



## *Making Connections*

November 2008

Mali

*"It's the 10th anniversary of the death of my dear friend Monique Dembele. She died on Oct. 15, 1998, on a birthing table in Koutiala, Mali, West Africa. And her unborn son died with her. One in 12 Malian women will die this way - but I never thought she would."* Kris Holloway

*Every minute, a woman dies in pregnancy or childbirth.*

*Pregnancy-related complications are among the leading causes of death and disability for women age 15-49 in developing countries.*

### **November's Educational Theme: *Health***

Our featured program deals with the importance of maternal/child health in West Africa. In this edition of *Making Connections*, we are looking at the factors that influence this issue. Specifically, the relationship of gender equity as it relates to the quality of maternal child health.

### **FYI: *Maternal Health Care and Gender Equality***

Previous issues of *Making Connections* we have looked at the United Nation's Millennium Development Goals. This month, we will focus on two of these goals and how they are inextricably linked. The Millennium Development Goals (MDGs), to be achieved by 2015, set forth eight goals which respond to the world's main developmental challenges. The MDGs are drawn from the actions and targets contained in the Millennium Declaration that was adopted by 189 nations-and signed by 147 heads of state and governments during the September 2000 UN Millennium Summit. The eight goals include:

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education for children
3. **Promote gender equality and empower women**
4. Reduce child mortality
5. **Improve maternal health**
6. Combat HIV/AIDS, malaria, and other diseases
7. Ensure environmental sustainability
8. Create a global partnership for development

A recent study shows that of all the MDGs, we have made the least progress toward #5, to improve maternal health. The lack of progress in improving maternal health is reflected by the lack of progress in MDG #3, to promote gender equality. As we will see, these two goals are inevitably joined. If women were elevated to a higher status in developing countries, the current rate of maternal deaths would be unacceptable, particularly considering the fact that most maternal deaths occur in developing countries and are preventable with appropriate medical prevention, treatment and adequate emergency obstetric care.

## *How does women's lower status in society affect maternal mortality?*

### **Women are subject to:**

**Limited education and exposure to accurate information:** In much of Africa and Asia, 75 percent of women age 25 and over, are illiterate. When girls are denied schooling, as adults they tend to have larger families and poorer health. The children of uneducated women also face a higher risk of death. Women who cannot read or access other sources of information are unable to learn about healthy pregnancy and delivery. Pregnancy is not seen as a condition requiring special care, and women do not recognize danger sign during pregnancy. Even if they are experiencing prolonged pain and suffering, they may have been taught that this is a woman's lot and therefore do not seek medical care.

**Limited decision-making:** In many developing countries, men make the decisions about whether and when their wives (or partners) will have sex, use contraception or bear children. Frequently husbands deny women access to antenatal care, especially if household money is to be spent on it. In many places, husbands, other family members, or elders in the community also decide where a woman will give birth and must give permission for her to be taken to a health facility.

**Limited resources:** Poverty, cultural traditions and national laws restrict women's access to financial resources and inheritance in the developing world. Without money, they cannot make independent choices about their health or seek necessary services. Guaranteeing women's property and inheritance rights; reducing discrimination in labor markets; increasing women's representation in political bodies; and ending violence against women will all positively affect gender equity and increase the commitment of societies to improve maternal health.

### **Appropriate Approaches: Successful Interventions**

Despite high levels of poverty, Sri Lanka has demonstrated that increased status of women demonstrated by an increase in and access to education for girls, emphasis on increased age for marriage for girls and access to family planning services and birth control as well as good maternal health services all positively impact the low rate of maternal deaths in that country. Sri Lanka has one of the lowest maternal mortality ratios (number of maternal deaths per 100,000 live births) in the world despite the general poverty prevalent in that country. Government policies in Sri Lanka have for many years emphasized equity in access to basic needs in infrastructure, health and education. The policies that have helped improve women's status and thereby reduce maternal mortality are listed below.

- Free education for all and equal educational access for girls, high female literacy, and increased age of marriage for girls are factors associated with the relative high status of women in society.
- Family planning is highly accessible; contraceptive prevalence is high; and the fertility rate is low.
- Antenatal and delivery services are accessible due to good road infrastructure; maternal and child health services are integrated with family planning; and free services are accessible to communities through community-based government facilities. Over 90 percent of women deliver with a skilled attendant in an institution.

When a mother dies, children lose their primary caregiver, communities are denied her paid and unpaid labor, and countries forego her contributions to economic and social development. A woman's death is more than a personal tragedy--it represents an enormous cost to her nation, her community, and her family. Any social and economic investment that has been made in her life is lost. Her family loses her love, her nurturing, and her productivity inside and outside the home. We must continue to do what we can to shed light on this tremendous problem, and to support the institutions and programs that are making a difference in raising the status of women worldwide. As

we see through this correlation between the MDGs #5 and #3, anything we do to address the low status of women and to increase gender equity will benefit not just one, but many generations to come.

## Meeting Resources

- Program Fact Sheet found on the website
- Kris Holloway's book, *Monique and the Mango Rains*
- Kris provided a fantastic PowerPoint presentation, located on the Program Schedule page of the *DFW* website.
- A radio interview with Kris Holloway can be found at [http://www.wpr.org/hereonearth/archive\\_081008k.cfm](http://www.wpr.org/hereonearth/archive_081008k.cfm)
- On September 30, 2008, Kris was interviewed for an article in the *International Herald Tribune* <http://www.iht.com/articles/2008/09/30/opinion/edholloway.php>
- A brief overview of Mali can be found at the BBC website: [http://news.bbc.co.uk/2/hi/africa/country\\_profiles/1021454.stm](http://news.bbc.co.uk/2/hi/africa/country_profiles/1021454.stm)

## Voices

The following statement was taken from an interview which Kris Holloway did and posted on her website.

*"Monique gave me a new perspective on what it means to be a woman. Before working with her I had never seen a birth (as I mention in the book, I had spent my life avoiding pregnancy and its consequences), didn't know (or care to know) much about babies and kids, and had never really defined myself by my gender. Monique was only a few years my senior, but had married at 19, had given birth to three children, lost one to malnutrition, and was the sole midwife for a village of 1400 people. I had much to learn from her. I received a master's in public health, inspired by her example of quality care and health education in practice; I had my two children at home with midwives because she had shown me their skill and grace, and had given me confidence in my body's power. But most significantly, she expanded who I consider my sisters to be. On a day-to-day basis, this means that bad hair days have lost their power! Meaning that I know what's important to me, and what I want for others. I have my clitoris. I married the person that I wanted to, have the number of kids that I wanted to. Odds are that my children will live healthy, long lives. I get paid for work that I enjoy and believe in. Would that every woman had such benefits and choices"*

The next quote was taken from a blog written by Ari. Ari works with Project Muso, a program founded when a group of Brown University alumni and students began collaborating with Malian graduate students, educators and health professionals to address the dire conditions in a community on the outskirts of Mali's capital city.

*"Access to health care is a fundamental human right. But it is not easy for women in Mali to protect the health of their families. Information about health issues is helpful, but certainly not enough, particularly in the context of extreme poverty. A mother may learn nutrition skills that could save her children's lives, but she cannot use many of them if she must feed her extended family of 10 on a budget of \$3/day. A mother may learn to recognize crucial danger signs that her child has severe malaria and needs to get to a hospital immediately, but she cannot act on this knowledge if she cannot afford to pay the fees for essential medicines and hospital care.*

*Driven by the hope of improving the health and quality of life of their families, many of these mothers strive to earn an income. But poor health in their families can cripple their chances of success in the marketplace. A mother may be forced to empty her savings or take out loans to pay*

*for urgent medical care for her child; she may herself become sick and unable to work. So she finds herself trapped in a vicious cycle of poverty and disease.*

*Mali has one of the highest birth rates in the world, and one of the highest child mortality rates in the world.*

*Kaja, lives in a small one-room home. She struggles so much to support her two sons—she recently told me that she does not want to have any more children, that two is enough; she wants to be able to provide for them and support them to stay in school and succeed, and it is difficult enough for her to support her two sons. In a context of extreme poverty and no social security, many parents come to depend on having many children to work, provide income for the family, and care for them in their old age. Thus, studies have shown that parents often choose to have smaller families when their economic situation is more stable.”*

After observing a painful tear resulting from a hard labor, Kris recounts the following conversation with Monique. It is found on page 112 and 113 of the book, Monique and the Mango Rains.

*“It hurts. Most women have not known this pain since their koloboli,” Monique said, scrunching up her face and thinking, “What is it called in French?... Oh yes, I think it is called l’excision. The excision.”*

*I wracked my brain. I remembered reading about female circumcision in a Peace Corps manual; it was a ritual that entailed the clipping of the clitoral hood. What I had seen at the birthing house seemed far worse.*

*“Excision?” I asked.*

*“You don’t know of it?”*

*“No,” I shook my head.*

*“You have not had it done? You have not been cut?” Monique looked concerned.*

*“No,” I said, and reluctantly added, “tell me what you mean by cut.”*

*“Well, here it is done when the girls are nine, or ten, like that. It is hard for me to remember exactly when it was done. It was so long ago. I was in Koutiala, in a small closed hut with my friends and other girls I knew, other girls my age. I remember being very excited that it was time, I remember being talked to, being held down tightly, being held very still, and.... Hup! The old woman sliced.”*

*Monique dropped her hand. I jumped.*

*“It was so fast, it happened before I knew it. There was so much blood but none of us cried. But afterwards, pati...we cried. Oh, we cried. When they would clean us, we had to lay still, with our legs apart, to prevent infection. They cleaned us with alcohol. Ah! I have never had such pain. Never, even in childbirth.”*

More on this procedure from pages 128 and 129

*“There were three levels of circumcision practiced across Africa. Circumcision, or sunna, entailed the removal of the hood of the clitoris and sometimes part of the clitoris itself; excision was the removal of the clitoris and all or parts of the inner lips of the vagina; and infibulation meant the removal of the clitoris, the inner lips and all or part of the outer lips. Infibulation also entailed sewing the area back up and leaving a hole about the width of a matchstick. Though infibulations existed in Mali, it was more prevalent in East African nations such as Sudan and Somalia . Excision was the form most common in Mali, universal, really, with 96 percent of girls being cut. Although these practices were often justified on religious grounds, there is no mandate in any religious text, not in the Bible, and not in the Koran.*

*A small number of excisions were performed in a hospital, under sterile conditions, but most girls were excised in dark huts with a razor blade, scissors, a knife, or a broken piece of glass. Very few of*

*these tools were well cleaned. Some girls went into shock, some bled to death. Some lived only a few days longer before succumbing to blood poisoning or tetanus.*

*Why did excision continue? Many believed that intact women were unable to control their sex drive, so it had to be controlled for them. Surprisingly, the older women were usually the practice's staunchest proponents. It was the only path to womanhood they knew. Without it, the future of the family was in jeopardy. Their daughters and granddaughters would be unsuitable marriage partners, and therefore unsuitable mothers, the one job each girl was born to do. The women who performed excisions held one of the few revered positions that a woman could hold. On a personal level, doing away with excision meant loss of power and income. They would not surrender without a fight. "*

**Socially Conscious Shopping:** <http://www.sheayeleen.org/index.html>

***Shea Butter from Mali is produced by women's cooperatives!***

Shea Yeleen International's mission is to promote sustainable economic development and empower women in rural West Africa through organizing and training women owned cooperatives to produce, market, and sell high quality shea butter; and educate consumers in the U.S. about natural body care products and fair trade.



Some call shea butter "women's gold" because it is one of the few economic commodities women control in Sahelian Africa. The earliest mention of shea butter comes from the 14th century when Muslim scholars recorded its value in the local economy. Exclusive to the sub-Saharan, shea butter's use in cooking, as lamp oil, ointment, moisturizer and soap, make it one of the most relied upon products in West Africa.

## Dining with Women

### Malian Foods

Malian foods consist mainly of millet, corn, or rice porridges served with a variety of "sauces." These sauces can be made with peanuts, okra, baobab leaves, or sweet potato leaves. Meats and vegetables are added to the sauces, which are then served over porridge, couscous or rice.

All meals in Mali are prepared by women. And food is eaten with the right hand. Eating with the left hand is considered highly improper in this mostly Muslim nation. Meals are often finished with strong, sweet, tea. Tea service in Mali, as in many countries, is a highly ritualized affair. Three rounds are served: the first for life, the second for love, the third for death.

#### **Recipe: Lakh-Lalo- Fish (Fish Stew)**

Ingredients:

1-2 lbs. Dried salted fish

3 large onions, finely chopped

12-16 okra, chopped, or 1 small package frozen okra

4-6 Tbsp. Olive Oil

3 large tomatoes

2 chili peppers or 1 tsp. Cayenne pepper

**Directions:**

Soak fish in water for several hours. Drain. Then bring 4 cups fresh water to a boil and drop in the fish pieces. Reduce heat and simmer.

Meanwhile, combine half the onions into a paste. Add them to the fish.

In a separate pot, heat oil to a moderate temperature, put in remaining onions and saute' to a golden brown. Chop the tomatoes and stir them in. Cover with boiling water, about 1 cup, and add pepper.

Reduce heat and simmer.

Cover both pots and let them cook for 45 minutes or so, stirring occasionally. Then, uncover the fish and okra mixture and let both pots continue to simmer for another 30-40 minutes, stirring as necessary to prevent sticking. To serve, combine the two mixtures and serve over stiff corn porridge, or couscous.

**Recipe: Couscous De Timbuktu (Stew with Dates and Couscous)**

**Ingredients:**

4 lbs. stewing beef or lamb

2 cups water

1/3 cup vegetable oil

1 cup dates pitted and pureed in a food processor

1 tsp. fennel seeds

3 medium onions, diced

3 tsp. salt or to taste

4 cloves garlic, thinly sliced

1/2 Tbsp. finely ground black pepper

1/2 Tbsp. ground Cardamom

1 to 2 Tbsp. cayenne pepper

1 Tbsp. ground cumin

2 Tbsp. ground ginger

1 can (28 oz.) whole tomatoes

1 tsp. ground cinnamon

1 tsp. grated nutmeg

Season the meat with salt and pepper. Heat the oil in a large Dutch oven or deep heavy pan over high heat, and sear the meat, along with the garlic, in the hot oil (you may have to do this in two batches.) Add the cumin fennel seeds and cardamom, ginger, black pepper, stir-fry for a few minutes. Place the meat and the spices in a large pot. Add the tomatoes and enough water to cover, and bring to a boil. Lower the heat and simmer, covered, for about 1 hour.

Add the onions, cinnamon and dates, and simmer, uncovered, until beef is tender and the sauce has reduced and thickened, about 40 minutes. Taste and adjust the seasonings, sprinkle with the chopped parsley, and serve with couscous.

**Recipe: West African Peanut Stew -- Tigadegna**

(from Monique Dembele, Mali, West Africa, adapted for vegetarians)

Serves 6-8

- 2c. chopped onion
- 3 cloves garlic
- 1tbsp. vegetable oil
- 2 tsp. grated fresh ginger
- 4 c. vegetable stock
- 2 c. tomato juice

- ½ tsp. cayenne (or to taste)
  - 1 -1 ½ c. smooth peanut butter
  - 2 c. chopped cabbage
  - 2 c. chopped sweet potato
  - 1 c. chopped okra (if available)
  - salt and pepper
  - chopped scallions
  - Rice or cous-cous (this sauce can be served over either)
- Heat oil in large pot/skillet and fry onions, garlic, and ginger until soft. Add veg. stock, tomato juice, and cayenne. When hot, add peanut butter and mix well. Allow to boil for 10-20 minutes to thicken, then add remaining vegetables. Cook 20 minutes or so until vegetables are soft. Add water if the sauce is too thick, peanut butter if too thin. Serve over rice or cous-cous. Top with scallions. Is even better the next day.
  - Traditionally this is served communal-style. A large bowl filled with rice and sauce is placed on the ground. People gather around it and, after washing their hands in a small bowl of water, dig in (each person being careful to only nosh on the rice and sauce directly in front of him/her so as not to mix spit with the folks on either side). Another bowl of water is passed to rinse hands after eating.
  - Blessing for after the meal:  
Allah ka suma I kono. (May God cool the food in your belly.)  
Amina (Amen)

### **Recipe: Meni-menyong (Honey and Sesame sweet)**

This recipe makes about 40 pieces of candy

Sesame seeds -- 1 cup

Honey -- 1 cup

Butter, unsalted -- 4 tablespoons

Method:

Preheat oven to 450°F. Spread the sesame seeds on a baking sheet and toast in the oven for about 10-12 minutes. Remove and cool.

Heat the honey and butter in a small saucepan over medium-low heat, stirring until it bubbles and darkens somewhat, about 3-5 minutes. Stir the toasted sesame seeds into honey mixture. Spread the mass onto a buttered baking sheet to a thickness of about 1/4 inch. Cool until it is just warm and cut into finger-sized pieces. Cool completely and serve. For a tasty coating that will keep fingers less sticky, roll the candy in more toasted sesame seeds to coat after cutting it into pieces.

<http://www.whats4eats.com/africa/mali-cuisine>

<http://www.recipehound.com/Recipes/mali.html>

<http://www.recipezaar.com/63715>

### **Resources**

<http://www.bridge.ids.ac.uk/Reports/re38c.pdf>

<http://www.eldis.org/go/topics/resource-guides/health/gender-and-health/gender-and-maternal-and-newborn-health&id=20783&type=Document>

<http://www.eldis.org/go/topics/resource-guides/health/gender-and-health/gender-and-maternal-and-newborn-health&id=16089&type=Document>

<http://www.eldis.org/go/topics/resource-guides/health/gender-and-health/gender-and-maternal-and-newborn-health&id=16067&type=Document>

