Ethiopia: Tragedy We can Prevent

Hudda Ibrahim
College of Saint Benedict/Saint John's University

Follow this and additional works at: https://digitalcommons.csbsju.edu/english_students

Part of the Maternal and Child Health Commons

Recommended Citation

This News Article is brought to you for free and open access by DigitalCommons@CSB/SJU. It has been accepted for inclusion in English Student Work by an authorized administrator of DigitalCommons@CSB/SJU. For more information, please contact digitalcommons@csbsju.edu.
Ethiopia: Tragedy We Can Prevent

Hudda Ibrahim
Director, Women’s Health and Advancement Programs for Community Grassroots Solutions

In Segag, a small village in the Somali Zone of Ethiopia’s Federal Republic, people live in mud huts. This village has about 3000 residents; almost all their livelihoods depend on livestock and seasonal farming. People farm in the rainy season and herd camels and goats. They drink milk and sell animals in exchange for sorghum and maize. The infrastructure is almost nonexistent: a truck that comes once a month is the only means of transportation, and there is no electricity or telephone service. Besides, there are no schools, clinics, or even skilled medical professionals. We fled to this village after the war in Somalia. Life was difficult and dreadful. In 1998, my mother died in this village. Her death could have been prevented.

Faiza was in labor for five days. Since there was no clinic in Segag, the birth took place at home, and home was a mud hut which had dirty floors and no running water. The unskilled traditional midwife who was attending her told me that the child was not positioned head-first in the birth canal. People argued about what to do; some suggested trying a traditional herbal leaf which they thought could stop the bleeding while others suggested traditional and ritual healings. Also, some advised transporting her to Degeh Bur city, a journey which could take days because of the road conditions.

The village managed to have a truck come in and transport her to the city. On her way, she gave birth to a baby girl. As the baby girl emerged, blood gushed out. I was terrified. Seeing the blood pour from my mother left a scar in my heart and today I still feel the pain and the agony. There was no doctor or medical professionals, and nobody knew what to do. That night, Faiza passed away. Because of the childbirth complications the baby girl also died after two weeks. Even today, fourteen years later, maternal mortality is widespread throughout that region.

According to the World Health Organization, Ethiopia has a maternal mortality rate of 673/100,000. This is so because only 6% of women have access to skilled attendance at birth. The literacy rate of the country is 23% for women who are above 15 years of age.

To compare this figure to a more affluent country, according to the US Department of Health and Human Services and the Center for Disease Control and Health, the US has a maternal mortality rate of 8/100,000.

In Ethiopia, lack of education contributes to the structural burden of women’s poor health, lack of family planning, inadequate nutritional knowledge, and early marriage for girls. Women's social condition is horrific, and there are no government social programs which provide schools, clinics, road services or even clean water.
All of these problems are caused by a single factor and it is negligence. The government should have built clinics in the villages and provided health services for its citizens. In Ethiopia, the government is oppressive and does not provide for the basic needs of its people. The government must take action and build clinics, establish schools, and build roads that connect Segag to other cities in the country. I believe the lives of the thousands of women like my mother can be saved if women are educated and their social conditions are improved. In the villages, small things like clinics, schools, and clean water are nonexistent. Services like prenatal care are important here in the western countries but are rare or absent in parts of the Ogden regions. I believe maternal mortality can be drastically reduced if the government provides for its civilians, paying special attention to women and improving their social condition.

When I witnessed this tragedy, it left a dark spot in my heart and that will never go away. The pain of this experience is vividly fixed in my mind. When I look back to my teens, where I didn't have a loving mother and a caregiver, it breaks my heart. No child deserves to grow up without a mother.

As a young child who lost her mother and as a young woman who sees the systems and circumstances that endanger women's lives, I believe improving women's social condition is a high priority. The Ethiopian government needs to establish clinics, train medical professionals, and provide access to education, clean water, and sanitary living conditions. The bleeding after birth could have been stopped and my mother's life could have been saved if there had been a trained medical worker, a government-established clinic, and a good road to the city.

Even today, the women of Segag face these impossible circumstances. However, I believe that the tragedy of maternal mortality can be diminished if the Ethiopian government has the desire and will to address these problems. Clinics must be opened and women in Segag must be educated in order to prevent tragedies like the one that ripped my family apart and left me to spend my childhood without the physical caring and emotional connection of a loving mother. There is no program or project that is more important than creating awareness of these conditions through the catastrophe of my own story.

*This story was originally published on worldpulse.com, an action media network powered by women from 190 countries. It later appeared in the Huffington Post at* [http://www.huffingtonpost.com/hudda-ibrahim/ethiopia-tragedy-we-can-p_b_1612261.html](http://www.huffingtonpost.com/hudda-ibrahim/ethiopia-tragedy-we-can-p_b_1612261.html)*