNAIRE: WOMEN SUFFERING FROM UTERINE MYOMAS

Dear participant

Thank you for your willingness to participate in this study. All information will be dealt with anonymously and confidentially.

Particulars of participant:

- Respondent number/Pseudonym: …….
- Age: …….
- Home language: …….
- Marital status…….
- Mode of communication …….
- Today's date: …….

Answer the following question. Please try to do so as thoroughly and elaborately as possible.

These questions are to evaluate the impact of fibroid in the women's quality of life.

1. Have you been diagnosed with fibroid?

   Yes No

2. If yes, how many times have you been diagnosed with fibroids …….?

3. How many fibroids tumour in your reproduction organ……?

   Single multiple

4. How many children do you have…….?

5. Does your stomach appear pregnant?

6. Do you suffer any symptom due to fibroid?

Yes No

7. Do you suffer abdomen pain or bloated stomach?

Yes No

8. Do you have heavy bleeding during your period?

Yes No

9. Do you pass blood clots during your menstruation period?

Yes No

10. Do you suffer prolonged menstruation periods?

Yes No

11. Does your length of your period vary?

Yes No

12. Does fibroid affect your sex life?

Yes No

13. Does fibroid affect your social life?

Yes No

14. Does fibroid affect your fertility?

Yes No

15. Does fibroid affect your physical appearance and confidence?

Yes No

16. Have you been diagnosed with low blood level?

Yes No

17. Do you urinate in the night-time?

    Yes No

18. Do you have any support from family and friends?

    Yes No

19. What are your greatest challenges due to fibroids?

    ……

20. What is the impact of fibroid in your marriage and daily activity?

21. What is the response of your religious community with this illness?

22. What are your needs and expectations in terms of your religious community?

23. Do you need care and counselling regarding fibroid and medical treatment?

    ……

24. Do you have any knowledge about fibroid and re-growth?

    ……

25. Have you sought for help or talk to pastors or social workers about your fear and anxiety?

APPENDIX 4: INFORMAL PRELIMINARY CORRESPONDENCE IN THE FORM OF QUESTIONNAIRES

TO PARTICIPANTS OF THE STUDY

INTERVIEW QUESTION FOR THE PROFESSIONALS

Dear participant

Thank you for your willingness to participate in this study. All information will be dealt with anonymously and confidentially.

Particulars of participant:

- Respondent number/Pseudonym: ……..
- Professional ……
- Address ……
- Mode of communication ……..
- Today's date ……

Answer the following question. Please try to do so as thoroughly and elaborately as possible.

1. What is the emotional support render to woman suffering from fibroid?
2. How do you support a woman traumatize with the fibroid?
3. Woman with negative self-image and suffered pain during sexual intercourse, due to impact of fibroid seeking help, how do you help her?

APPENDIX 5: GATEKEEPER CONSENT LETTER

To whom it may concern,

I…… voluntarily agree to be the gatekeeper for this research. As a gatekeeper for this research, I understand my role as mediator between the patient and the researcher.

The aim of this research is to provide a program for the pastoral care of Christian women suffering from uterine myomas, to evaluate the suffering of women with fibroids.

As a gatekeeper, I will be explaining the purpose of the study to prospective participants. Sending formal invitation letter to prospective participants, inviting them to voluntarily participate in the study. And also distribute the questionnaire to the appropriate women suffering from uterine myomas during their medical check-up? The questions will be fill in the medical room during their visitation.

Furthermore, to keep data secure and to ensure safety of all the data collected on this research.

Yours sincerely

APPENDIX 6: PERMISSION TO CONDUCT RESEARCH IN THE CLINIC

Department of Obstetrics and Gynaecology
Potchefstroom Hospital
Corner Chris and Kruis street
North-West province
2520

To whom it may concern

PERMISSION TO CONDUCT RESEARCH IN THE CLINIC

Good day,

My name is Christiana Ashamu, I am a PhD student at North-West University Potchefstroom. My research is titled “Pastoral care for Christian woman suffering from uterine myomas, which involve women suffering from fibroids. This research is done under the supervision of Prof. Gert Breed of the Department Practical Theology at NWU.

As part of the study, permission is hereby sought to interview patients who are suffering from uterine myomas and workers (Doctors, social workers psychologist) from the hospital.

The copy of my thesis proposal which includes copies of the consent form, as well as letter which I received from committee NWU Research Ethics committee attached to this letter.

During the research process, I, as the researcher, undertake to adhere strictly to the prescribed ethical rules and undertake to treat the information with respect and integrity.

The benefit of participating in this study is that they (the participants) will have the opportunity to express and share their experience and to contribute to the improvement of the pastoral care for Christian women suffering from uterine myomas.

Your consent to interview the patients and the workers as well as assistance in contacting and scheduling interviews would be greatly appreciated.

Yours truly,

Christiana Ashamu

APPENDIX 7: DECLARATION OF LANGUAGE EDITING

3 October 2024

I Ms Cecilia van der Walt hereby declare that I took care of the **editing** of the thesis of Ms Christiana A Ashamu titled ***The pastoral care of African Christian women suffering from Uterine Myomas.***

MS CECILIA VAN DER WALT

BA (*Cum Laude*) NWU (Puk)
THED (*Cum Laude*) (UNISA)
Language editing and translation at Honours level (*Cum Laude*), (NWU)