

Women's Health and Women's Silence

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WRITER'S COMMENT: I've always loved finding similarities and differences between my family's experiences growing up in Ethiopia and my time as an adolescent in the United States. The culmination of these dichotomous beliefs has shaped my perspective and inspired me to take a different path, giving a modern twist on the tradition I have known. Writing about "women's silence" for my UWP 104F assignment was risky business. On one hand, I felt powerful—my words became an incredible tool that allowed me to speak for those whose voices were taken away from them. But on the other hand, I am telling deeply personal stories of those who may not want to be heard. I believe that this is the first step of a longer conversation that will, hopefully, make us all listeners.

INSTRUCTOR'S COMMENT: Sometimes good ideas begin when you're not focused on finding them. The idea for this essay appeared in an offhand conversation in the middle of an in-class drafting workshop. Students were tracking the different kinds of voices they were using in their reflective essay drafts: the voice of the patient, the voice of the trained scientist, the family's voice, the author's voice. Mekaleya was writing about both her mother and her grandmother but, she told me, neither had provided adequate narrative. In asking what to do without it, Mekaleya felt the first stirrings of the ideas that have ended up in this essay. As she found herself explaining the cultural practices surrounding such women's silences, she began to speak for those women, and thus for herself.

— Laurie Glover, University Writing Program

“Have you been sexually active?”

My mother had just left the room as my doctor asked me this question. When my mother walked back into the room, she eyed me cautiously as I squirmed around on the table.

Most of my childhood memories at the doctor's office resembled this one. I never lied to my doctor, mostly because there was nothing to hide, although my mother was still curious to know more details of my conversations with my physician. She would ask, “What did you talk about? Is there anything I should know?” I would just shrug and hold my embarrassed silence during the car ride home.

My parents emigrated from Ethiopia in the '80s, beginning a life in the US that was vastly different from their life in their homeland. This informed many of their decisions about how to raise me, including the one where they forbade me to participate in seventh-grade Sex Ed; when I was in ninth grade, they enrolled me in Sex Ed after having a difficult time giving me “the talk” themselves.

My grandmother never allowed her heritage to be influenced by American beliefs. Having a powerful relationship with God is a central aspect of life in Ethiopia; therefore, she stayed faithful to her Orthodox Christian religion throughout all of her years of living in the US. She followed all of the customs meticulously and gave me a strong connection to my culture. On my own, I learned the misfortunes of many young women in rural Ethiopia, including my grandmother. These women suffer a number of disadvantages: lack of literacy, health care services and basic human rights. My grandmother was only in school until the second grade and was “married off” by her family at 15 years-old. Shortly after, she had her first child, dedicating the rest of her teen and young adult life to raising her nine children.

In the Tigray region of Ethiopia, close to where my grandmother grew up, women achieve social worth from giving birth. Motherhood is essentially a requirement to becoming a “real” woman, the only exception being if the woman suppresses her femaleness to advance her spirituality and become a nun. Traditionally, women attend church more frequently than men, partly because there is more at stake for a woman who is not religious. Her religious participation is directly correlated with pregnancy, childbirth and childcare. The Orthodox Church interprets this to mean that it is Saint Mary who has authority in the matters of pregnancy and contraception; therefore, women need divine protection in reproductive

matters. Moreover, the church does not accept the use of contraceptives that interfere with a woman's hormones, such as pills, implants, IUDs and birth control shots. In rural Ethiopia, girls who marry very young, like my grandmother did, are not physiologically developed enough to have a safe delivery. The lack of obstetric and gynecological services in those rural regions further contributes to pregnancy complications. Harmful traditional practices, such as female genital cutting and child marriage, also disproportionately affect rural women and girls (Mjaaland 202-206).

While there is political will and commitment to address gender inequality and other reproductive injustices in Ethiopia, the country has only a limited capacity to fund and implement community-based interventions targeting vulnerable women; moreover, the services have been skewed toward the wealthy living in urban areas, and adult men in general. The Ministry of Health recently prioritized family planning by funding it through community health programs. However, church and state policies on contraception are still in conflict, making women feel guilty for their decision to pursue birth control methods that are deemed "unnatural" by the church (Gaestel & Shelley 2014).

Silence can be a powerful strategy. By keeping quiet, women can guard themselves against the interference of any authorities, including husbands, on the issue of reproductive choice. This secrecy plays an important role in a woman's ability to fight the political powers constricting her reproductive freedom. However, the submissiveness and passivity that silence implies, with regard to female sexuality, can also work against women. It is this tactic of silence that prevents women from forming social networks, even within families. My mother got her period for the first time when she was 12 or 13 years old. She remembers being so scared to tell her mother that her sheets were stained crimson red, so instead, my mom scrubbed her underwear multiple times a day, hiding behind closed doors. One day, her sister, a then-annoyed teenager, discovered a pair of soiled underwear. Appalled at my mother's lack of knowledge, she nonchalantly left a cotton cloth on my mother's bed, never speaking a word of it again.

Many years later, after both my sister and I were born, my mother was diagnosed with uterine fibroids, non-cancerous growths on the uterus. She was worried, but immediately decided that unless the mass was cancerous, she would not pursue any of the treatment options that her gynecologist offered. Her reluctance to speak about the fibroids with me

prevented a conversation about the consequences of her diagnosis. Until I begged the question, she never would have initiated this conversation with me, or with anyone else for that matter. To this day, I am still unsure of her reasons to forgo treatment.

My grandmother reacted in a similar way when she was diagnosed with uterine cancer years ago, resulting in her hysterectomy. She turned her head away from the tests, the doctors, and her family, deciding that she would rather not know anything regarding her illness until her full recovery. She did not speak a word about her diagnosis to anyone except her son—because he was both one of the eldest sons and one of the only doctors in the family, he took my grandmother to all of her visits and made many of the necessary medical decisions himself.

The time gap between when my mother and my grandmother were diagnosed with their respective illnesses and when I found out about them is incredible. Without conversation about their medical histories, and without knowing what was happening to them, I was left without any information about my own body. I've tried comprehending what my grandmother was going through at the time of her diagnosis, but I can't confidently say what influenced her silence. In the face of cancer, she was stripped of the only life she ever knew and the only role that was ever available to her: being a mother to her nine children. Surely—if only for a split second—this devout Orthodox Christian must have questioned God's will.

While my family was silent as I approached my teen years, I was not. When I got my period, my grandmother, mother and aunt celebrated the occasion with a tea party. It was at this event that my mother told me the story of her embarrassing discovery on her mother's sheets. Tears formed in my aunt's eyes as she laughed hysterically, remembering the fear on my mother's face as she desperately washed her underwear. My regal grandmother sat and smiled proudly as she watched this scene, offering me modest advice about womanhood. In that moment the silence was broken. I grew up with a strong social network of three generations of women in a way that they didn't—and in a way that I wish to take forward with me for the rest of my life.

Works Cited

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