

## **Abstract**

This report explains how the health of Gambian women is greatly affected by social and cultural factors in The Gambia. For the purpose of this report, I have provided a summary of my experiences at the seven organizations I observed and participated at during my summer internship in the Gambia. The organizations were: Association for Promoting Girls and Women's Advancement in The Gambia (APGWA) and the Sobeya Skills Training Centre, the Reproductive Health Unit at the Department of State for Health, the Foundation for Research on Women's Health, Productivity, and the Environment (BAFROW), the Army Forces Provisional Ruling Council General Hospital (AFPRC), the National Nutrition Agency (NaNA), the Serrakunda Health Center, and the Gambia Committee on Traditional Practices Affecting the Health of Women and Children (GAMCOTRAP). My main focus during my internship in The Gambia was on women's health. Each organization provided me with some insight into how a woman's health is affected by her environment.

## **Introduction**

In The Gambia women play a very important role in everyday activities and the advancement of their families and communities. Women give birth to future generations and do a lot of strenuous work in order to help their households survive and move forward. However, their contributions to society would not be possible if they were not healthy. Despite living in the twenty first century, women today in The Gambia are still not as healthy as they should be. Factors like poverty, traditional, and cultural practices contribute to women's unhealthy conditions. An important factor in making Gambian women healthier is to educate them about the various health issues that pertain to their region and affect them. While I was in The Gambia, it was evident how much women do for their families, husbands, and communities.

Because of the important role women play in The Gambia I focused on women's health. The health of a woman is affected by cultural and traditional values and ideas held by the society the woman lives in. In addition, pregnancy and the environment are two other factors that contribute to the poor health of Gambian women. Pregnancy is an intricate process which may add complications to a woman's health. During this time their health is at greater risk; it is at even greater risk if prenatal care is not provided. Additionally, a woman's health is also affected by relationships with family members. Both the physical and emotional health contributes to a women's well being.

In The Gambia, the main concern regarding women's wellbeing is not having the resources to provide adequate health care for the women who need it most. For women who live in the rural areas, it is difficult to provide them with basic health care because of the distance a medical team has to travel to provide health care services. Many women

are not aware of the health risks they are exposed to. Due to the caretaker role women play in society many do not put their health as their top priority. Additionally, there are traditional practices that worsen their health; such practices are female genital mutilation and malnutrition during pregnancies due to superstitious beliefs or taboo topics.

## **Background**

In a developing country a woman's health is of concern because without healthy women, children might be born sick thus putting them at greater risk for premature death. Children are the future of a country; a healthy child means a better future for that country. Due to the lack of certain resources such as adequate family planning materials or transportation, a woman's wellbeing in The Gambia is still in jeopardy today.

The health of women in The Gambia is interrelated to the health of the nation. Some of the issues with women's health include: harmful traditional practices (early marriage, early pregnancies, female genital mutilation), infertility, birth-spacing, women's subordinate role in society, mortality (many deaths occur during labor and are due to hemorrhage), prenatal care, reproductive rights, iron deficiency and anemia, exclusive breast-feeding practices, religious practices (Gambia is predominately Muslim and the Islamic religion allows for more than one wife), family planning, and environmental hazards (waste and sanitation). I had the opportunity to see and experience how complex these issues are during my internship in The Gambia.

During my internship in The Gambia I went to seven different organizations. These seven organizations were (the organizations are listed in order corresponding to the week in which I was at the organization): APGWA/Sobeya, Reproductive Health Unit-DoSH, BAFROW, AFPRC Hospital (in Farafenni), NaNA, Serrakunda Health Center,

and GAMCOTRAP. Each organization's goals differed, but they shared the common objective of improving and bettering women's health. By improving and seeking women's wellbeing, the organizations also realize how this positively influences and improves the wellbeing of Gambian children. The background information below comes from pamphlets collected at each site or from individuals who provided verbal information.

*APGWA/Sobeya-* (Association for Promoting Girls and Women's Advancement in The Gambia and the Sobeya Skills Training Centre) - This organization [1] and centre are located in Churchill's Town, Serrakunda. APGWA was established in 1992. The main goals of APGWA are to improve women's involvement and contribution to the social and economic situation in the Gambia. This is accomplished by advocating for the enhancement of women's status. Sobeya was established by the APGWA in 1995. Sobeya was established in order to assist the Gambian government in providing equal educational opportunities for women and girls so as to address the gender inequality that exists in The Gambia. The Sobeya Training Centre has now been turned into a school for kindergarten children to middle school girls.

*Reproductive Health Unit at DoSH* - The Reproductive Health Unit is one of the many units in the Department of State for Health. This unit does a lot of research and outreach to the villages across The Gambia. During research and while presenting information, this organization has to remember that there are many cultural or religious practices that might keep people from listening to their messages. Such practices are female genital mutilation or marrying more than one wife. They also work very closely

with other units because of how interrelated health issues are. Another area they work closely with is the HIV/AIDS unit.

*BAFROW* - (Foundation for Research on Women's Health, Productivity and the Environment) BAFROW [2] is a non-governmental organization that was founded in July 1990. BAFROW strives to assist the government in the improvement of The Gambia by focusing on three major areas: health, empowerment, and environment. The organization is financed through grants, donations, and other programs. BAFROW conducts programs on the following topics: women's health and rights, community health promotion, campaign against Female Genital Mutilation (FGM), HIV/AIDS, spousal abuse, child welfare, environment, women's productivity, and women's empowerment. BAFROW has established three Well Woman's Family Clinics [3]. One is located in the Serrakunda area, the other in Banjul, and the last one in Mandinaba.

*AFPRC Hospital* - (Army Forces Provisional Ruling Council General Hospital) This hospital is located in Farafenni. The AFPRC Hospital also provides services for the rural areas surrounding Farafenni. Most of the surrounding areas lack a clinic or hospital and resort to using the AFPRC Hospital. The hospital holds clinic days for rural villagers. The Hospital employs a large number of Cuban doctors.

*NaNA* - (National Nutrition Agency) - This organization does extensive outreach in the area of nutrition. They assist the Royal Victoria Teaching Hospital (RVTH) in Banjul by facilitating two clinic days every week for hypertension and diabetes. Patients are seen and provided with nutrition information that will help reduce hypertension and control diabetes. Other areas of focus at NaNA are the malnutrition program, HIV/AIDS and Nutrition program, the Infant and Young Child Feeding program, and the micro-

nutrients program. The micro-nutrients program has conducted research and studies that prove how important a multi-vitamin would benefit the children of The Gambia.

*Serrakunda Health Center* - This health center includes the following areas: maternity ward, children's clinic, antenatal clinic, family planning, and emergency. The SHC, along with other health centers in the country, are assisted by the Department of State for Health and the national government by providing them with materials they need.

*GAMCOTRAP* - (The Gambia Committee on Traditional Practices Affecting the Health of Women and Children) - GAMCOTRAP [4] was established in 1984 as a non-governmental organization. The main goal of GAMCOTRAP is to promote awareness of the traditional practices that exist in the Gambia. Part of this goal for the organization is to protect the girl child as well as women. The organization promotes the keeping of beneficial practices such as exclusive breast feeding, but promotes the elimination of harmful traditional practices such as FGM and early marriages.

## **Methods**

During my weekly stay with each organization I gathered information related to women's health. A majority of my time at each organization was spent observing and asking questions to better understand what was happening. Below is a brief synopsis of what I did at each of the seven sites.

During my first week in the Gambia I was at APGWA/Sobeya. At APGWA/Sobeya I helped the kindergarten teacher in her classroom. The middle school girls are provided with sewing and typing classes as part of the Sobeya Skills Training Centre. The middle school girls take these classes as a way to prepare them for their future. In case the girls get married, they can contribute financially to their household. In

some cases the husband may have to leave for an extended amount of time to find work and the woman or girl is left to support herself and her children. Some women or girls after marriage are not allowed to work outside the home so they would rely on sewing to contribute financially to the household. One of the staff explained that some girls who had been going to Sobeya school since they were young were forced into early marriage or became pregnant. APGWA intervened and helped the girls by empowering them to continue their education in order to have a better future.

The second week I was at the Reproductive Health Unit in the Department of State for Health. I was provided with a brief orientation about what the Reproductive unit does. For the rest of the week I attended a conference with the deputy manager of the Reproductive Unit. The conference consisted of a group of individuals representing different organizations that were to work on editing a trainers' manual and care handbook on home-based-health-care for HIV patients. I observed and asked questions about this process for the rest of the week.

For my third week I was at BAFROW. I worked with one of BAFROW's doctors, Doctor Hussan Azadeh. He is an obstetrician and gynecologist who has lived in the Gambia for over ten years. I attended all three BAFROW clinics with him while he saw and cared for patients. I observed him diagnose and explain certain illness, diseases, or medical conditions to patients. At one of the clinics, I was responsible for taking patients' blood pressure with the help of one of the nurses. I also assisted him by making sure he had all of the medical instruments he needed while at the clinics. I attended a lecture he gave to the nursing department at the Gambia College about abortions and miscarriages. Because it was the rainy season and malaria was prevalent, I helped him write an article

about malaria for one of the local newspapers. Throughout the week I organized the computer files in a computer that was given to him. I observed him perform three surgeries: 2 cesarean sections and one where he operated on a woman's fallopian tubes because she was infertile. At these surgeries I observed, answered the doctor's phone, gave him any instruments he may have needed during surgery, and helped the nurse provide post-natal care to the newborn.

After working with Dr. Azadeh I traveled to Farafenni and was at the AFPRC Hospital. The first day of the week was a clinic day and I was responsible for administering the Vitamin A and polio vaccine to the infants and the Vitamin A to the mothers; both were in liquid form. The polio vaccine is administered by giving the infant only two drops. The Vitamin A comes in blue and red capsules with the blue ones being for the infants and the red ones being for the mothers. However, there were no blue capsules for the infants so we used the red capsules. From the red capsule I gave the infants only four drops of the Vitamin A, which is what the blue capsules normally contain. I also gave the Vitamin A to the mothers that needed it. At the next clinic day I was at the antenatal clinic where I observed the Cuban gynecologist and nurse palpate pregnant women. The women were checked for anemia and malaria and provided with medication if they needed it. The heartbeat of the baby was also checked. I was then responsible for practicing what I had observed. I palpated the pregnant women checking them for anemia and malaria, the baby's heartbeat, and their legs for swelling. I was also responsible for sorting the correct amount of medication that was administered to the women who were anemic. I was also responsible for providing water to the pregnant

women taking medication. The rest of the time in the hospital was spent observing and asking questions of the doctors, midwives, nurses, and the public health officers.

After returning from Farafenni, I spent my fifth week at NaNA. At NaNA I was responsible for observing the coordinator of the hypertension and diabetes clinics and interviewing the program coordinators about their specific program. I attended both the hypertension and diabetes clinics and interviewed the coordinator of the severe malnutrition program, coordinator of the low birth weight program, coordinator of the micro-nutrients program, and the coordinator of the Infant and Young Child Feeding program.

During my second to last week in The Gambia, I was at the Serrakunda Health Center. I observed the antenatal clinic, family planning office, and the infant/child vaccination clinic. At the antenatal clinic and family planning office I observed and asked questions when the nurses were not too busy. The nurse at the family planning office gave me a lot of information about the different birth control options that they provide for the patients. At the infant/child vaccination clinic I was responsible for recording the type and number of vaccinations that the infant or child was to receive that day. This information was written on the child's health card and in the records kept by the public health officers. I found this more difficult than I thought because it was not always clear what numbers were written on the card for the child's birth date or date of last vaccine and also because some of the health cards were not well taken care (some were torn, falling apart, had things spilled on them, or the handwriting was not legible).

During my last week of the internship I was at GAMCOTRAP. I worked with the youth program coordinators. They coordinate and implement youth programs in the

villages. Their programs discuss sexually transmitted illnesses (STI's), sex, Female Genital Mutilation, and other harmful and non-harmful traditional practices of The Gambia. I traveled with them for two days to a village where they presented their program to a group of middle school students. It was difficult to understand all of the presentation because they were using local language, but the volunteers that were with the coordinators translated for me.

## **Results**

At the seven organizations I gained more knowledge about how women's health is intertwined with the environment and society she lives in. Being at APGWA/Sobeya and speaking to the staff, I realized how traditional practices such as early marriage affect a girl's mental and physical health. I learned that some girls are forced into early marriage or married to an older man because of the poverty their families live in; this too affects the mental and physical health of the girl teenager. In many cases when a girl is married at a young age and becomes pregnant her reproductive health is put in danger. A girl's body is not fully prepared to carry and deliver a baby to term.

Through the information I gathered from GAMCOTRAP, I learned about other traditional practices that affect the wellbeing of girls and women. One such practice is Female Genital Mutilation (FGM). FGM has a long history and is practiced and performed differently. One explanation for the continued use of FGM is to control female sexual activity. The health risks associated with FGM include hemorrhage, infections, disruption of menstrual flow or urine, inability to perform sexual intercourse, additional complications during childbirth, and can even lead to death. Many girls also die while the mutilation is being performed. The age at which it is performed varies by region but can

be anywhere from when a baby girl is a few days old to adult women. The girls and women not only suffer physically, but it has been reported that they suffer mental and psychological damage as well. [5]

Another harmful traditional practice is not allowing pregnant women to eat certain foods because of certain food taboos. For example some pregnant women are not allowed to eat eggs, bananas, and certain meats. This causes the wellbeing of the woman to deteriorate and in many cases they become anemic [6]. However, one traditional practice that is beneficial to the health of both woman and infant is that of exclusive breast-feeding. Exclusive breast-feeding in The Gambia is promoted as a form of child spacing and birth control. This is beneficial to the woman because this helps her to allow enough time for her body to recover from having one child. According to a World Health Organization brochure [7] on breast-feeding and child-spacing “[p]regnancies that are too closely spaced endanger the health of both the older and the younger child of the pair.” It further explains that in order to “safeguard the health of the mother and her children an interval of at least 24 months between two pregnancies is necessary.”

By working with Dr. Azadeh I experienced and learned about the work women in The Gambia do and the sacrifices they make for their children and families. I learned that because of the gender differences and social structure many times women are the last ones to be informed about illnesses or they are not well informed about other health issues. There were cases of women who tested positive for an STI and when Dr. Azadeh asked them to not engage in sexual intercourse, they told him that their husband might not believe that they could not have intercourse. One woman asked Dr. Azadeh to write her husband a note telling him that she could not engage in sexual intercourse. I also

learned that many times a women's husband is the one who makes decisions regarding her health. Another example of how women's health is affected by the social structure in The Gambia is that Muslim men are allowed to have more than one wife. There were cases when a man would test positive for a STI test and Dr. Azadeh would ask him to bring in his wives to also be checked. Sometimes the man would say he did not know how he could have become infected or would not want to bring in his wife or wives. Dr. Azadeh explained that many times the husbands would travel to find work and would engage in sexual intercourse. Sometimes they would become infected with an STI and pass it on to their wives thus contributing to the never ending cycle of STI's.

Due to the lack of resources it was not always feasible to obtain all of the information that I needed or would have liked to have had. One example of this was obtaining up to date information on studies that had been conducted about specific topics related to women's health; there were only a few available because funding is lacking for studies to be conducted. In addition to the lack of resources sometimes people that I would have liked to talk to were not available because they were doing their outreach programs in the villages.

Furthermore, the lack of resources also causes health disparities in The Gambia. For example in the antenatal clinic in Farafenni there was only one cup for the women to drink the water for their medication; this could have led to infections. Other tools such as rubber gloves, masks, or medical instruments are also scarce. Many doctors, nurses, and public health officers do not use rubber gloves. They also do not wash their hands right after examining a patient unless they are inserting something into the patient's body or bodily fluids are present. When performing surgery the surgeons and medical team did

wash their hands. The sanitary conditions in the Gambia do not lend themselves to help the community become healthier. There is no system for garbage collection, so garbage is burned in the alleys or outside people's homes. Not having a garbage collection poses a public health hazard because there are many toxins that are released from the trash into the atmosphere and harmful to women, infants, children, and men. Another issue in The Gambia is the unpredictable power outages that occur. This is not beneficial to the doctor who might be examining a patient or performing surgery on a patient and needs light or tools operated by power.

### **Recommendations**

The Gambia is one of the tiniest countries in West Africa, yet its population continues to grow. In order to assure that The Gambia is ready for the continued increase in population; Gambians need to make decisions regarding their health. If women are not healthy or not ready to have children, the mother and child will suffer. Children are the future leaders of the country and need to be in good health in order to take on the challenges that their country faces.

In order to improve the overall health of The Gambia more research needs to be conducted. Specific studies need to be conducted on the roles women have in The Gambia and how those roles affect their health. One issue with conducting research is funding, therefore, more funding needs to be provided to The Gambia. The Gambia will benefit from conducting further studies to better understand their citizens. With up to date data collected from studies the health of women in The Gambia will be better understood and assessed. Better health programs can be designed and implemented across The

Gambia if more up to date data is available. Funding is also needed to purchase necessary medical tools to better diagnose or treat patients.

Another aspect of The Gambian health system that needs attention and improvement is the keeping of accurate records of patients. Record books do exist, but sometimes are then shelved to never be looked at again. Many times the information recorded is inaccurate. One reason that the incorrect information is recorded may be because some patients do not know their past health history; an example of this group of patients are refugees residing in The Gambia. Information is also sometimes recorded incorrectly because of language barriers that exist; for example a patient may only speak Mandinka, Wolof, or another language whereas the doctor or nurse speaks the opposite language. Additionally, records are sometimes not well taken care of by hospital staff or family members (when the record is kept by the patient's family). If accurate records were kept it would make it easier to ask for funding because the records kept could be used to improve and/or create health programs. For example if public health officers would report low birth weights of children born in different areas to NaNA, then NaNA could use that information to create programs to combat low birth weights.

An additional factor in improving the health of the Gambian nation is the need for men to take a proactive role in improving health for all, but more specifically for women. This is especially true when it comes to pregnancy and caring for infants and children. Men (husbands and boyfriends) need to be a part of the maternal and child health models, decisions, goals, and initiatives. There are some organizations in The Gambia that have realized the importance of men taking a proactive role in making decisions about the health care services that are provided to women. These organizations continue to press

men to play a bigger role in the reproductive health system. In the Gambia, because of cultural ideas and traditions the care of the child always seems to be left to the women and/or mother. They are usually the ones who are better aware of the health history of the child. Additionally, when a pregnant women goes to the doctor for prenatal check ups a majority of the time the women is not accompanied by her husband or boyfriend.

Just as men in The Gambia need to play a greater role in changing the gender roles in the Gambia so as to benefit the nation, women also need to continue to educate themselves on the health issues that exist in their country. They need to continue to educate themselves in order to let go of superstitious beliefs, to better prepare their children for the future, and to continue to be the backbone of society. As Dr. Peter Piot, UNADIS Executive Director, said [8], “[w]omen are the backbone of society. Therefore, keeping women healthy is not just the right thing to do; it’s the smart thing to do...”

## References

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