

Pregnancy ends in death for one in eight mothers in Sierra Leone

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Back in 1997 the incoming Labour government in Britain loudly trumpeted its intention to follow an “ethical foreign policy,” using humanitarian concerns to pursue an interventionist strategy. This was strongly endorsed by the Foreign Office first under Robin Cook and later under Jack Straw.

One of the Labour government’s first opportunities to put this policy into practice was in Sierra Leone.

The former British colony suffered a decade-long civil war, which officially ended in 2002. The conflict, which was fuelled by the diamonds with which the country is richly endowed, cost the lives of tens of thousands. The opposition Revolutionary United Front (RUF), backed by the regime of Charles Taylor in neighbouring Liberia, gratuitously hacked off the limbs of men, women and children. It presented a perfect case for a supposedly humanitarian intervention.

The British intervention in 2000 aimed to prop up the corrupt regime of Ahmad Kabbah, who had come to power in 1996 in a disputed election with the civil war already in progress. For the British establishment it was a welcome return to the world stage. The *Daily Telegraph*, a paper close to the military, described it as “the most ambitious attempt by Britain to involve itself in an African nation’s affairs since the colonial era.”

Now, almost a decade later, the results of that intervention are clear to see in a recent report on the dire situation facing pregnant women in Sierra Leone. The report has been drawn up by the human rights advocacy group Amnesty International (AI).

Women in Sierra Leone have a one-in-eight chance of dying from the complications associated with pregnancy and childbirth. Thousands of girls and young women are dying each year from problems that are easily treatable if resources were made available. Most of the deaths occur in the home, others while making hazardous journeys in private transport. Others die in spite of reaching a health

facility because the necessary treatment is unavailable.

The report notes the effect of various delays in the system. Initially women delay seeking treatment for complications because of a lack of knowledge or lack of money. Further delays occur once a decision has been taken to seek help due to poor transport infrastructure. On average, an 11-mile journey is needed to reach the nearest hospital or clinic. Once at a medical facility further delays can result from the lack of finance to pay for the treatment or because of a lack of staff or necessary resources at the facility.

The major causes of maternal death are obstructed labour, haemorrhage, anaemia and ruptured uterus. Another major cause is the lack of safe blood transfusion facilities. These are relatively simple things to overcome, given sufficient resources.

Less than 20 percent of births occur in a medical facility, and only around 40 percent of women giving birth have the support of a skilled attendant. The lack of midwifery staff and medical intervention contributes to the deaths. Of the 13 administrative districts that make up Sierra Leone, six of them provide no obstetric care. Less than 10 percent of women have access to contraceptives, making unplanned and risky pregnancies the lot of most.

The World Bank, the British government’s Department for International Development and UNICEF are supposed to be funding a Reproductive and Child Health Strategic Plan. The AI report makes it clear that the fine words have had little effect on the ground.

Funding is grossly inadequate. Government and donor financing amounts to only US\$16 per capita per year, compared to US\$45 per capita that comes from patients and their families.

Britain did not just send troops into Sierra Leone. British personnel are involved in running the state machine that is so palpably failing women and children. Despite claiming that this was a humanitarian

intervention, the main interest of the Labour government lay in the immense natural resources that Sierra Leone possesses.

There are known large deposits of bauxite, iron ore, gold and diamonds, while gas and oil deposits have been discovered off the coast of the country. Yet Sierra Leone remains one of the poorest countries in the world.

Former Prime Minister Tony Blair retains a personal interest in Sierra Leone. Commenting on an investment conference due to take place in London this November, the current Sierra Leone president, Ernest Koroma said, “I am very pleased to announce this Investment Conference that I will be attending with my good friend, Tony Blair.

“Last year, the country was named the ‘easiest place to open a new business’ in West Africa by the World Bank. From minerals to fishing, from agriculture to energy, the opportunities for investors are enormous and tangible....

“For example, tourism is increasing—the first guidebook to the country has already sold out, and we are one of Lonely Planet’s top 10 destinations this year. We have beautiful beaches, world class fishing and diving, and a rich cultural and historical heritage to explore.”

The business magazine *Entrepreneur* carried an article on its Web site earlier this year entitled, “Back in Business: Sierra Leone’s President and CEO.” It commented, “In a visit to Sierra Leone in April 2009, Tony Blair...reported that the outlook for Sierra Leone was now the most positive that he had ever seen...economic possibilities offered by tourism h[ave] given the country a real chance [of] becoming an African success story.”

It is in this British “success story” in Africa that women and children are dying because of the absence of the most elementary healthcare facilities.

See the Amnesty International report “Out of Reach: The Cost of Maternal Health in Sierra Leone”.



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