Rural Women in Sudan[1]

Sudan is the largest country in Africa and one of the poorest. Three quarters of its 20 million population live in rural areas and 45 percent of them are under 15. About half the population have access to clean water but fewer have good sanitation and most live in poor housing. Education is limited; male literacy stands at 25 percent while femlae literacy is 4 percent. Community health facilities are old and concentrated in towns. Half of the Sudanese doctors (2,000) work in the capital Khartoum, but in 1977 the Sudanese government started training community health workers who would provide free health care for the whole population, especially the rural one.

It is against this background that two community projects involving women were created in Sudan. The first, funded by USAID and run by Khartoum University's Faculty of Community Medicine, aims at training midwives. The project, which began in 1981, covers 100,000 people who live in 90 villages on the Nile. The three-weeks training session for a midwife is divided into four parts: child nutrition, birth spacing, diarrheal disease and immunization.

An FAO project established in 1980 aims at creating pilot farms in 3 villages, 42 kms away from the city of Um Dirman, where the workers are exclusively women. Talking about this second project, its director, Mr. Khalaf Allah Ismail said that it is the first of its kind in Sudan and the first one which involves women a hundred percent. It aims at doubling the revenue of rural women by enlarging the size of the cultivable plot around their houses and encouraging them to raise farm animals (especially chickens) for family consumption. This FAO project involves 59 women from the 3 villages of Al-Triss, Al-Shukayla, and As-Salmaniya.These women agriculturalists fence their own blocks of land, plow them, irrigate them, plant them, harvest the produce and sell it to nearby towns and villages. One year after its creation it has proved to be a success.

When asked about the reactions of the husbands to this project Mr. Ismail said : "Our first condition was that the women involved in the project should be able to manage with both their duties as housewives and agriculturalists".

Halima Abbas, a Sudanese woman agriculturalist from Al-Shukayla village says: "I am proficient in rainwater agriculture. This project gave us the opportunity to use modern methods of irrigation, a fact which has doubled our harvests of vegetables and fruits. We use some of these

(1) This report is a summary of two articles:
– "Women Agriculturalists in Sudan" **Sayidaty**, 8-14 Aug. 1983, No. 126, pp. 26-27.
– Carter, N. "Sudan's Access of Community Health". **People** Vol. 10 no. 3, pp. 20-21, 1983)

produce for our own consumption and sell the rest at nearby towns and villages".

Rabiha Abdel Dafe, a housewife, says: "I have succeeded in taking care of my children and raising poultry. We longed for fresh vegetables and we had to buy them from cities which are far from our village. In addition to that we had to pay a lot. But since last year we have been blessed with continuous green on our land, our children are well fed, and we wake up every day to the sounds of cocks to say our prayers ... We have planted carrots, aubergines, lettuce, mouloukhiah, spinach etc."

This project also includes lectures and training sessions about the best way to cultivate the land, how to prepare natural fertilizers, how to choose the type of seeds and poultry to breed, and how to vaccinate animals.

Rabiha adds: "There are three child-care centres, one in each village involved in the project. These centers have been of great help to us because we are not worried anymore about our children. Moreover, we are given lectures on ways of conserving vegetables and talks on how to prepare nourishing meals for our families".

As for the midwives training project which has been going on for 2 years, health workers still have to combat traditional beliefs. During the campaign against diarrhea, one survey showed that although all mothers thought a doctor was the best person to treat their children, a third of them went to religious or traditional healers for help. Many mothers believed they should not breast-feed or give liquids to children who have diarrhea, so midwives had to teach them oral rehydration therapy.

Nafissa, a midwife from Wad Ramli, a village involved in the project which is about one hour's journey north of Khartoum, has been a village midwife for 16 years. Persuasion is needed to improve the nutrition of children she says: "When I visit the mothers I often find the children are undernourished or anemic. Many mothers do not understand that having babies close together can affect their health." Nafissa and other midwives who total a number of 4,500 in the country encourage women to make their children's diets more varied by using locally grown foods.

Family planning is a more difficult idea to introduce. Dr. Abdel Rahman el Tom, chairman of the Faculty of Community Medicine says: "Many people wanted family planning but were afraid of breaking Islamic Law. So we organized a meeting of Sudan's leading Islamic scholars who agreed that contraception is acceptable if it is done for the health and well-being of mothers and children, and this advice was passed on to local religious leaders."

In general, however, the majority of women in Sudan want large families and do not use contraceptives . The World Fertility Survey puts the total fertility rate per woman as 6.9. Even among those women who say they want no more children, 83 percent of them do not use contraception.

The Sudan Family Planning Association has set up clinics in hospitals and tried to encourage doctors to make contraception available. The impact of these clinics is greater in towns than in rural areas. For instance, World Fertility Survey figures for contraceptive use in North Sudan where primary health care system is more strongly established, show that contraceptives are used by 16 percent of city women and 3 percent of rural ones.

Why this concern with family planning one might ask? Sudan's present population is about 20 million. In a country where life expectancy is still only 45 years, much remains to be done to imrpove the health of people, especially women and children. Moreover, and taking into account that by the year 2000 and at present rates of growth, Sudan's population is likely to be 33 million (about 60 percent of whom will live in rural areas), one can say that although much has been done already, a lot remains to be achieved.

Primary Health Care in South Yemen

The People's Democratic Republic of Yemen (or South Yemen) is the poorest Arab Country. As much as 98 percent of its land is completely barren and the remaining 2 percent is suitable for cultivation only through irrigation. The population density on the cultivated land has been estimated by the World Bank to be 1,600 inhabitants per square km.

Faced additionally with a high percentage of illiteracy, an infant mortality rate of over 150 per thousand, and high rates of overall mortality and ill-health from largely preventable diseases; the Yemeni Government is embarking on an ambitious programme of bringing primary health care and family planning to the bulk of the population living outside the capital, Aden.

In Aden itself, where housing, nurseries and kindergartens are all in short supply, many women want only two or three children. In fact, virtually every form of fertility regulation is available in the Yemeni capital including vasectomy. But for the rest of the country it is a different matter; the average number of children per woman is around seven and women are just beginning to learn about fertility control.

Mahani Mohsin, one of the pioneers of family planning in South Yemen, was trained in nursing and midwifery. She is now **Deputy Director of Maternal and Child Health and Family Planning** for the whole country. About the difficulties facing the government for bringing health to the villages Mahani says: "There are so many problems to overcome, not only health problems, but social and cultural ones which cannot be separated from health." She recalls visiting a woman in a country-town who was eager to have contraception as soon as she heard of the possibility.

"Do you really think I can delay my next pregnancy ?" the woman asked Mahani. "I was relying on breast feeding." And in a whisper, when her mother-in-law tried to object, the woman said: "Don't worry about what she says. If you have something, give it to me."

The Yemeni Government intends to make family-planning available gradually in rural areas, mainly for birth-spacing. Moreover, at least half of the country's preschool children have second or third degree malnutrition. What is to blame are: poor feeding-practices, a trend towards earlier waning, sheer poverty and inadequate protein and seasonal shortages of fruits and vegetables.

Currently two governorates in the country have started to train health guides who are volunteer health-workers chosen by their communities. They receive three month's training in their community in hygiene, sanitation, nutrition and basic health care. Most of these health-guides are teachers or literate farmers, but almost all are men. Once a month they produce simple reports showing the cases they saw, the drugs they gave, the work they did. They also list any births or deaths. This information is valuable because South Yemen is a country where there has virtually been no reporting of health or vital statistics. These health guides are now under careful observation in restricted areas, before they work nation-wide. But the critics of the program are skeptical that the volunteers will continue to work without any payment.

Mahani Mohsin:

The health guides receive full support from the People's Defence Committee, the ruling party's grass-roots organizations. Their value is already recognized by the communities they serve and instead of asking for more health posts, as they used to, people are now asking for more health-guides.

However, the intention of the government is that the Primary Health Care units will eventually be run by community nurse-midwives, a new breed of health workers, recruited from the communities they will later serve. Although not full-fledged nurses, the community nurse-midwives (CNMs) must have eight years' schooling and attend a two-year course, which includes family planning.

These nurse-midwives will supervise the health guides and the traditional birth attendants as well as provide the vital first point of contact between the volunteers' preventive work in the community and the professional medical back-up services. So far, some 300 nurse-midwives have graduated and 250 are working in hospitals and in the country's 45 health centers which provide family planning.

One of the problems facing the community nurse-midwives project in South Yemen, says Mahani Mohsin, is the drop out rate. Since the age limit for the training course is 15 to 25, many CNM's leave when they get married.

Another problem is the recruitement of girls from remote areas since virtually all training has been taking place in the capital, Aden. But as some families discouraged their girls from going so far away from home, residential training centers are now being built in several governorates.

In conclusion, says Mohsin, South Yemeni nurse-midwives have a vital role to play in primary health care. We have found that it is best to train them on the spot, in their own environment. You really cannot teach them theoretically, you have to watch how they work and try to correct them when necessary, she added.

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