

SIERRA LEONE



Mrs Wai-Lansana and her uncle, Mr Sidique Wai after Mr Wai was honored for his work in African communities at the Apollo Theater in Harlem, New York City in 2009. Mr Wai is the President of the United African Congress,

Surviving Childbirth

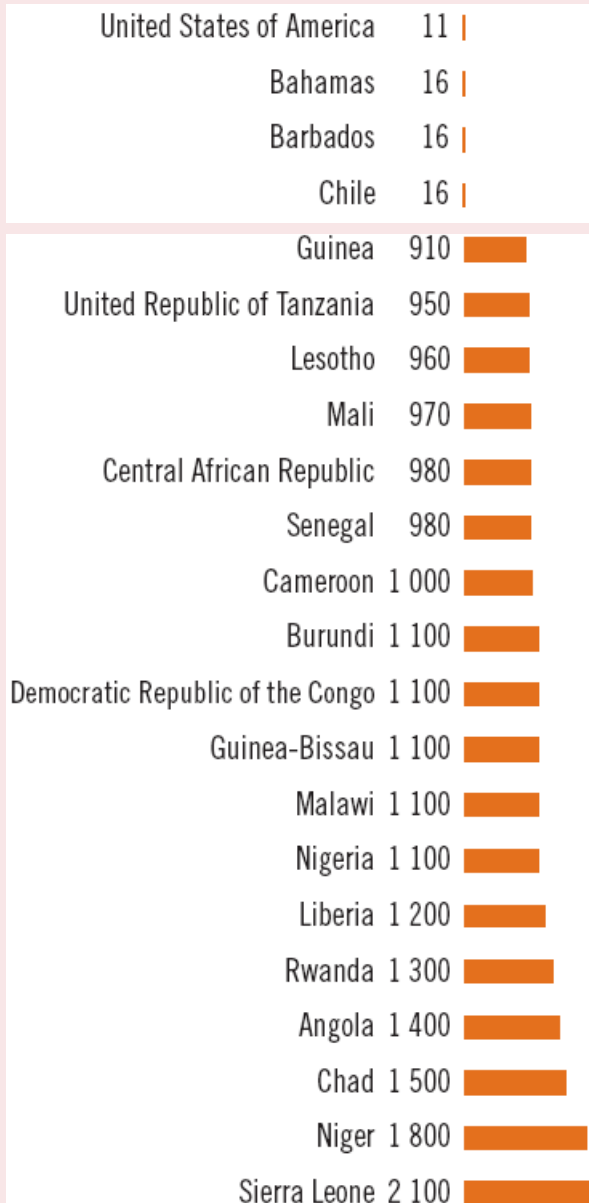
I became interested in the hazards of surviving childbirth when my great grandmother told me when I was a small child in Sierra Leone about how both my maternal grandmother and great aunt did not survive. My great grandmother told me how several members of our family, including her own children, died giving birth. My late father Usman Wai and my Uncle Sidique lost their mother in childbirth when they were tiny children. I grew up knowing that both of my parents lost their mothers giving birth a third time. The babies died too.

The words falling from my great grandmothers' lips have always challenged me to do something about it and so with Alfred Jamiru and others, I founded the *Amuloma Development Foundation Inc* in 2007 to help mothers in Sierra Leone survive childbirth. A report on achievements of the Foundation on the ground in Sierra Leone is in preparation.

I grew up thinking that maternal mortality was a genetic disease because my close relations, including my grandmothers, grand aunts, friends and my sister-in-law died in child birth. It created a shadow of fear as I grew into a woman, and I used to cry and sing a lot thinking I too would die giving birth.

My personal interest in this topic is informed by a wide range experiences as a mother and someone in need of good healthcare for other women. During my first pregnancy, and I am the mother of healthy children, I was looking for good health facilities that were free and affordable for everyone. I found such a place in Mokanje in the southern part of Sierra Leone. Have received good treatment at this health facility, I was motivated that one day, I would start

WORLD HEALTH STATISTICS 2009



Maternal deaths per 100,000 live births. Ireland has the lowest rate, 1 per 100,000 and Sierra Leone has the highest rate, according to WHO statistics published on [http://www.who.int/whosis/whostat/ EN_WHS09_Full.pdf](http://www.who.int/whosis/whostat/EN_WHS09_Full.pdf).

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an initiative to promote and support good health care facilities for women and children.

Working at Kings County Hospital with patients in Brooklyn in the United States, and seeing their needs and what can be done for them has further pushed me to promote and support good health care. Simply, because the environment in which I work promotes the accessibility and affordability of healthcare facilities for all humans, irrespective of their ability to pay. I want this in Sierra Leone.

Lewis A, Kaufman MR, Wolter CE, Phillips SE, Maggi D, Condry L, Dmochowski RR, Smith JA Jr. Genitourinary fistula experience in Sierra Leone: review of 505 cases. J Urol. 2009 Apr;181(4):1725-31.

West Africa Fistula Foundation, Choithram Memorial Hospital at Hill Station, Freetown, Sierra Leone.

A total of 505 operative repairs of genitourinary fistula were completed at 2 centers in Sierra Leone from 2004 to 2006. The first repair accounted for 68% of repairs in the population with 92% classified as vesicovaginal fistula. Only 56% had an intact urethra; 68% were diagnosed with moderate or severe fibrosis surrounding the fistula. Genitourinary fistula as a result of prolonged obstructed labor causes morbidity in Sierra Leone. Positive operative outcome depended on the extent of fibrosis surrounding the fistula.

Rosenbloom JI, Kaluski DN, Berry EM. A global nutritional index. Food Nutr Bull. 2008 Dec;29(4):266-77.

Dept Human Nutrition & Metabolism, Hebrew Univ Hadassah Medical Sch, Braun Sch of Public Health, WHO Collaborating Center in Capacity Building in Public Health, Jerusalem, Israel.

We developed a standardized global nutritional index modeled on the human development index, based on 3 indicators of nutritional status: deficits, excess, and food security. Calculations were made within 4 groups of countries (32 developed, 26 in transition, 64 low-mortality developing, and 70 high-mortality developing). RESULTS: Complete data were available for 192 countries. The ranking of the highest and lowest countries in the 4 groups (with their Global Nutrition Index World wide) is as follows: developed countries--Japan 1 (0.989), United States 99 (0.806); countries in transition--Estonia 10 (0.943), Tajikistan 173 (0.629); low-mortality developing countries--Republic of Korea 12 (0.939), Nauru 185 (0.565); high-mortality developing countries--Algeria 47 (0.876), Sierra Leone 192 (0.420). **Nutrition is fundamental to a nation's health and productivity.**

Definitely, these stories do not fit in the 21st century where women are taking the lead in key developmental initiatives around the world, Sierra Leone is still grappling with the world's highest percentages of maternal and infant mortality.

In the past year my great aunt Mrs Safura Gondor told me a story that breaks my heart. There was so much death in pregnant women in a single month in the Upper BAMBAMRA chiefdom that the body of a young lady dead in childbirth was paraded in the town of Pendembu. Around her body religious leaders prayed for atonement for the sins of their fathers. They prayed that God Almighty ease His Mighty Wrath on pregnant women.

By Zainab Wai-Lansana

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Kandeh BS. Causes of infant and early childhood deaths in Sierra Leone. Soc Sci Med. 1986;23(3):297-303.

Information about the causes of infant and early childhood (1-4 years) mortality was compiled from the vital registration system for the Western Area, records from the children's Hospital in Freetown and 2 demographic sample surveys conducted in various chiefdom headquarters towns around the country. The leading causes of infant mortality are tetanus, fevers, measles and diarrhoea. A breakdown of certified deaths in infancy showed that tetanus accounts for as many as 68% of neonatal deaths. Measles and diarrhoea were the leading causes of death in the last 6 months of infancy.

The leading causes of early childhood deaths were measles, diarrhoea and fevers. Nutritionally related diseases such as measles and diarrhoea accounted for up to 40% of all early childhood deaths.

The majority of deliveries were still being performed by Traditional Birth. Attendants in unhygienic surroundings contributed significantly to the high incidence of neonatal tetanus. At the other childhood ages the poor nutritional status of the majority of children in Sierra Leone as shown by the results of the 1978 National Nutrition Survey was seen as the significant factor. **The effects of the identified major causes of infant and early childhood mortality (tetanus, fevers, measles, diarrhoea) can be largely diminished by effective intervention programmes such as oral rehydration therapy and the training of Traditional Birth Attendants.**