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**Speech to the Indigenous Forum at the United
Nations on behalf of
the Ethiopian Women's Federation
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I am Nonkululeko and I am a certified nurse-midwife. I am also of the keeper of the shrine of Meskenet, which is from the ancient, indigenous Kemitic community, and as such my major responsibility is to be an activist concerned with women's reproductive healthcare throughout the world, both from the indigenous developing nations as well as from the industrialized nations.

I am not going to bore you with lots of statistics, scientific data and high-powered chit-chat. What I am here today is to stress to you the dire state of women's reproductive health, both in the indigenous developing nations as well as from the industrialized nations.

In this 21st century, in the year eight, it is appalling to realize and to know that as I speak to you that one woman is dying every twenty minutes of pregnancy related condition. Either she is dying of a hemorrhage from birthing, or because of high blood pressure that wasn't picked up because she has been denied access to

medical care, or that she was not able to get to the medical care in time to be saved from an avoidable and preventable death. We know that maternal mortality is an indication of the extreme harm that women suffer during their reproductive lives, the low availability of health services, poor social conditions, poverty, extreme malnutrition, poor health, wars and political conflict that women find themselves into. As a matter of fact that 150 women die from maternity related complications for every 1,000 live births. 1 in every 13 women risk dying of pregnancy-related causes in developing countries, as compared to 1 in 4,000 in industrialized countries,.

More than a social and health problem, a mother's death is a family, community and country tragedy that has irrevocable consequences internationally. Indigenous women have the most precarious living conditions, the highest fertility rates and the smallest percentage of births attended by an experienced birth attendant. The maternal mortality ratio for this group is three times higher (200 per every 100,000 live births) than for the non-indigenous groups which is 70 per every 100,000 live births. Again, more than half of these maternal births are due to preventable excessive bleeding. I could go on and on with these

horrible statistics where women are dying unnecessarily leaving children orphans and families broken.

The other point I do want to raise is the fact that women and children are the fastest growing population of people without homes. They are also the fastest growing population of people who go to bed hungry every night, and are severely malnourished. Maternal malnutrition is a major predisposing factor for morbidity and mortality amongst African indigenous women. These causes include no food, poor quality of food. These women are chronically hungry and severely anemic. The consequences of poor nutrition are reflected in poor maternity nutrition, low pregnancy weight gain, high infant and maternity morbidity.

What are we to do? What should be done has been said before.

1. Women need access to maternity facilities in every community, in every village, be it mobile vans or mobile plans. But women should have access to health care! Women should not only have access to healthcare, they should be educated about their reproductive and health rights. Women need to be empowered about what their health options are. There should be passable roads and ambulances to get women to emergency stations for immediate care.

2. We need to build the capacity of traditional midwives is a critical step in reducing maternal risks. As a matter of fact, an ideal paradigm would be midwives or another health care workers from industrialized countries willing to assist indigenous women in countries of need. I am making a commitment to organize a cadre of women health workers, including midwives to select and contact areas of need amongst the African indigenous population.
3. We need food and water and not for women to spend hours and hours for women to go and get water. We need sinks and plumbing. There's no excuse. We need to come forth to the 21st century. We need to stop war, and rapes and sexual abuse. And as for the industrialized countries, we need to reduce the number of obstetrical, misogynistic interventions, i.e. c-sections, induced laboring, episiotomies, and all the oft-time unnecessary, defensive procedures that render women disempowered.
4. Most of all, we need a revolution, not with guns, but of minds for already it's ten past midnight. We have to get real. All this has been said before, and I'm not saying anything new. We have to truly revolutionize our minds, and make a difference before it's too late. I have made my commitment, have you made yours?