
Fistula Foundation: Featured (2008), Sustained (2015-2017)



Program Title: Fistula surgery for the women of the Democratic Republic of the Congo, Guinea and South Sudan

Program Location: The Congo, Guinea and South Sudan

Program Summary: Ensuring access to quality fistula surgeries to women in the Democratic Republic of the Congo, Guinea and South Sudan.

Program Objectives: The project will provide previously unavailable access to life-changing fistula repair surgery for women in the Democratic Republic of the Congo (DRC) in 2015, women in Guinea in 2016, and women in South Sudan in 2017. The grant would cover the surgery expenses for 135 of women (45 in each country).

Direct Reach: 135

Indirect Reach: 405

Grant pays for: Surgery and pre- and post-operative care

Why we love this project: The Fistula Foundation aims to end the suffering caused by childbirth injury and obstetric fistula. By doing so the Fistula Foundation also ends the shame and isolation that the women suffering from obstetric fistula experience while trying to bring a child into this world. The women post surgery can live more integrated and productive lives.

2008 Featured Grant Info

Project Title: Fistula Foundation

Location: Ethiopia

Additional Information

Also funded in 2004 (\$345) and 2005 (\$56)

Grant Amount: \$14,732

Grantee Website: www.fistulafoundation.org/

Areas of Impact: Health

Mission of Fistula Foundation: Featured (2008), Sustained (2015-2017)

To raise awareness of and funding for fistula repair, prevention, and educational programs worldwide.

Project Summary

Dining for Women will support the The Fistula Foundation in their work with the Hamlin Fistula Hospitals to treat and prevent childhood injury obstetric fistula in Ethiopia. The Addis Ababa

Fistula Hospital provides poor women suffering from obstetric fistula with free, specialized medical care. An obstetric fistula can be closed with intravaginal surgery. If the operation is performed by a skilled surgeon, a fistula patient has a good chance of returning to a normal life. The Fistula Hospital has a success rate greater than 90 percent.

Why We Love This Project

Experts at the Hamlin Fistula Hospitals estimate that there are approximately 9,000 new cases of fistula every year in Ethiopia alone. By any estimate, at least two million women currently live with fistula throughout the developing world. The world capacity to treat fistula is estimated at 6,5000 repair surgeries per year. The Fistula Hospital is the largest facility in the world devoted exclusively to fistula care. They've opened mini-hospitals in other regions. Today, all Ethiopian medical students specializing in obstetrics and gynecology are required to train at Fistula Hospital. Their model program for fistula treatment worldwide has inspired numerous centers throughout the developing world.

[2008 Fistula Foundation Fact Sheet](#)

Program Fact Sheet

The Fistula Foundation, Ethiopia

September 2011

Program: The Fistula Foundation

Website: www.fistulafoundation.org

Mission: The Mission of the Fistula Foundation is to raise awareness of and funding for fistula treatment, prevention, and educational programs worldwide.

History of the Organization: Dr. Catherine Hamlin came to Ethiopia in 1959 with her now late husband Dr. Reginald Hamlin. Together, they founded the Hamlin Fistula Hospitals in 1974 in the nation's capital city of Addis Ababa. Today, it is the largest facility in the world devoted exclusively to fistula care.



Dr. Catherine Hamlin

Richard Haas and his daughter, Shaleece, started American Friends Foundation for Childbirth Injuries, later known as The Fistula Foundation, after visiting the Addis Ababa Fistula Hospital and being moved by the oasis of healing created there. They returned to California and established a US-based non-profit dedicated to supporting the treatment and prevention activities of the Fistula Hospital. In 2003, a highly praised *New York Times* Op-Ed by Pulitzer Prize winning author, Nicholas Kristof, lauded the work of Dr. Hamlin and raised awareness of and funding for the hospital.

In January 2004, the Oprah Winfrey Show invited Dr. Hamlin to speak about the plight of fistula patients in Ethiopia. In the first six weeks after her appearance on the show, over 6,000 donors contributed \$1.3 million through the Fistula Foundation to Dr. Hamlin's cause.

Where They Work: Besides Ethiopia, The Fistula Foundation works in Afghanistan, Angola, Bangladesh, Cameroon, Congo, Kenya, Niger, Nigeria, Senegal, and Somaliland.

- Ethiopia is one of the world's poorest countries. It is a vast country — twice the size of Texas — with only 3,000 miles of paved roads and a population of 88 million.
- Despite the diversity of the peoples, the dynamic culture and history, and the dramatic landscape, the vast majority of the Ethiopian population is impoverished. Most eke out a subsistence living and have virtually no access to healthcare.¹
- Ethiopia is in the Horn of Africa, where refugees fleeing drought and famine are pouring in from neighboring Somalia.
- Located in East Africa, Ethiopia is divided into 13 self-governing regions, each with their own languages, cultures and traditions.



- Amharic is Ethiopia's official language, but there are nearly 80 local languages spoken.
- Almost two-thirds of Ethiopian people are illiterate. The economy revolves around agriculture, which in turn relies on rainfall.²
- Ethiopia's main exports include coffee, hides, oilseeds, beeswax, sugarcane. Coffee is critical to the Ethiopian economy with exports of some \$350 million in 2006, but historically low prices have seen many farmers switching to *qat*--a flowering plant used as an amphetamine-like stimulant and an illegal substance in many countries-- to supplement income.³
- Today, Muslims account for 45% of the population, Ethiopian Christian Orthodox for 35%, and other religions including animism account for the remaining 20% of the population.



Ethiopia: The Need for Fistula Surgery

- Fistula is a serious problem in Ethiopia.
 - The maternal death rate is among the highest in the world.
 - Having many children is extolled. And an Ethiopian woman is likely to marry as a teenager and give birth to six children, not counting those she will lose during pregnancy or within the first five years of life.
 - Pregnant women customarily deliver their babies at home with only a female elder in attendance.
 - The closest skilled doctor may be hundreds of miles away.
 - The number of obstetricians and gynecologists is abysmally low - just one for roughly every 530,000 people.
- The Fistula Foundation



Young patients at the Hamlin Fistula Hospital.

- Addis Ababa ('New Flower' in Amharic) is the capital of Ethiopia.
- Under Ethiopia's constitution, the state owns all land and provides long-term leases to the tenants; "the system continues to hamper growth in the industrial sector as entrepreneurs are unable to use land as collateral for loans."⁴

History of the Region:

- Ethiopia is the oldest independent country in Africa and one of the oldest in the world--at least 2,000 years (may be traced to the Aksumite Kingdom, which coalesced in the first century B.C.)⁵
- Unlike many African countries, the ancient Ethiopian monarchy was never colonized "with the exception of a short-lived Italian occupation by Mussolini from 1936-41."⁶
- Ethiopia's Rift Valley is known as the cradle of humanity - fossils of the oldest known upright hominid, the 3.5-million-year-old 'Lucy', were found there in 1974.⁷
- Records of Ethiopian rulers date back 5000 years, and the Queen of Sheba's son, Menelik I, is regarded as the first emperor. Menelik's dynasty continued into the early twentieth century when Haile Selassie took over rule.⁸
- According to local tradition, ancient Ethiopians were Jewish. Ethiopian Orthodoxy arrived as early as 330 A.D. and until the Marxist revolution, there were Orthodox clergy in almost every town in the country.⁹

What is Fistula?

Obstetric fistula is the most devastating and serious of all childbirth injuries. It happens because most mothers in poor countries give birth without any medical help. So many are young girls.

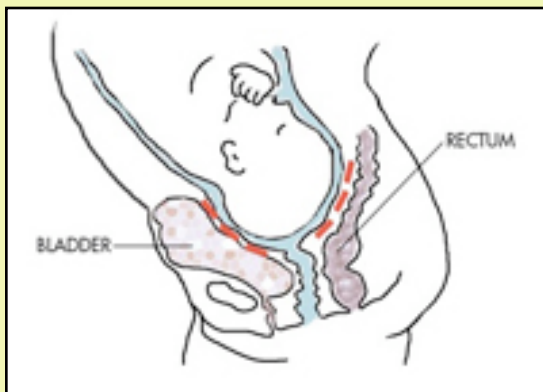
Complications from pregnancy and childbirth are among the leading causes of death and disability for women of reproductive age in Ethiopia.

Obstetric fistula was eradicated in the United States more than 100 years ago thanks to emergency cesarean section surgery.

After enduring days of agonizing, obstructed labor a woman's body is literally broken by childbirth. During labor contractions, the baby's head is constantly pushing against the mother's pelvic bone — causing tissue to die due to lack of blood flow to this area. **All of that pushing creates a hole, or in medical terms a "fistula", between the birth passage and an internal organ such as the bladder or rectum.** A woman cannot hold her urine, and sometimes bowel content as well.

Her baby is unlikely to survive. If she survives, a woman with fistula is likely to be rejected by her husband because of her inability to bear more children and her foul smell. **She will be shunned by her community and forced to live an isolated existence.** These women suffer profound psychological trauma resulting from their utter loss of status and dignity, in addition to suffering constantly from their physical internal injury.

--The Fistula Foundation



The Project: *DFW's donations will be used to transform the lives of 66 Ethiopian women from ones of devastating isolation and incontinence to ones of health and dignity; these women will be treated for the childbirth injury, obstetric fistula, at the Hamlin Fistula Hospitals in Ethiopia.*

The Hamlin Fistula Hospital, also known as the Addis Ababa Fistula Hospital, was founded in response to the hidden epidemic of fistula.



Since its inception, surgeons at the Hamlin Fistula Hospital have operated on 35,000 girls and women, at no cost to the patients.

The Hospital is known globally as a center of excellence in fistula treatment and an oasis of healing for the women treated there. The women who find their way to the Fistula Hospital have suffered both physical and psychological traumas. The Hospital is dedicated to their holistic treatment, from repairing their injuries to restoring their dignity.

To help women in the provinces who need fistula care and to prevent fistulas, the Fistula Hospital has built five new regional hospitals.

Dining for Women's donations will provide 66 needy women with free, safe surgery to repair their devastating injuries and also provide post-operative care. This care will give these women a second chance at life, returning their health and dignity and enabling them to contribute to their families and community.

Project Budget: \$31,404.39

Surgery for 66 Women* [\$450 per patient]	\$30,000
Educational DVDs	\$1,000
Envelopes	\$92.39
Postage	\$312.00
Total	\$31,404.39

\$450 is an approximate cost per patient. This includes:

- Surgery
- Post-operative care
- Rehabilitation
- Transportation costs (for example, bus fare home)
- New dress

\$450 is an average figure; more complicated surgeries, eg. treating both vaginal and rectal fistulas, extensive scarring and nerve damage, can be more costly.

How They Measure Success:

Surgeons and hospitals that receive grant funding from the Fistula Foundation are required to provide regular and detailed reports to the Foundation. These reports include detailed budgets describing their spending, and narrative describing their activities and services provided as well as any challenges encountered.

In addition, the Fistula Foundation asks doctors to share their perspectives as care providers and to send one patient story each year and a photograph.

Success means repairing patients' fistulas, putting an end to the suffering caused by their physical internal injury, and helping them overcome profound psychological trauma resulting from their loss of status and dignity.



The Fistula Foundation works to empower dedicated local doctors in developing countries by providing grants to cover the costs of patients' fistula surgery.

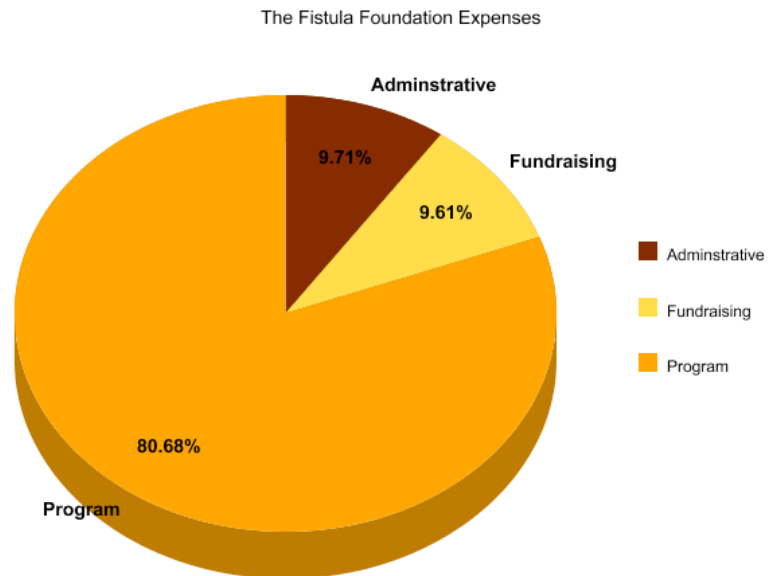


Each patient receives surgery, post-operative care, rehabilitation, transportation costs, and a new dress.

The Fistula Foundation Financial Profile

Program Expenses . . . 80.6%
Administrative Expenses . . . 9.7%
Fundraising Expenses . . . 9.6%

The Fistula Foundation consistently directs more than 75% of expenses to program and has achieved a four star Charity Navigator rating for four consecutive years, ranking the Fistula Foundation as one of the top 5% of all U.S. charities.



Sources:

¹The Fistula Foundation <http://www.fistulafoundation.org/wherewehelp/ethiopia/about.html>

²BBC World News <http://www.bbc.co.uk/news/world-africa-13349398>

³CIA World Factbook <https://www.cia.gov/library/publications/the-world-factbook/geos/et.html>

⁴Ibid

⁵Ibid

⁶Ibid

⁷The Fistula Foundation <http://www.fistulafoundation.org/wherewehelp/ethiopia/about.html>

⁸Ibid

⁹Ibid



Chapter Leader Talking Points September 2011

Featured Program: The Fistula Foundation, Ethiopia

- **Project:** DFW's donations will fund life-changing fistula repair surgery and post-operative care for 66 Ethiopian women.
- **Our Goal:** \$31,404.39
- **Monthly Theme:** Improving Maternal Health Through Eradicating Fistula in the Developing World
- **UN Millennium Development Goal Focus: #5 IMPROVE MATERNAL HEALTH**
- **Discussion Question:** Fistula was virtually eliminated in Europe and the United States more than century ago. What are some reasons it is still prevalent in developing countries?
- **Ice Breaker (For chapter members to discuss):** What was the pregnancy and birth experience like for you--or someone close to you? How do you think the childbirth experience would differ for a poverty-stricken woman in the developing world?

2011 Net Program Donations

- January, **Matrichaya: \$34,293**
- February, **PINCC: \$36,698**
- March, **Village Enterprise Fund: \$38,893**
- April, **Lotus Outreach: \$39,761**
- May, **Mujeres Aliadas: \$42,263**
- June, **Shining Hope: \$36,288**
- Emerge Global **\$22,291** (as of 8/27)

Total Net donations . . . **\$250,487**

News & Reminders

- **Media mentions:** 8/1/2011, "Online Partnering for Sudan," *Mercy Without Borders blog*; 8/15/2011, "Networking," *Musings4Women*, by Carol Green, Contributing Editor; 8/29/2011, "ONANCOCK: Africa famine benefit concert set for September," *Tasley Eastern Shore News*, Onancock, VA.
- **Chapter Leaders: Please identify any members in your chapter who have attended a DFW summit and ask them to share their experiences with the group.**
- **Mark Your Calendar:**
 - **DFW Summit "Catalyst for Change"** : San Jose, California, **October 13-16, 2011.** See the DFW website for details: <http://diningforwomen.org/2011Summit>
- DFW's "**Welcome Friends**" Campaign, to introduce our mission and the power of collective giving to our circle of friends, continues **through the end of September.**
- Next month's featured program: **Mercado Global, Guatemala**

New Chapters That Have Met

SC, Greenville-8, Bill Stephenson
NY, Hartsdale-1, Diana SantaMaria-Clay
CA, Los Altos-1, Yumi Ando
CA, Diamond Springs-1, Patty Wilson
SC, Florence-1, Nancy Nelson

New Chapter Registrations

PA, Lancaster-Bernice Stadler
WY, Laramie-Elizabeth Spaulding
OH, Medina-Debbie Brock
LA, New Orleans-Rebecca Thomas
OR, Portland-Joan Driver
NY, Croton on Hudson-Marie Considine
SC, Greenville-Bill Stephenson
PA, Kennett Square-Sharon Hake
OR, Portland-Deirdre Nauman
CA, Santa Barbara-Peggy Welik
FL, Coral Springs-Joan Fiebrandt
WA, Seattle-Abbie Schindler
CA, Oakland-Rachel McQueen
AL, Decatur-Christy Lamb
TX, Dallas-Dorothy Shain
SC, Columbia-Susan DuPlessis



Food For Thought: September 2011

Theme: Improving Maternal Health Through Eradicating Fistula in the Developing World

In this issue of Food for Thought:

- ♀ Monthly Theme
- ♀ Millennium Development Goals
- ♀ Discussion Questions
- ♀ Voices From the Women & Girls We Serve

"The persistence of fistula is a signal that health systems are failing to meet the needs of women."--United Nations Population Fund

"Obstetric fistula was eliminated here in Europe and the United States more than 100 years ago. It's unacceptable that women and girls in developing countries are still suffering from this entirely preventable and treatable condition."--Natalie Imbruglia, singer, actress and advocate.

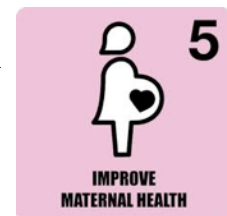


The Millennium Development Goals (MDGs) are eight objectives designed by the UN to improve social and economic conditions in developing countries by the end of 2015. **Each month we focus on the MDGs impacted by our theme and our monthly featured project.**

This month we highlight MDG #5 IMPROVE MATERNAL HEALTH:

Targets:

1. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio.
2. Achieve, by 2015, universal access to reproductive health.



Our focus this month is improving maternal health by eradicating obstetric fistula, a hole in the birth canal caused by prolonged labor without prompt medical intervention, which often leaves women with chronic incontinence and, in most cases, a stillborn baby.

Once common throughout the world, fistula has been virtually eliminated in Europe and North America through improved obstetric care. In fact, "Fistula is almost unheard of in high-income countries, or in countries where obstetric care is widely available."

Although it is almost entirely preventable, fistula is all too common in developing countries. At least “2 million women in sub-Saharan Africa, South Asia and the Arab region are living with fistula, and some 50,000 to 100,000 new cases develop each year.”²

Challenge: *Poverty, malnutrition, poor health services, early childbearing and gender discrimination are “interlinked root causes of obstetric fistula.”*³

Solutions:

- **Prevention**, rather than treatment, is the key to ending fistula.
- **Improve Maternal Care:** All women need access to quality maternal health care services-- “including family planning, skilled birth attendance and emergency obstetric care.”⁴
- **Empower Women:** In countries where fistula is common, women have low status in their communities and may have little control over their own lives. Increasing women’s opportunities allows them to delay first births and marriage.⁵
- **Help Girls Postpone Pregnancies:** Girls who bear children before the pelvis is fully developed, and who are in general poor health, are more likely to suffer obstructed labor.
- **Increase Food Security:** Improve girls' nutrition to “prevent stunted growth (which can leave the mother's pelvis small in relation to the baby's head) and to minimize the risk of complications during childbirth.”⁶
- **Alleviate Poverty:** Poverty robs women of choices and “contributes to fistula by closing off options at critical points in a woman's life.”⁷

“Because of the many factors that contribute directly and indirectly to fistula, addressing this issue can serve as an entry point for overall improvements in women's reproductive health and rights.” --Campaign to End Fistula

What is obstetric fistula?



“Obstetric fistula is an injury of childbearing that has been relatively neglected, despite the devastating impact it has on the lives of girls and women.

It is usually caused by several days of obstructed labor, without timely medical intervention — typically a Caesarean section to relieve the pressure.

The consequences of fistula are life shattering: The baby usually dies, and the woman is left with chronic incontinence.

Because of her inability to control her flow of urine or feces, she is often abandoned or neglected by her husband and family and ostracized by her community.

Without treatment, her prospects for work and family life are greatly diminished, and she is often left to rely on charity.”

--United Nations Population Fund’s Campaign to End Fistula

Pictured: A young Ethiopian patient. DFW’s featured program this month, **The Fistula Foundation**, is the largest private charitable foundation supporting fistula treatment globally.

Photo provided by The Fistula Foundation.

- **Provide Treatment:** Repair physical damage through medical intervention and emotional damage through counseling. Surgery can normally repair the injury, with success rates as high as 90 per cent for experienced surgeons. The average cost of fistula treatment and post-operative care is \$300.
- **Educate and Spread the Word:** Fistula is a relatively hidden problem because it “affects the most marginalized members of society: young, poor, illiterate women in remote areas. Many never present themselves for treatment.”⁸

Questions for Discussion

1. What are some factors that contribute to the disproportionate number of fistula patients among young, poor, often illiterate women in remote areas?
2. During most of the 20th century, obstetric fistula was largely missing from the international global health agenda. What are some possible reasons why this problem was ignored?
3. Many experts contend policies and programs to eradicate obstetric fistula cannot succeed without a robust family planning component. Do you agree or disagree?

The Campaign to End Fistula: Fighting fistula in sub-Saharan Africa, South Asia and the Arab States

In 2003, the UN Population Fund (UNFPA), together with government and private partners, launched the Campaign to End Fistula. The campaign is now active in 49 countries across sub-Saharan Africa, South Asia and the Arab States. More than 28 countries have integrated the issue into relevant national policies and more than 16,000 women have received fistula treatment and care.



Voices From the Women We Serve

The following interviews and photographs were provided by The Fistula Foundation.

“I got married three years ago. I got pregnant one year ago. . . I was in labor for three days and it was very difficult. After the third day, my mother took me to Arba Minch Hospital where the doctor took out the dead baby. They took me back to my mother’s house and I was very sick. I didn’t walk for 10 days. The doctor told me to go to Addis Ababa. I was scared of the operation at the beginning, but when I knew that there was no pain, it was okay. After the operation, I stayed in bed for a long time to recover. I want to get married again and have a baby. I look forward to going home and seeing my friends again without this sickness.”

“I got married four years ago and then I got pregnant two years later. I was in labor for a long time. On the 4th day, they took me to a health center. At the health center, I delivered a dead baby and they told me that I needed to come here to Addis Ababa to Fistula Hospital. The people here [at Fistula Hospital] are very kind. They gave me an operation so that I would not leak anymore.”



“I was married one year ago and I got pregnant right away. I was in labor for four days and on the fourth day, the baby came, but it was dead. When the baby died, my husband left me. People said that my body was wounded. My cousin heard that there was a place in Addis Ababa that could help me and so he brought me here. They say I will have the operation next week and that my operation will be a simple one.”



"I got married when I was 15 . . . I got pregnant one year later . . . My labor started at three in the afternoon and my husband and my mother were with me. A traditional doctor told me to go to the hospital . . . they operated to take out the baby, but it was dead. After the baby died, I went back to my village and two months later my husband married another woman . . . When I came to Fistula Hospital, I was very happy. I knew this was the place where I would get cured . . . When I go back to my village, I will tell other women to go immediately to a hospital so that they won't have a problem with their labor. Most people don't know that a hospital can help them, but if they knew, they'd go."

Sources:

"UNFPA." *Campaign to End Fistula*. Web. 1 Aug. 2011. <http://www.endfistula.com/q_a.htm>.

² "UNFPA - Obstetric Fistula." *UNFPA - United Nations Population Fund*. Web. 2 Aug. 2011. <<http://www.unfpa.org/public/home/mothers/pid/4386>>.

³ "UNFPA." *Campaign to End Fistula*. Web. 1 Aug. 2011. <http://www.endfistula.com/q_a.htm>.

⁴ *Campaign to End Fistula*. Web. 1 Aug. 2011. <http://www.endfistula.com/campaign_brief.htm>.

⁵ "UNFPA." *Campaign to End Fistula*. Web. 4 Aug. 2011. <http://www.endfistula.com/empowering_women.htm>.

⁶ "UNFPA." *Campaign to End Fistula*. Web. 1 Aug. 2011. <http://www.endfistula.com/fast_facts.htm>.

⁷ UNFPA." *Campaign to End Fistula*. Web. 2 Aug. 2011. <http://www.endfistula.com/poverty_link.htm>.

⁸Ibid.



Dining for Women

***Making Connections
February 2008
Ethiopia***

A woman born in Ethiopia is expected to live to age 41.... She will likely marry at age seventeen and give birth to six children, not counting those she will lose during pregnancy or within the first five years of life. There's a 35% chance she will be literate and a 50% chance she will live below the poverty line.

For the 29 million women who live in rural, mountainous areas of Ethiopia, early marriage is widespread. Pregnant women customarily deliver their babies at home with only a female elder in attendance. For a woman in obstructed labor, the closest skilled doctor able to provide a cesarean section may be more than 200 miles away. While having many children is extolled in Ethiopian culture, pregnancy and childbirth are risky endeavors for a woman where the maternal death rate is among the highest in the world.

Fistula Foundation

This month marks our second collaboration with the BlogHer project on maternal and child health with support of the Fistula Foundation in Ethiopia. Ethiopia is an ancient and fascinating culture, threatened in the last century by environmental, political, and economic disasters. For the basic facts about its recent history the challenges it faces, see the summaries at the following:

<http://www.fistulafoundation.org/hospital/ethiopia/>

http://news.bbc.co.uk/2/hi/africa/country_profiles/1072164.stm

FYI: Child Marriage

One of the main reasons why fistula is so rampant among Ethiopian women is that they tend to be married very young. The government, women's organizations, and some leaders within the Coptic Church are trying to change this; but ancient cultures change slowly. National Public

Radio produced a thorough feature on Ethiopia's child brides just last year. Rather than rehashing it for you, I'm sending you straight to the site where you can read or listen to the report and see photos of women interviewed for the story. You'll hear from a grandmother who married so young she can't remember when, an eight year-old with an uncertain future, and an activist who survived an early marriage and is working to help other young women. The site also contains an audio slide show that addresses the connection between child marriage and fistula and features the Fistula Hospital. Please go to <http://www.npr.org/templates/story/story.php?storyId=6560441>

49% of Ethiopia's girls are married before their 18th birthdays. But Ethiopia ranks only 12th on the list of countries worldwide with high percentages of child marriage. It's a phenomenon perpetuated by poverty throughout much of the world. This past October, PBS's NOW examined the worldwide impact. Here are some of the findings it reported:

Nearly half of all girls in southern Asia and in Africa are married before turning 18. Thirty percent of Latin American girls.

Girls younger than 15 are five times more likely to die during childbirth or pregnancy than older women. Pregnancy-related deaths are the leading cause of mortality for girls aged 15 to 19 worldwide. Mortality rates for babies born to mothers under age 20 are almost 75% higher than for children born to older mothers. The children that survive are more likely to be premature, have a low birth weight, and are more at risk for contracting HIV/AIDS.

There are approximately 2 million girls living with fistula, and 100,000 new cases every year, due to early marriage and pregnancy.

One of the highest risk factors for HIV/AIDS for women in some poor countries is early marriage.

Child brides are often pulled out of school and denied further education. Their children are also more likely to be illiterate. They and their children remain in poverty.

Child brides are more likely to experience domestic abuse and violence than their peers who marry later.

What needs to happen to stop early marriage and its consequences? Education. Poverty reduction. Employment opportunity. Bills currently before the U.S. House and Senate would offer financial and other means of support for reducing child marriage if passed. For what we can do to support for this legislation and otherwise, see <http://icrw.org/html/getinvolved/advocacy-childmarriage.htm>

<http://www.pbs.org/now/shows/341/take-action.html>

Recommended Book

Almost fifty years ago, two gynecologists living in Australia and motivated by their deep religious faith were looking for something more to do with their training. Dr. Catherine Hamlin and her late husband Dr. Reg Hamlin found that something in Ethiopia. In *The Hospital by the River*, Nobel Prize-nominee Catherine Hamlin tells the rest of the story. Whether or not one can relate to their calling (the hospital and work itself is not “religious” in nature), one can’t help but be impressed by their devotion and years of service to the women of Ethiopia and their determination to make westerners aware of the very “not for polite society” condition from which so many suffer. Nor can one fail to be moved by their patients’ stories. Here’s one:

Even though everyone’s story was amazing, some were even more so. One young woman arrived at the hospital and handed us an envelope with a letter inside that had been written by a missionary doctor down near the Kenyan border. It introduced her and asked us to treat her fistula. There was nothing especially unusual about her. Like so many of our patients she was dressed in rags and weak from hunger. The sealed envelope was so worn and grubby you could hardly read it, but inside the clean letter was legible enough. To our surprise it had been dated sever years ago. “Why has it taken you seven years to get here?” I asked. She told me she had been begging at the bus station for her fare. That was how long it took to raise the money.

Recommended Book: Dr. Catherine Hamlin with John Little, *The Hospital by the River: A Story of Hope* (Monarch Books, 2001).

Socially Responsible Shopping

Love coffee? Thank Ethiopia. (See more in *Dining* below). Carolyn’s found several sources for fair trade coffee as well as Ethiopian crafts:

http://www.highergroundroasters.com/store1/index.php?main_page=product_info&cPath=1&products_id=2

<http://www.javaforjustice.com/oromia-photo-project.html>

<http://treefrogcoffees.com/ethiopian.htm>

<http://stores.ebay.com/Ethiopian-Reflections>

<http://www.mamaafrika.com/about.php>

Very Special: A socially responsible business called Creative Women sells beautiful and very high quality fair trade textiles made by women’s groups

in Ethiopia, including silk/cotton scarves made from silk spun by patients in a training program at the Fistula Hospital. To read more about Ellen Dorsch and Kathy Marshall, the two “creative women” who put together this project, see

<http://www.vermontwoman.com/articles/1207/creative.shtml>.

For the scarves, go to

<http://www.creativewomen.net/nOurProducts.html> and click on “new products.” You’ll see contact info at the top of the page; scroll down to view the scarves. Creative Women is mainly wholesale, but Carolyn spoke with Ellen and she is happy to sell directly to DFW members.

Just in Time: Carolyn also sent along this announcement from Women for Women International, our featured program in December:

Surprise your Valentine with a bouquet of eco-friendly roses and Organic Bouquet will include a free heart shaped box of organic chocolates. With each purchase Organic Bouquet will donate 10% to Women for Women International. To order, go to www.organicbouquet.com/wfwfreechoc Offer expires 2/20/08.

Roses grown in the developing world are among the most pesticide-laden crops. Most of field laborers who work among all that poisoned beauty are women. Buying organic roses for Valentine’s (or dropping a subtle hint to a certain someone who might) is having a heart in more ways than one!

Dining With Women

When we think of Ethiopia, it’s more often famine than food that comes to mind—unless you’re lucky enough to live near an Ethiopian restaurant and regularly experience its wonderful cuisine. But surely famine ought to come to mind, for once again we’re confronted with a culture that has produced sophisticated flavors and renowned hospitality enjoyed by others while too many of her own people go without.

Ethiopia is a land of poor tenant farmers. Some 80% of the people try to subsist on what they can grow on the 10% of the land that is arable. In the 1970s, Ethiopia was producing enough of its own grain to feed its people. But not since the drought of the mid-eighties—when one million Ethiopians starved as the world moved too late—has it been able to come close to feeding itself without foreign assistance. Even with that aid, things have worsened. Yield is off as the land has degraded and fertility is low. Child nutrition is worse than ever. The average farm family can feed itself about five months of the year—if it’s a good year. Too often, it isn’t. 2003 saw another devastating drought; the only good news there is that the world was better prepared to help and fewer—but still too many—people starved.

AIDS is having a profound impact on productivity and the export economy—coffee and other agricultural goods being Ethiopia’s chief exports—has been unfavorable. Coffee—native to the land and a source of pride—has been so deflated in value on the international market that coffee farmers often turn to drug-related crops to make do. (Buy fair trade coffee!)

The government has taken some step to make its people more food secure. In 2004, it orchestrated a massive move of some 2 million people out of the arid highlands into areas where they might eat better. School feeding programs are giving many children more regular meals and the budget for food security has increased. Many non-profits work diligently to do what they can and stress the importance of helping Ethiopians feed themselves. But everyone involved knows that even with the best of circumstances, it will be a long time before this country can feed itself well.

And yet—or perhaps because of the fragility of their food system—Ethiopians enjoy meals together when they can. And I mean together. Large extended family meals, with or without the numerous holidays celebrated by its various traditions as excuses, are integral to the culture. Some say Ethiopian food can only be made properly in large quantity.

Remember that if you decide to attempt its daily bread, *injera*. You’ll certainly come to appreciate the skill of Ethiopian women who regularly make a lot of these spongy but thin, lacey rounds. Injera is made from fermented Teff—a type of millet that is very high in protein.

Ethiopians love spice and have ingeniously integrated red chili, ginger, and a bounty of spices with its indigenous foods. Honey is the favorite sweetener and even forms the basis for a potent fermented beverage (of which there are several in this culture). The base for many if not most dishes is *Niter kebbeh*, butter enhanced with hot pepper, fenugreek (a spice that gives Ethiopian food a very distinctive flavor), and other spices. Berberé is the house spice blend with which every cook seasons her stews. If fortunate enough to have lamb or chicken, she might make a *wat* with this spicy blend; otherwise vegetables and lentils receive similar treatment.

Ethiopian meals are truly communal. When eating well, the many dishes of a meal—vegetable and meat stews, raw spiced beef, spiced cheese, grilled meats- are brought to low tables on platters of injera, with more injera on the side in elaborate pedestled baskets with funnel-shaped lids. Injera serves the purposes of serving dish, plate, and bread. Guests break off a piece of injera and use it to sop up or pick up a piece of food. But before they begin, there’s a ritual of handwashing with perfumed water. To commence the eating, the hostess might break off a piece of injera, knob a choice morsel with it, and pop it into the mouth of the most honored guest.

It's also common for Ethiopians to do this for friends around the table. Go ahead, we won't stop you....

After the meal, hands are washed again. Incense, Frankincense is a favorite, perfumes the room. More perfume comes with the freshly roasted coffee, sometimes spiced or laced with butter, that is poured from an elaborate pot (if you have the means) into small cups. Coffee is passed around to each guest. There may be two or three rounds, the last one is called "bareka," blessing. Truly one is in Ethiopia if one can eat this way regularly.

We are blessed to have the opportunity to learn about and experience something of Ethiopia's food artistry and hospitality. Miriam, Carolyn and I have had loads of fun researching and making Ethiopian foods. You'll see the recipes below. You may by all means modify the service—perhaps you really can't see pouring soupy, spice-tinged stews onto spongy bread on top of your best tablecloth. And you probably don't have the equipment (or the skill) to create massive *injera* rounds from which everyone can eat. However, you can try smaller rounds, serve on plates. Or put out the dishes in bowls and pass the bread in a basket.

And while you can easily make Berbere and Niter Kebbeh and something that tastes good and reasonably resembles *injera*, you can also purchase these, as well as the bread baskets, coffee services, etc. from Ethiopian purveyors in the U.S. Here are two sources:

<http://www.abyssiniamarket.com/etfretinande.html>

<http://www.ethiopiainspices.com/html/products.asp?ItemID=1029>

MENU

Injera (Ethiopian Flatbread)

Yemarina Yewotet Dabo (Ethiopian Honey Bread)

Dabo Kolo (A Crunchy Snack)

Doro Wat (Ethiopia's National Dish—Chicken Stew)

Mesir Wat (Red Lentil Stew)

Yataklete Kikil (Gingered Vegetable Stew)

Lab (Spiced Cheese—on it's own or mixed with Yegomen Kifto)

Yegomen Kifto (Spiced Collard Greens)

Chocolate Spiced Rum Cake with Cinnamon Whipped Cream

Fair Trade Ethiopian Coffee (see *Shopping* above)

Berberé (Essential Ethiopian Spice Blend)

fr. Marcus Samuelsson, *The Soul of a New Cuisine: A Discovery of the Foods and Flavors of Africa* (John Wiley and Sons 2006)

Berberé is a spicy blend that flavors much of Ethiopian cooking. Each cook's mix is slightly different, so you should feel free to vary too—

especially when it comes to the heat. Ethiopians like it hot, but do adjust if you wish (substitute more sweet paprika for the dried chilies). The combination of fenugreek and red pepper is a must—if you don't have some of the others, don't worry. It's best to start with whole spices, roast them just until fragrant, and then grind them together. I give the quick version here using pre-ground spices, but amounts would be the same.

Mix together the following and store in a jar in a dark cupboard:

1 t ground fenugreek (found in Indian stores. If you can only find whole seed, grind them in a coffee or spice grinder)
1/2 c ground dried chilies (cayenne—ouch! or ancho—milder, etc)
1/2 c paprika
2 T salt
2 t ground ginger
2 t onion powder
1 t ground cardamom
1 t ground nutmeg
1/2 t garlic powder
1/4t ground cloves
1/4 t ground cinnamon
1/4 t ground allspice

Niter Kebbeh (Essential Ethiopian Spiced Butter)

Like Indian *ghee*, this staple butter of Ethiopian cuisine has been clarified. That is, the milk solids have been removed so that when used in high heat cooking, the butter does not brown or burn. And it tastes phenomenal, especially with the aromatic spices. It also keeps very, very well in the fridge—2-3 months if airtight. Honestly, this stuff would make cardboard taste good! As with Berberé, the spices vary but fenugreek has to be in there and it's great if you can use freshly roasted and ground whole spices.

1 lb unsalted butter, cut into pieces
2 cloves garlic, finely chopped
2 t finely chopped fresh ginger root
2T finely chopped onion
1/2 t ground turmeric
1/2t ground cardamom
1/8t ground nutmeg
1/8 t ground fenugreek

1/2" piece of cinnamon stick (or 1/2t ground)
one whole clove (or 1/4t ground)

In heavy saucepan, heat the butter over moderate heat. Stir and turn the pieces so that they melt evenly. Do not allow the melted butter to brown or bubble — lower heat if necessary. As soon as all the butter is melted, increase the heat and quickly bring it to all to a bubbly boil. A mass of small white bubbles will form on the top.

Stir in the "wet" ingredients: the garlic, ginger, and onion. Cook for a minute, then add all the spices. Reduce heat to a very low simmer for thirty minutes to an hour. Do not stir. The milk solids should sink to the bottom of the pan. A clear butter liquid should float on top.

Carefully strain the liquid through a clean cloth (cheesecloth) or fine sieve. Repeat as necessary to obtain a liquid that is clear and free of spices and milk solids. Pour the niter kebbeh into a clean jar with an airtight cover. Keep in the refrigerator and use as needed. (It will solidify when chilled.)

Injera (Daily Bread)

It may help to see what you're aiming for and how Ethiopians in the US have adapted *injera* to our kitchens. I prefer the recipe below, but check out the technique at <http://www.exploratorium.edu/cooking/bread/recipe-injera.html> . *Injera* is a spongy sourdough-based bread. Authentic *injera* takes days to make. Chef Marcus Samuelsson, who was born in Ethiopia, raised by adoptive Swedish parents and has recently become reacquainted with his native land's cuisine after years of success as one of America's most respected chefs, gives a quick version with yogurt adding the sour element in his new African-inspired cookbook. Teff can be found at natural food stores, Whole Foods, etc. *Injera* is traditionally made in huge rounds that serve as serving trays as well as bread. It's much easier to make smaller rounds. This recipe works for with a rather large 12" pan. Use less batter (1/4-/1/3c) for an 8 or 10" pan. Nonstick is best but be careful that you don't overheat and ruin your pan. *Injera* should be lacy and thin—but that takes real skill. If you get something between that and a pancake, you're doing well. And it will taste good. You can make the batter awhile ahead. You can make the breads a couple of hours ahead, but eat these warm. Of course they're best fresh and it might be fun (and funny!) to make some at the last minute at the meeting. If you're worried, have some cooked rice or flour tortillas on hand just in case. Or, order from the sources listed above.

2 c teff or fine-ground (not stone ground) whole wheat flour
1 c all-purpose flour

1 1/2t baking soda
1 t salt
1/2 c plain yogurt
3 c club soda

2T clarified butter or vegetable oil for greasing the pan

Mix together the dry ingredients. Whisk together the soda and yogurt. Whisk the liquid into the dry and make a pancake-like batter.

Grease your pan and heat it over medium high heat. Pour or ladle 1/2c batter into the pan, starting in the center and swirling out—keep it thin. Pick up the pan and tilt it to get a thin even layer. Cook 20 seconds. You'll see bubbles on top. Cover the pan and cook 30 second longer. The top should be shiny but dry when done. Remove the injera and keep warm in a towel while you make more.

Yemarina Yewotet Dabo (Honey Bread)

From last December's *MC*. Ethiopians enjoy this with some sweet butter. Since the recipe appears online, I'm just going to give the link here. A tip not in the link: you can make this in an ovenproof pot or casserole (about 3 quart capacity and at least 3" high). If you like ginger, add a little pinch.

<http://www.globalgourmet.com/destinations/ethiopia/yamarina.html>

Dabo Kolo

fr. http://www.congocookbook.com/snack_recipes/dabo_kolo.html

This is Ethiopian snack food: crunchy, spicy, like popcorn, like peanuts, like pretzel balls, and you can't eat just one. Try them as an appetizer when members arrive. These keep well (if you can keep away from them).

2c wheat flour (all-purpose unbleached or whole wheat)
1-2T Berberé (2 is really spicy)
1T sugar
1/2 t salt
1/2c water
4T softened (room temperature) butter

Preheat oven to 350° F. Mix together dry ingredients (flour, berberé, sugar, and salt). Slowly add the water and mix so to form a thick paste. Remove the mixture from the bowl and knead it on a lightly-floured surface

for a few minutes to form a thick dough. Add the softened butter and knead for an additional five minutes. Let the dough rest in a cool place for ten minutes. (You could do this in your mixer or food processor.)

Divide the dough into handful-size pieces and roll these into long "pencils" not quite as thick as your small finger. Cut these rolls into pieces, each piece no longer than finger-width.

Place on a greased baking sheet. Bake twenty-thirty minutes, stirring or shaking the pan a few times to prevent sticking. When done, remove from oven and allow to cool completely. Store in a dry air-tight container.

Doro Wat

fr. Marcus Samuelsson, The Soul of a New Cuisine: A Discovery of the Foods and Flavors of Africa

This spicy chicken stew is the national dish of Ethiopia. The sauce is thin—all the better to soak into injera. I've modified the recipe for potluck ease to use boneless chicken thighs. A cut-up whole chicken would be more authentic.

2 med. red onions, diced

Salt

1/4 c Niter Kebbeh (spiced butter)

1/4 ground cardamom—freshly ground if possible

1/4 t black pepper

3 whole cloves

2 garlic cloves, finely chopped

1 1/2" piece ginger, peeled and chopped

1 T Berberé (adjust as you please up or down the heat scale)

2 1/2 c chicken stock, divided

3lb boneless chicken thighs, cut in half

1/4 c dry red wine

juice of 1 lime

4 hard-boiled eggs, peeled

Dry and salt the chicken thighs and set aside. Combine the onions, a pinch of salt, and half of the butter in a Dutch oven over low heat. Cook, stirring occasionally until the onions are golden, 15 minutes. Add the rest of the butter, and the spices. Cook about 10 more minutes until the onions are meltingly soft and take on the color of the spices. Add 2 c stock and the chicken, bring to a simmer and simmer for 15 minutes. Add the remaining 1/2c stock and the wine, simmer again for 10 minutes. When the chicken is done, gently stir in the lime juice and eggs and simmer another 5 minutes.

Adjust the sauce for salt. You can make this ahead and reheat it. Serves 8 or more on at a potluck.

Mesir Wat (Ethiopian red lentil puree)

adapted fr. http://www.whats4eats.com/recipes/r_be_mesirwat.php

2 onions, chopped
2 cloves garlic, crushed
2t minced ginger
1/4 c *Niter Kebbeh*
2 T Paprika
1t Turmeric
1/2t Cayenne (more or less, depending on how spicy you like it)
1 lb split red red lentils
4 c chicken stock or water
salt and pepper

Puree the onion, garlic and ginger in a food processor or blender.

Heat niter kebbeh in a large, heavy-bottomed saucepan over medium heat. Add turmeric, paprika and cayenne pepper and stir rapidly to color oil and cook spices through, about 30 seconds. Add the onion puree and sauté until excess moisture evaporates and onion loses its raw aroma, about 5-10 minutes. Do not burn; lower heat if necessary.

Add lentils and water. Bring to a boil, reduce heat to low, and simmer till lentils are cooked through and fall apart, about 30-40 minutes. Add water or stock if necessary to keep from drying out. Stir in salt and pepper to taste and serve. Serves at least 8 for a potluck.

Yataklete Kilkil (*Ethiopian Gingered Vegetable Stew*)

adapted fr. http://www.whats4eats.com/recipes/r_ve_yatakilkil.php

About half of all Ethiopians are Coptic Christians who keep a number of fasts, the most important being during Lent. This is a very popular dish for Lent when meat and dairy products are forbidden. Carolyn added a small amount of chopped cabbage to the dish. She said it was colorful and delicious and went well with the red lentil dish above. She suggests that you may want to try broccoli or cauliflower instead of green beans since they are in season now.

6 small new potatoes, cut in 1-inch pieces
4 carrots, peeled and cut in 1/4 inch nickels
1/2 lb. green beans, cut in 1 inch pieces
3 T *niter kebbeh*

2 medium onions chopped
2 cloves garlic, minced
2 T fresh ginger, minced
2 jalapeno or other small fresh hot green peppers, seeded and minced
1t flour (optional, for a thicker stew)
1/2 t ground cardamom (optional but much beloved in Ethiopia)
Salt and pepper

Heat the *niter kebbah* in a large saucepan over medium heat. Place onions, garlic, ginger and peppers in pan and cook for about 10 minutes, stirring and being careful not to burn the garlic. Add flour to mixture, stir and cook for about 2 minutes. Add potato pieces and 3/4 cup of water and stir. Bring to a slow boil, cover and cook for 3 minutes. Add the rest of the vegetables and the cardamom, stir well, reduce heat to medium low, cover and cook 10 to 15 minutes more, adding water and stirring as necessary to prevent sticking on the bottom. Add salt and pepper to taste and serve. Serve 8 or so potluck-style.

Lab (Spiced Cheese)

adapted fr. Jeff Smith, The Frugal Gourmet On Our Immigrant Ancestors (Morrow, 1990)

We might tend to treat this as an appetizer. Ethiopians typically eat it at the end of a meal. But they also mix it with greens. Frankly I think Farmers Cheese is pretty boring, but it's amazing what the butter and spices do for it. And mixing it with the collards (see below), makes a great dish.

2 cloves garlic, finely chopped
1/4 c spiced butter
1/4 t ground cardamom
salt and pepper to taste

1lb farmers cheese or dry-curd cottage cheese

Saute the garlic in the butter a few seconds and add cardamom to blend. Remove from heat and cool. Stir into the cheese and add salt and pepper to taste. Use in the recipe below or serve along side other Ethiopian dishes with injera. You can make it ahead and store it in the fridge, but allow enough time for it to come to room temp before serving, you may want to warm it gently, stirring, over hot water so the butter melts evenly into the cheese.

Yegomen Kitfo (Collar Greens with Spiced Cheese)

adapted fr. Jeff Smith, The Frugal Gourmet On Our Immigrant Ancestors (Morrow, 1990)

2 lbs collard greens (or kale), tough stems removed and leaves chopped
1/2 c water or chicken stock

1/2 t cayenne pepper (opt)
1 t black pepper
2 peeled and crushed garlic cloves
1/4 c spiced butter
3 T chopped yellow onion
salt to taste

Lab (see recipe above)

Cook greens, in a 4 quart saucepan, covered, with the water or stock until wilted. Add spices, butter, and onion. Cooked covered until the greens collapse and the onion is soft. Add salt to taste. Allow greens to cool a bit. Spoon *Lab* on top or mix it in with the greens before serving. You can make this ahead and reheat it. Serves 6-8.

Chocolate Rum Cake with Cinnamon Whipped Cream

adapted fr. Marcus Samuelsson, The Soul of a New Cuisine: A Discovery of the Foods and Flavors of Africa (John Wiley and Sons, 2006)

Ethiopians don't really do dessert, but they do like cakes for celebrations, love coffee after a meal, and (unless forbidden by religious tradition) enjoy a heady imbibe on occasion. This cake covers it all. Chef Samuelsson was especially inspired by the spicy aromas of Ethiopian cooking to create this simple chocolate cake. Miriam though it needed a little punch—a rum punch, to be exact. She added a soaking syrup than turns this simple cake into a moist, potent dessert. Go either way with it.

For the cake:

4 oz semisweet chocolate, chopped
3/4 lb (3 sticks) unsalted butter, cut in pieces
1/4 c strong brewed coffee
1/4 c dark rum
2 c sugar
3 large eggs
2 c flour
pinch salt
1 t ground cinnamon
1/8 t ground cloves
1 t baking powder
1/2 t baking soda
1/2 c buttermilk
1 t vanilla

For Miriam's Rum Soaking Syrup

1/2c rum

2T butter
1/4c sugar

For Whipped Cream

1 t ground cinnamon
1 c heavy cream
1/4 confectioner's sugar
1 t vanilla
2 T dark rum

Preheat oven to 350. Butter and flour 2 8" round pans (or try 1 13x9). Combine the flour, spices, salt, baking soda and powder and blend well. Set aside. Melt chocolate and butter in the top of a double boiler (or in the microwave, stirring and watching carefully). When melted, stir in the rum, coffee, sugar. Stir until the sugar dissolves. Transfer to a large bowl.

Beat the eggs into the chocolate mixture. Stir in the reserved dry mix. Add the buttermilk and vanilla and mix until combined well and slightly thickened.

Pour in prepared pan(s). Bake about 30 minutes or until a toothpick inserted in the middle comes out clean. **WITHOUT THE SOAKER:** Remove and cool in pan about 20 minutes on a rack. Then unmold and cool completely. Top with whipped cream when serving. **WITH THE RUM SOAKER:** Just before the cake is done, heat the rum, sugar, and butter until the sugar and butter melt and all is blended well. When the cake is done, place it on a rack. Pour the soaker over it (you can poke a few holes in the cake with a fork if you like to facilitate the soak). Allow the cake to cool. Unmolding may be difficult, so serve slices right from the pan and top with whipped cream.

For the whipped cream: toast cinnamon in a small pan over medium heat until fragrant, 30-60 seconds. Cool. Combine cream, sugar, and vanilla and beat to semi-stiff peaks. Fold in cinnamon and rum.

Serves 16. The cake freezes well.

Voices: Young Patients of the Fistula Hospital

fr. Dr. Hamlin's book and the Fistula Foundation website (see Resources)

By way of introduction, Dr. Hamlin's comments on child marriage:

It is a joyous occasion if a boy is born, but there is not so much excitement if it is a girl. Often there is a shortage of money even for food, let

alone to send the children to school. If they can afford education, boys get first preference. Girls stay at home to help their mother with cooking, weaving and looking after the livestock. A girl learns her status early when she sees her brother studying while she cooks for him.

They may be betrothed at eight or nine. Negotiations are made between the two families, and money and goods exchanged for the young bride. She is then escorted usually sitting on a donkey with a brother or her father holding her, to the village of the young man who is to be her future husband. Here she lives with her in-laws, learning the ways of the household and getting to know her husband. Pregnancy may occur at the age of fourteen, seldom before, as puberty is late in Ethiopian girls, who are often undernourished and of small stature.

We are hopeful that change may gradually take place, especially as education spreads out into the remote areas. There is a rider in Ethiopia's constitution that states that provinces are allowed to follow their traditional practices, so this rather negates any legislation the government might introduce to improve things, as it has recently tried to do. In the meantime my heart goes out to these girls. They hardly have time to enjoy childhood before they are married and pregnant. Because they are still not sufficiently developed, childbirth can be a traumatic experience.

Nineteen year-old Simenye's Story

I came to live with my cousin in Oromia when my parents died a long time ago. I was living with my cousin in a refugee camp when he chose a husband for me. I was married one year ago and I got pregnant right away.

During the labor, my cousin and my husband and some neighbor women were with me. I was in labor for four days and on the fourth day, the baby came, but it was dead. When the baby died, my husband left me. I think the baby died because I had a sickness when I was pregnant. I caught this sickness from the wind.

People said that my body was wounded. My cousin heard that there was a place in Addis Ababa that could help me and so he brought me here. I came here on Monday and the people he told me I will be cured.

I haven't had my operation yet. I don't know what I will feel. They say I will have the operation next week and that my operation will be a simple one.

When I am cured, if my cousin will let me, I want to stay here in Addis Ababa and work in someone's house. Otherwise, if I go back home to Oromia to my cousin, I'll go to school. I'd like to go to school.

Sixteen year-old Naneye's Story

I got married four years ago and then I got pregnant two years later. My pregnancy was fine. I was not sick until the labor. My family was with me during the labor and also my husband. I was in labor for a long time. On the 4th day, they took me to a health center. At the health center, I delivered a dead baby and they told me that I needed to come here to Addis Ababa to Fistula Hospital. My husband brought me here and he is waiting for me to get cured.

The people here [at Fistula Hospital] are very kind. They gave me an operation so that I would not leak anymore. I was not scared of the operation. I am happy to be cured and to be going home again. I don't know what I will do when I go home. I will get my health back first and then I will think about it.

Eighteen year-old Mekebe's Story

I got married three years ago (at age 15). I got pregnant one year ago. When I was six months pregnant, I left my husband's house and went to my mother's house so that I could have my baby at home with my mother. When I started my labor, my mother and my sisters were there with me.

I was in labor for three days and it was very difficult. My stomach was hurting me so much. After the third day, my mother took me to Arba Minch Hospital where the doctor took out the dead baby. They took me back to my mother's house and I was very sick. I didn't walk for 10 days. My husband was not there with me during my sickness so three months after the baby died, I left him.

The doctor at Arba Minch gave me a referral paper and told me to go to Addis Ababa. I took a bus all day to come here. I was very sick and so they gave me medicine for three months before I could have my operation. I was scared of the operation at the beginning, but when I knew that there was no pain, it was okay. After the operation, I stayed in bed for a long time to recover.

If it is possible, I want to get married again and have a baby. I will go back to my mother's house and I will work in my village. I look forward to going home and seeing my friends again without this sickness.

Seventeen year-old Abebe's Story

I studied in school until 7th grade. I helped my mother at home with housework, but I didn't have to carry too many heavy things.

I got married when I was 15. I met my husband for the first time on my wedding day. My parents chose him for me. I felt sad that I had to quit my education, but otherwise I liked my husband. He was a good man.

I got pregnant one year later. My pregnancy was fine. My labor started at three in the afternoon and my husband and my mother were with me. A traditional doctor told me to go to the hospital. I went to Asosa Hospital and they operated to take out the baby, but it was dead.

After the baby died, I went back to my village and two months later my husband married another woman. My friends were there to help me in the village. I lived with my mother. When I came to Fistula Hospital, I was very happy. I knew this was the place where I would get cured. It has been 15 days since my operation and now I am dry.

I have made friends here. We have fun together and we talk about our health and our operations. We ask each other, what will you do when you are cured?

When I am cured, I want to go back home and continue my education. I want to study and I want to become a doctor like the doctors here and help girls like me who have this problem.

When I go back to my village, I will tell other women to go immediately to a hospital so that they won't have a problem with their labor. Most people don't know that a hospital can help them, but if they knew, they'd go.

Connecting Further

Through the “Love-a-Sister” program, you, a group of friends or your DFW chapter can directly help one of thousands of women with stories like the ones above who seek help from the Fistula Hospital. A \$450 contribution—spread out over the course of one year pays for her surgery and postoperative care. For more on Love-a-Sister, see

<http://www.fistulafoundation.org/help/loveasister.html>.

Resources

Fran Osseo-Asare, *Food Culture in Sub-Saharan Africa* (Greenwood Press 2005).

Dr. Catherine Hamlin with John Little, *The Hospital by the River: A Story of Hope* (Monarch Books, 2001)

usunrome.usmission.gov/Reports/Ethiopia/PDF/ethiopia.pdf

<http://www.fistulafoundation.org/>

<http://homepages.uel.ac.uk/d.p.humber/hethiop.htm#ethiop2>

<http://icrw.org>

<http://www.pbs.org/now/shows/341/index.html>

<http://www.npr.org/templates/story/story.php?storyId=6560441>

http://www.whats4eats.com/4rec_ethiop.html

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