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# Women's Healthcare in Ethiopia

## I. Introduction

Ethiopia is a rapidly developing nation with a diverse and rich culture. However, women and their healthcare have been historically sidelined due in part to the aforementioned culture and corrupt political regimes. While religious tradition is an important form of culture, it has seriously hindered the progression of women in Ethiopian society. Women in Ethiopia seldom know their own biology in regards to the menstrual cycle, and there is a severe lack of protection for pregnant and birthing mothers. This lack of education and protection for girls and women is a result of religious cultural norms and unstable politics that has serious implications in the maternal mortality and feminine hygiene sectors of women's healthcare in Ethiopia.

It is first necessary to discuss one major difference between Ethiopia and the rest of the African continent: it is widely claimed that Ethiopia is one of two African countries that was never colonized. This is a complicated statement because while Ethiopia does not hold the same historical colonial legacy as most nations in Africa, the country was indeed invaded, leading to serious consequences. Despite the Ethiopian army defeating Italy in 1896, with the former suffering the greatest loss of European soldiers in the Scramble for Africa, Italy returned in 1935 in an attempt to establish a colony in Ethiopia[1]. It is important to note here that Ethiopia was a sovereign member of the League of Nations alongside Italy, but the fascist leader Benito

[1] *Collision of Empires: Italy's Invasion of Ethiopia and Its International Impact / Edited by G. Bruce Strang*. Ashgate, 2013. 1-2.

Mussolini wanted revenge and a place for his booming Italian population to go[2]. Mussolini's invasion of Ethiopia's capital city was brutal: more than 19,000 Ethiopians were killed in 3 days, and thousands more died throughout his occupation of the country[3]. While Italy did not successfully entreach European patriarchal ideals into Ethiopian society like many other European regimes in other African countries did, there is a severe, deadly history of attempted societal colonization that must be reckoned with.

In addition to the attempted colonization and massacre of the Ethiopian population, the country has suffered in many aspects of development. Ethiopia is ranked as a nation with low human development according to the United Nations (UN) Human Development Index (HDI), and it ranked 175th among 191 nations[4]. Ethiopia also has the second largest population on the African continent, more than 40% of which is under the age of 15, which will cause various infrastructure and employment challenges[5]. This population is made up of a Chritian (Ethiopian Orthodox Union church) majority, along with a significant Muslim population in the south, as well as a minority Falasha (early form of Judaism) population[6]. These initial issues with development and population help provide context for issues that are specific to women in Ethiopia. The country ranks 129 of 191 on the UN Gender Equality Index, with a very high maternal mortality ratio and adolescent birth rate, and only 9% of women obtaining secondary education[7]. While all of Ethiopia's population suffers due to low levels of development, it is clear that women and girls experience disproportionate amounts of inequity, especially within the

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[2] *Collision of Empires*, 2.
[3] Campbell, Ian. The Addis Ababa Massacre : Italy's National Shame / Ian Campbell. Oxford University Press, 2019. Chapter 10.
[4] United Nations. "Documentation and Downloads." Human Development Reports. Last modified 2022. https://hdr.undp.org/data-center/documentation-and-downloads.
[5] Trines, Stefan. "Education in Ethiopia." WENR. Last modified March 24, 2022. https://wenr.wes.org/2018/11/education-in-ethiopia.
[6] "Ethiopia." Funk & Wagnalls New World Encyclopedia, September 30, 2022, 1.
[7] United Nations, "Documentation and Downloads."

country's healthcare system. These inequities are most clearly seen in high maternal mortality rates and poor menstrual hygiene management (MHM) sectors, issues that can be directly linked to political instability and orthodox culture.

## II. Maternal Mortality

In order to understand how culture and politics relate to maternal mortality, it is first necessary to establish a definition of this issue: maternal mortality is the death of a woman while pregnant or within 42 days of termination of pregnancy[8]. Sub-Saharan African countries account for ⅔ of global maternal deaths[9]. As it stands, Ethiopia experiences 401 maternal deaths per 100,000 live births, which is the fourth highest maternal mortality ratio in the world[10]. In comparison, Europe sees about 0-8 deaths per 100,000 live births in the same period[11]. Ethiopia is one of six Sub-Saharan African countries where maternal mortality is considered severe. In 2000, there were roughly 30,000 maternal deaths in the country, which declined by 53% to about 14,000 in 2017[12]. Despite a significant decline in the last two decades, the maternal mortality rate remains at unacceptable levels and is a pressing issue in Ethiopia.

To remedy such an issue, it is important to examine why maternal mortality is especially dire in Ethiopia. One study of 10,103 households across Ethiopia explored how place of delivery, antenatal (before birth) care, the mother's age at birth, their place of residence, the mothers education, marital status, wealth index, use/nonuse of contraceptives, number of living children in the household, and how the source of drinking water impacted maternal mortality outcomes[13]. This study found that maternal mortality varied across the country, but that the most frequent

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[8] Jabessa, Shibiru, and Dabala Jabessa. "Bayesian Multilevel Model on Maternal Mortality in Ethiopia." Journal of Big Data 8, no. 1 (December 1, 2021). doi:10.1186/s40537-020-00393-8. 1.
[9] Jabessa and Jabessa. "Bayesian Multilevel Model on Maternal Mortality in Ethiopia," 2.
[10] Roser, Max, and Hannah Ritchie. "Maternal Mortality." Our World in Data. Accessed December 4, 2022. https://ourworldindata.org/maternal-mortality.
[11] Roser and Ritchie, "Maternal Mortality."
[12] Roser and Ritchie, "Maternal Mortality."
[13] Jabessa and Jabessa,"Bayesian Multilevel Model on Maternal Mortality in Ethiopia," 4.

causes of maternal mortality were lack of antenatal visits by health professionals and rural residence[14]. Maternal mortality was significantly lower in Addis Ababa and Dire Dawa [15], which are the two largest cities in Ethiopia. There was also statistical significance found in maternal mortality of women with lower levels of education, lower wealth indexes, in older mothers, and in women who delivered babies at home rather than in healthcare facilities[16]. All of these factors affect women's health, but they are issues that are not addressed because of cultural and political factors.

Of the aforementioned issues, access to a sterile and safe birthing space proves to be essential. Over half of the women surveyed delivered at home, and these at-home births had more than three times the amount of maternal deaths than births in a healthcare facility[17]. Moreover, more than ⅔ of surveyed women lived in rural areas, and rural women died at twice the rate of those in urban areas[18]. The study finds that women who birth in a healthcare facility have a 58% chance of surviving birth, and women who receive antenatal care have a 64-81% chance of surviving birth depending on how many visits they receive[19]. Economic status plays a role in this as well, with wealthy women less likely to die as a result of birth than poor women. Simply put, women who have access to both hygienic healthcare and medical professionals are more likely to survive birth. However, this is not a widespread privilege in Ethiopia. In fact, research shows that only 27.7% of births in Ethiopia in 2016 were accompanied by a skilled health professional[20]. These factors mitigate complications before and after birth, and reduce the risk of infections that can lead to death or serious illness[21].

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[14] Jabessa and Jabessa, "Bayesian Multilevel Model on Maternal Mortality in Ethiopia," 8.
[15] Jabessa and Jabessa, "Bayesian Multilevel Model on Maternal Mortality in Ethiopia," 8.
[16] Jabessa and Jabessa, "Bayesian Multilevel Model on Maternal Mortality in Ethiopia," 8.
[17] Jabessa and Jabessa, "Bayesian Multilevel Model on Maternal Mortality in Ethiopia," 9.
[18] Jabessa and Jabessa, "Bayesian Multilevel Model on Maternal Mortality in Ethiopia," 9.
[19] Jabessa and Jabessa, "Bayesian Multilevel Model on Maternal Mortality in Ethiopia," 10.
[20] Roser and Ritchie, "Maternal Mortality."
[21] Jabessa and Jabessa, "Bayesian Multilevel Model on Maternal Mortality in Ethiopia," 13.

Maternal mortality in Ethiopia could shrink with greater access to healthcare services for women, and thus it is necessary to discuss how political instability has hindered this development. Ethiopia has a strong history of autocratic regimes that are marked by human rights violations and ethnic divides[22]. In fact, recent political trends show that democratic elections have been marked by violence and censorship by the leading party, the Ethiopian People's Revolutionary Democratic Front (EPRDF), leading to protests and boycotts of elections[23]. This party has dominated politics for decades, and passed legislation in 2009 that limits foreign funding and prohibits anonymous donations[24]. Foreign funding and donations typically constitute development projects, many of which benefit women. However, Ethiopia's turbulent political past and a present climate marked by ethnic tension, censorship, and autocracy creates a hostile environment for women's issues. Although development projects can fail and maintain problematic aspects, it is clear that the Ethiopian government has created strict legal barriers for aid, which further sidelines women's healthcare.

Another unfortunate finding of the aforementioned survey is that women between the ages of 15-19 are the least likely to die from pregnancy or pregnancy termination related causes[25]. Though it is positive that this is the age group that will likely survive pregnancy and birth, this means that the youngest of women who can become pregnant must stop school for motherhood. Women who received secondary education were least likely to suffer maternal mortality, while women with only primary education were in between secondary and no education/illiterate, who were the most likely to die[26]. In this way, the trend of younger women

[22] Blanchard, Lauren P. "Ethiopia." Congressional Research Service. Last modified March 5, 2018. https://congressional-proquest-com.colorado.idm.oclc.org/congressional/result/pqpresultpage.gispdfhitspanel.pdflin$2fapp-bin$2fgis-congresearch$2fd$2f1$2fc$2f9$2fcrs-2018-fdt-0133_from_1_to_2.pdf/entitlementkeys=1234%7Capp-gis%7Ccongresearch%7Ccrs-2018-fdt-0133.
[23] Blanchard, Lauren P., "Ethiopia."
[24] Blanchard, Lauren P., "Ethiopia."
[25] Jabessa and Jabessa, “Bayesian Multilevel Model on Maternal Mortality in Ethiopia,” 8.
[26] Jabessa and Jabessa, “Bayesian Multilevel Model on Maternal Mortality in Ethiopia,” 10.

leaving school prematurely creates a cyclical issue that can only be remedied through intervention in the healthcare and/or education sectors. Due to these high rates in some of the most fixable areas, the study recommends that the Ethiopian government enacts policy to improve women's education and to ensure that women have access to a healthcare facility for antenatal and delivery care so that they have a lower risk of maternal mortality[27].

While the study includes many socio-economic factors that affect the rate at which women die from childbirth or abortion in Ethiopia, it fails to provide the medical reasons why women die at higher rates here than in other parts of the world. Medically speaking, the top three causes of maternal mortality in Ethiopia are abortion and miscarriage, maternal hemorrhage, and maternal sepsis or other infections[28]. Had these women had access to a medical professional and a sterile space during birth, sepsis/infections and excessive bleeding caused by hemorrhage would be reduced significantly. However, issues such as problematic politics and development, that are detailed later in this research, work to sideline projects that could reduce avoidable maternal deaths.

The study also encourages the government to shift the attitude of women to having less children[29]. However, this is an issue that is beyond the capacity of the Ethiopian government. In a different discussion-based survey of 193 Ethiopians varying from rural to urban, many important cultural values and norms in regards to unplanned pregnancy were recorded. In Ethiopia, it is estimated that between 14-37% of all pregnancies are unintentional[30]. No respondents of the survey expressed a positive association with unplanned pregnancy; in fact, most of those

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[27] Jabessa and Jabessa, "Bayesian Multilevel Model on Maternal Mortality in Ethiopia," 15.
[28] Roser and Ritchie, "Maternal Mortality."
[29] Jabessa and Jabessa, "Bayesian Multilevel Model on Maternal Mortality in Ethiopia," 15.
[30] O'Connell, Kathryn A, et al. "Signs of a Turning Tide in Social Norms and Attitudes toward Abortion in Ethiopia: Findings from a Qualitative Study in Four Regions." Reproductive Health 19, no. Suppl 1 (June 13, 2022): 198. doi:10.1186/s12978-021-01240-6. 2.

surveyed expressed “extreme rejection, judgment, and isolation” of unplanned pregnancies[31]. Moreover, young, unmarried women who become pregnant face extreme judgment from society. This discussion revealed how communities often spread gossip about unplanned pregnancies, saying that these women are “sluts” or “bad girls” who become cautionary tales for other young women in the community[32]. The survey reports depression, poverty, premature end to education, homelessness, excommunication from both community and family, decline in marriage prospects, and, in some cases, suicide because of harsh societal judgement of out-of-wedlock pregnancies[33]. Since women with improved access to education generally have less children, this is one sector that, if improved, would help ease Ethiopia’s population issues. Still, Ethiopia must reckon with problematic cultural views on unplanned pregnancies before it can encourage women to have less children.

Another factor that must be discussed in regards to maternal mortality in Ethiopia is abortion. As mentioned above, abortion is the leading cause of death in mothers. Since the definition of maternal mortality includes women who die within 42 days of terminating a pregnancy, these women must be included in this discussion. Ethiopia’s harsh views on abortion is another factor that contributes to the difficulty of encouraging women to have fewer children or of providing safe abortion care (SAC) for women. Again, this statistic increases when a woman is unmarried, an adolescent, or has a lower level of education[34]. It is important to note that Ethiopia legalized abortions in 2005 under specific circumstances, including rape, incest, fetal impairment, if the mother’s life or physical health is in danger, if she has any disability, or if she is a minor who is unprepared for childbirth[35]. However, more than half of abortions were

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[31] O’Connell, Kathryn A, et al., “Signs of a Turning Tide in Social Norms and Attitudes,” 5.
[32] O’Connell, Kathryn A, et al., “Signs of a Turning Tide in Social Norms and Attitudes,” 5.
[33] O’Connell, Kathryn A, et al., “Signs of a Turning Tide in Social Norms and Attitudes,” 5-6.
[34] O’Connell, Kathryn A, et al., “Signs of a Turning Tide in Social Norms and Attitudes,” 2.
[35] O’Connell, Kathryn A, et al., “Signs of a Turning Tide in Social Norms and Attitudes,” 2.

performed outside of a healthcare facility in 2014, and of those abortions most women did not seek any form of after care or abortion complication treatment[36]. Similar to maternal mortality rates, when women receive abortions without a medical professional or a hygienic environment, the likelihood of infection and other, sometimes fatal, complications naturally increases. Therefore, most Ethiopian women are not receiving care that falls under SAC norms.

There is also a strong cultural stigma around both abortions and minors and unmarried women having sex or becoming pregnant in Ethiopia. This stigma is present in many factors that create barriers for women to receive safe abortions. One such barrier is that despite the fact that the law liberalizing abortion services has been in existence for roughly 17 years, there remains confusion on the part of both pregnant women and abortion providers under the circumstances in which women are allowed to receive abortions[37]. An important factor at play here is that Ethiopia remains one of the most censored countries in the world[38]. Due to censorship of journalism and news sources, this law was likely never explained to the population or providers; thus, censorship under unstable and corrupt political regimes affects the availability of SAC. On top of this, women who seek abortions often face cost issues, do not know where to obtain SAC due to weak referral systems, experience fears about privacy and confidentiality, worry about the judgment of the provider and society, and encounter obsolete facilities[39]. Furthermore, ¾ of providers surveyed were not comfortable working in facilities that performed abortions and only ¼ were comfortable with performing abortions under any circumstance[40]. Once again, religious and cultural norms play a large role here. There were varying factors that went into why providers

[36] O'Connell, Kathryn A, et al., "Signs of a Turning Tide in Social Norms and Attitudes," 2.
[37] O'Connell, Kathryn A, et al., "Signs of a Turning Tide in Social Norms and Attitudes," 2.
[38] Blanchard, Lauren P., "Ethiopia."
[39] O'Connell, Kathryn A, et al., "Signs of a Turning Tide in Social Norms and Attitudes," 2.
[40] O'Connell, Kathryn A, et al., "Signs of a Turning Tide in Social Norms and Attitudes," 2.

were uncomfortable performing abortions, the most notable of which was the religious belief that fetuses have a moral right to life[41].

In a similar vein, there was no situation in which abortion was considered acceptable or positive among those surveyed. Abortion was seen as murder, a sin, and something that was not respectable[42]. It was found that this stigma around abortion is the result of a strictly religious culture. Many see pregnancy as a gift from God, and a part of God's plan that is more important than the preference of a woman; the sin of terminating a pregnancy on top of the sin of pregnancy outside of wedlock worsens societal perceptions[43]. Some of those surveyed even said that is was the duty of the woman to carry a child even in the case of rape, for it is "murder" to remove a fetus[44]. While this religious belief is one that is held by many across the world, healthcare sectors in developed nations understand that abortion is a form of women's healthcare that in many cases saves their lives. This is not the case in Ethiopia, and women die from unsafe abortions as a result.

Through discussions of their beliefs with women and men across Ethiopia, it is clear that maternal mortality is an extreme problem that women in Ethiopia face. The lack of hygienic clinics for women in rural areas exacerbates this issue. Ethiopia additionally contends with various cultural issues that have implications in current population challenges. Since 40% of Ethiopia's population is under the age of 15, it is imperative that the country finds a way to remedy cultural norms that affect this youth-bulging population, or create infrastructure that can support both a population boom and the women who are giving birth to this new generation. However, it is clear through surveys across Ethiopia that there are strong cultural norms that find

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[41] O'Connell, Kathryn A, et al., "Signs of a Turning Tide in Social Norms and Attitudes," 2.
[42] O'Connell, Kathryn A, et al., "Signs of a Turning Tide in Social Norms and Attitudes," 6.
[43] O'Connell, Kathryn A, et al., "Signs of a Turning Tide in Social Norms and Attitudes," 6.
[44] O'Connell, Kathryn A, et al., "Signs of a Turning Tide in Social Norms and Attitudes," 7.

very few exceptions to negative perceptions of unplanned pregnancy and abortion. Due to the fact that abortion and miscarriage are the leading cause of death in mothers in Ethiopia, this is a dire issue that must be remedied culturally and/or in the healthcare sector.

In addition to strong implications to a failed female healthcare system, maternal mortality also has serious impacts on the education of women and girls in Ethiopia. Data shows that school participation and attendance falls by about 6% immediately following the death of a parent, and that this trend falls by an additional 9% in long-term participation[45]. Moreover, if the mother already has children, it is probable that one or more of them will have to stay home and take care of their siblings and run the house, especially if the eldest siblings are female. It was also found that while maternal mortality is generally lower in higher income countries, this was not a universal trend and means that income is not the only determinant of maternal mortality outcomes[46]. Rather, healthcare and nutrition are better determining factors[47]. This means that while Ethiopia has taken steps to increase economic development, detailed later in this research, the healthcare of women must also be included in development aims in order to decrease the severe maternal mortality trends in Ethiopia.

III. Feminine Hygiene

The other significant sector of healthcare that affects women and girls in Ethiopia is menstrual hygiene. Menstrual hygiene and the menstrual cycle are a part of a woman's life and this natural cycle requires understanding in order to manage it. A woman's menstrual cycle is defined by her period, which occurs once monthly in a cycle that sheds the lining of the uterus and an egg in the form of blood and blood clots; this cycle begins between the ages of roughly

[45] Roser and Ritchie, "Maternal Mortality."
[46] Roser and Ritchie, "Maternal Mortality."
[47] Roser and Ritchie, "Maternal Mortality."

10-18, with the mean age being 13 and lasting up until menopause[48]. According to the Joint Monitoring Program (JMP) of the World Health Organization (WHO) and United Nations International Children's Emergency Fund (UNICEF), good menstrual hygiene management (MHM) of this monthly, bloody cycle is as follows:

> "Women and adolescent girls are using a clean menstrual management material to absorb or collect blood, that can be changed in privacy as often as necessary for the duration of the menstruation period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials"[49]

Through research, it is clear that most women and girls in Ethiopia do not have knowledge of what exactly a period is due to religious mysticism and a taboo around the topic. Moreover, women cannot practice good MHM across Ethiopia due to numerous healthcare hindrances.

To begin, it is necessary to acknowledge current understandings of menstruation and its hygiene amongst Ethiopians. In one study, the Menstrual Dignity Project surveyed 428 households in various areas of northern Ethiopia in 2015. This study revealed many important biological and cultural beliefs in regards to menstruation. Of the 79 men surveyed, none were able to provide any sufficient biological or physiological explanations of menstruation, and two of the men did not know what a period was or that it happens to women[50]. Women were able to provide better responses here, but only 12 women could provide legitimate explanations and the majority of responses said that menstruation was a marker of fertility or a natural part of a woman's life[51]. Among those asked why menstruation occurs, a significant amount of both men

[48] Tiku, Sufiyan Derbew. "Design and Development of Feminine Reusable Pad without Pad Holder." International Journal of Clothing Science and Technology 32, no. 2 (October 22, 2019): 271–83. doi:10.1108/IJCST-09-2018-0116. 271.
[49] Kettaneh, Audrey, Scott Pulizzi, and Marina Todesco. "Puberty education & menstrual hygiene management." UNESCO. Last modified 2014. https://unesdoc.unesco.org/ark:/48223/pf0000226792. 31.
[50] Wall, L. Lewis, Shewaye Belay, Alemayehu Bayray, Seidi Salih, and Mitiku Gabrehiwot. "A Community-Based Study of Menstrual Beliefs in Tigray, Ethiopia." International Journal of Gynecology and Obstetrics 135, no. 3 (December 1, 2016): 310–13. doi:10.1016/j.ijgo.2016.05.015. 311.
[51] Wall, L. Lewis, et al., "A Community-Based Study of Menstrual Beliefs in Tigray, Ethiopia," 311.

and women reported that periods occur as a "gift from God" or simply how God made women[52]. In addition to a lack of knowledge on why menstruation occurs, most of those surveyed did not know how menstruation occurs or where it comes from. Answers to the question of how were similar to previous answers: respondents had no idea, said from "God's will," so women could give birth, or a marker of good health; however, answers to where periods come from were mostly correct in saying that it comes from the uterus, with some expectations of men and women believing it came from the internal body, from everywhere except the head, from the kidney, or form the mind and soul[53].

This confusion regarding biological and physiological aspects of a woman's menstrual cycle is a serious cultural misunderstanding that had strong impacts on the lives and health of women. It is clear through numerous answers in this survey that a strong religious culture in Ethiopia creates and reinforces some of these misconceptions. This aspect of menstrual knowledge is reinforced when the survey asks if periods place restrictions on women. Both men and women agreed that women could not enter a church or mosque, use holy water, or be blessed by a priest while menstruating[54]. These religious restrictions help to explain how this orthodox culture is responsible for some of the strong misconceptions and restrictions that women face while menstruating.

In addition to religious restrictions, women also cite not being able cook or prepare food, interact meaningfully with men, or sit on someone's bed or chair during their menstrual cycle[55]. While some of these are also cultural and religious norms, the restriction of not being allowed to sit on someone else's furniture is likely due to poor MHM practices across the country. In

[52] Wall, L. Lewis, et al., "A Community-Based Study of Menstrual Beliefs in Tigray, Ethiopia," 311.
[53] Wall, L. Lewis, et al., "A Community-Based Study of Menstrual Beliefs in Tigray, Ethiopia," 312.
[54] Wall, L. Lewis, et al., "A Community-Based Study of Menstrual Beliefs in Tigray, Ethiopia," 312.
[55] Wall, L. Lewis, et al., "A Community-Based Study of Menstrual Beliefs in Tigray, Ethiopia," 312.

Ethiopia, disposable pads are available to women commercially at exorbitant prices[56]. While some women who could afford to used this option, other reports included wearing extra pants or underwear, homemade menstrual clothes, a sponge, tissue paper, traditional medicine, or unknown/nothing[57]. Due to the varied and in some cases unhygienic nature of these methods to collect or absorb period blood, it is clear that good MHM in accordance with the JMP's definition is lacking in Ethiopia. While there were some women (7.2%) who obtained disposable period products from a clinic or from school, this was a strong minority suggesting that these were not widely available options[58].

In addition to challenges in understanding and managing the menstrual cycle in Ethiopia, there are also issues in regards to general sanitation across the country. In Sub-Saharan Africa, only ⅕ of the population had access to safely managed sanitation services in 2020[59]. More specifically, about 2% of the Ethiopian population had access to at least basic sanitation services, and 7% had access to safely managed ones[60]. Again, this lack of sanitation does not align with the guidelines for good MHM according to the JMP. Not being able to privately and safely manage a period through changing a chosen absorption or collection method, and washing as necessary, are essential to a woman's health throughout her menstrual cycle. This issue has further implications into the education of women and girls of menstrual age. In the aforementioned survey, ⅓ of women and men said that girls could not go to school once their period starts[61]. This is a significant statistic because of the aforementioned trend in maternal

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[56] Wall, L. Lewis, et al., "A Community-Based Study of Menstrual Beliefs in Tigray, Ethiopia," 313.
[57] Wall, L. Lewis, et al., "A Community-Based Study of Menstrual Beliefs in Tigray, Ethiopia," 312-313.
[58] Wall, L. Lewis, et al., "A Community-Based Study of Menstrual Beliefs in Tigray, Ethiopia," 313.
[59] Afework, Abel, Hunachew Beyene, Adane Ermias, and Aiggan Tamene. "Moving Up the Sanitation Ladder: A Study of the Coverage and Utilization of Improved Sanitation Facilities and Associated Factors Among Households in Southern Ethiopia." Environmental Health Insights, February 24, 2022, 2. doi:10.1177/11786302221080825.
[60] "Ethiopia (ETH) - Demographics, Health & Infant Mortality - UNICEF DATA." UNICEF DATA. Last modified February 6, 2020. https://data.unicef.org/country/eth/.
[61] Wall, L. Lewis, et al., "A Community-Based Study of Menstrual Beliefs in Tigray, Ethiopia," 313.

mortality which states that women with lower levels of education have an increased likelihood of complications during or after pregnancy or abortion. It is imperative that periods become manageable throughout Ethiopia so that girls and women can continue their education. Increased and prolonged access to education can mitigate the risk of adolescent or unmarried women experiencing the harmful, stigmatized, and potentially fatal effects of poor MHM and pregnancy, as discussed earlier in this paper.

Further studies among adolescent girls in southern Ethiopia reveal a similar lack of knowledge regarding menstruation and care. Through a survey of 10-19 year olds, it was found that girls generally did not receive adequate information (those who did receive information often got it from friends, family, or a religious institution, all of which were lacking in accuracy) or felt uncomfortable discussing menstruation due to social taboo[62]. The strong shame many girls feel about menstruation has roots in religious beliefs: many understand menstruation as a curse, a disease, a punishment from God, and a lifelong process[63]. While these are all false assumptions from misinformation, these religious forms of knowledge seriously affect the health of girls and their daily life, including school performance/attendance and social relationships[64]. Studies have shown that women and girls who have a better understanding of their menstrual cycle also have a better understanding of how to manage their cycle in a clean, hygienic way[65]. However, due to the poor MHM in Ethiopia, reproductive and genito-urinary tract infection, cervical cancer, lower school attendance/performance, lower self-esteem, and poor quality of life are issues that women face at disproportionate rates[66]. School attendance lowers or ends completely once girls

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[62] Zelalem, Belayneh, and Birhanie Mekuriaw. “Knowledge and Menstrual Hygiene Practice among Adolescent School Girls in Southern Ethiopia: A Cross-Sectional Study.” BMC Public Health 19, no. 1 (November 1, 2019): 2. doi:10.1186/s12889-019-7973-9.
[63] Zelalem and Mekuriaw, “Knowledge and Menstrual Hygiene Practice,” 2.
[64] Zelalem and Mekuriaw, “Knowledge and Menstrual Hygiene Practice,” 2.
[65] Zelalem and Mekuriaw, “Knowledge and Menstrual Hygiene Practice,” 2.
[66] Zelalem and Mekuriaw, “Knowledge and Menstrual Hygiene Practice,” 2.

begin menstruating because of shame from normal aspects of menstruation such as smell, leakage or staining, and fear dropping of period products in front of their peers[67]. Much of this shame revolves of around superstitions and false cultural perceptions of this natural phenomenon[68]. While this study recommends education and promotion of good MHM practices in schools and healthcare clinics, the aforementioned cultural beliefs and behaviors around menstruation, as well as economical constraints to obtaining sanitary products, make this especially difficult[69].

It is important to note that despite various efforts at economic development by the Ethiopian government, women's issues have not been addressed in any meaningful way. This is largely due to governmental focus on other projects to increase economic development. Two such projects are the Gibe III and Grand Ethiopian Renaissance dams, which are being built so that Ethiopia can sell hydroelectric power from the dams to neighboring nations[70]. However, these dams are causing tension with Egypt since they are being constructed on water sources that are essential for Egyptian water supply[71]. Both the dam construction and the Egyptian tensions work to sideline essential female healthcare. Another development measure supported by the Ethiopian government is land leases of massive agricultural lots to foreign investors in order to increase foreign investment and large-scale agricultural production, which will further fund future development projects[72]. While Ethiopia's economy has grown over 10% per year in the past decade, leases have involuntarily displaced farmers and the country's per capita income remains among the lowest in the world[73]. Moreover, neither of these projects consider the dire

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[67] Zelalem and Mekuriaw, "Knowledge and Menstrual Hygiene Practice," 2.
[68] Zelalem and Mekuriaw, "Knowledge and Menstrual Hygiene Practice," 7.
[69] Zelalem and Mekuriaw, "Knowledge and Menstrual Hygiene Practice," 7.
[70] Blanchard, Lauren P., "Ethiopia."
[71] Blanchard, Lauren P., "Ethiopia."
[72] Blanchard, Lauren P., "Ethiopia."
[73] Blanchard, Lauren P., "Ethiopia."

needs of half of the Ethiopian population. With some of the highest rates of maternal mortality in the world and very poor MHM practices that significantly hinder the status of women, these governmental development projects must begin to focus on the needs of women.

While there are numerous challenges that menstruating women face in Ethiopia, it is important to recognize that these recent surveys and studies are allowing for new approaches to MHM that can improve some of these barriers. One solution has taken survey data and designed a reusable pad that is aimed at improving MHM for low-income, rural women. As mentioned above, most women use reusable period products, and this poorer demographic has the greatest levels of MHM issues. As a better alternative, the study designed a new pad with three different types of fabric for comfort, absorption, and water-repellency to avoid leakage or staining[74]. The reusable pad is free of harmful chemicals, provides air permeability, absorbs liquids well, is comfortable, and, most importantly, is affordable[75]. The product is also very easy to wash, and takes into account female genitalia, which is more exposed during menstruation, in order to ensure a sanitary and safe period[76]. Despite this important development, the study does not include any distribution or implementation plan, and does not acknowledge the significant cultural boundaries regarding MHM in Ethiopia. While this product is not a panacea to MHM challenges in Ethiopia, it is an important step in the right direction towards improving menstrual hygiene.

It is clear through this research that MHM in Ethiopia is abysmal, and that the Ethiopian government has not taken adequate steps to remedy this pressing problem. While research on this topic is improving, the Ethiopian government must begin to use such data to address the needs of half its population. Rather than grand development goals, such as hydroelectricity producing

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[74] Tiku, “Design and Development of Feminine Reusable Pad without Pad Holder,” 271.
[75] Tiku, “Design and Development of Feminine Reusable Pad without Pad Holder,” 271.
[76] Tiku, “Design and Development of Feminine Reusable Pad without Pad Holder,” 280-282.

dams, the women who create the workforce and their health must be prioritized. Political instability and religious culture play a significant role in the current challenges that women face in regards to MHM, and these challenges must be addressed.

## IV. Conclusion

Regardless of location, women face unique issues in society and in healthcare. However, those in low-income, developing countries such as Ethiopia deal with these issues on a much more severe scale. Two of the most pressing issues for women in Ethiopia today are maternal mortality and poor menstrual hygiene management. Through research, it is clear that these issues are exacerbated by orthodox religious culture and problematic politics. Menstrual cycles are misunderstood and stigmatized, abortion is legal but unaccepted, and pregnancy is often unsafe. And yet, Ethiopian women are tasked with creating the next generation. Consequently, the essential role that women play in society cannot be overstated. The Ethiopian government must shift its development aims to protect women and their healthcare. In doing so, Ethiopia will continue to develop at impressive rates and maintain their legacy of independence and strength.

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