

Mothers Should Not Die Giving Life

By Tajudeen Abdul-Raheem

As International Women's Day approaches, the United Nations Millennium Campaign in Africa is preparing to launch a report on maternal mortality. We are also joining with various national partners and UN agencies and governments in a month-long series of activities to draw attention to the alarming number of women who continue to die while giving birth or as a result of complications during pregnancy. Many of these deaths are preventable and their prevention is definitely less costly than death both in human and material terms to the families involved and to society in general.

The paradox of this situation is that millions of children in Asia and Africa now have a better chance of living beyond the age of 5 years. If more children are living, why are mothers dying in such scandalous numbers? Who is going to nurture and care for these children with improved chances of living beyond 5, universal access to education and more opportunities beyond 2015?

While statistics can educate and raise awareness, they remain statistics. We do not see human beings in them. Until they are humanized, we may not feel their impact directly.

I have campaigning on this issue for quite some time now. But it hit me directly recently. Last week, my younger sister Asmau (better known as TALATUA), age 33, died two hours after delivering her second child -- a boy who she never held.

Asmau was not an illiterate woman. She was a senior science teacher and her husband is a college principal. Both fall far beyond the so called 'ordinary man and woman,' as their income could 'buy' them better access to health facilities. My sister died in a "private" clinic, one of many that have mushroomed in response to the crisis in the public health sector. Most of these "private" clinics are owned by doctors and other medical staff "working" in the public sector. So really the only dividing line between public and private is the "extra" money that those who can afford to do so pay, in order to buy themselves extra care and time of the overworked public professionals.

But it is all a game of chances because many of these "private" clinics do not have requisite facilities and often fall back on the privatized sections of public facilities. So the closer one is to better public hospitals and other medical establishments -- like dedicated gynaecological, paediatric and other specialist hospitals like teaching hospitals -- the

better one's chances of buying off a slice of the public service for one's health. Consequently, regardless of your economic status, your access to better public or private health facilities is predetermined by location. If you are closer to the big cities, your chances are better.

In a continent where most of our peoples still live in rural areas, it is highly precarious that the health and lifespan of mothers and other citizens is based on such a random selection. It means that the majority of our people are condemned to inferior access to good medical facilities. Even in the capital cities, your residential area and economic wellbeing determines your access.

Our people try to cope with every calamity -- many of them preventable and human-made -- by insisting that "it is God's will." Since God does not protest and has no instant rebuttal department, everything can be blamed on him.

It is not God's will that children should be brought up without their mothers. It is the way in which we plan our society that leads to women being penalized for doing what is natural to womanhood.

It is unacceptable that governments can find money for unjust wars, the private security of the president and his wife, or concubines -- not to talk of ministers and other state officials -- instead of providing for citizens who badly need these services. It is not about lack of resources, but lack of people-friendly public priorities. If the minister of health of a country goes abroad for treatment on the flimsiest of health reasons and the minister of education does not have any of his or her children in the educational services his or her ministry is providing, why should the public trust the services?

It is not possible for the majority of citizens to privatize their way out of public services, whether in health or education. Therefore citizens' pressure must be placed on governments so that public policy becomes geared towards the provision of these services to the people.

It is not morally or politically just and it cannot be acceptable for mothers to die giving life. In memory of my mother who sacrificed everything for me and her other children; my grandmother who nurtured and loved me unconditionally; my great grandmother whom I was privileged to know; my eight sisters who are now reduced to seven because of Asmau's untimely death; my two wonderful daughters, Aida and Ayesha and their mum, Mounira; and my numerous nieces, women cousins, sisters-in-law and all women, I have pledged myself to support women's rights with a particular focus on maternal health through a campaign we are launching in Africa entitled PIGA DEBE. Mothers should not be dying giving life.

