

The Sun Rose More Than Twice on Amina

by Mme. Maiga Amsou Amadou

Amina was just 17 and expecting her first baby. She had married at 15 but her husband left soon after Amina found she was pregnant. When Amina went into labor but made no progress, her family took her to the nearest rural dispensary, first by cart, then by dugout canoe. She stayed there for the best part of two days, suffering pain, high temperature and low blood pressure, with no progress. She was referred to a health post, but money was short. So, the family went back home first to try to find more funds.

Selling, borrowing and

seeking gifts took two more days. Amina was now in extreme distress and barely conscious. They put her on a cart and set off again. The health post they decided on was too far, so they went to another rural dispensary. Fortunately, a nurse was visiting from the district medical center. He was shocked by Amina's condition. He wasn't sure he could help her, but he knew she would die if he didn't. He decided he might as well try, although he was short of even the most basic drugs and equipment.

Amina was semi-comatose. Her temperature was over 40 degrees Centigrade,

her blood pressure was dangerously low, the head of the fetus was fast stuck in her vulva, and there was a fetid smell that indicated an advanced state of infection. The fetal heart was not beating. The only choice was to perform an episiotomy as quickly as possible and remove the fetus.

The nurse hesitated, though only for a moment. He had worked in a city hospital and knew what to do. There were no scissors. He made do with a scalpel, removing a dead male fetus that had already begun to decompose. A perineal suture was followed by a massive dose of antibiot-

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ON THE PULSE

Medical science often fails to recognize the link between women's hormonal balance and the risk of chronic diseases such as breast endometrial and ovarian cancer, cardiovascular diseases and osteoporosis, says a new Population Council report.

In *"What We Do and Do Not Know About the Menstrual Cycle; or, Questions Scientists Could Be Asking"*, epidemiologist Dr. Sioban Harlow challenges researchers to undertake a comprehensive study of the menstrual cycle that goes beyond questions of fertility.

"The menstrual cycle appears to modulate several aspects of women's physiology, including heart rate, pulse, transit time and blood pressure, energy metabolism, and various aspects of immune function," says Dr. Harlow. "All too often, the menstrual cycle is viewed solely as a mechanism to achieve pregnancy. The continued failure to perceive and investigate linkages between menstruation and women's health carries great cost."

The report calls for more research on certain breast cancer treatments, citing evi-

dence that the timing of surgery during a woman's menstrual cycle may affect her chance of survival. Dr. Harlow also recommends additional research into menstrual dysfunction that causes substantial disruption to women's daily lives.

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MIDWIVES ON BIKES

Traffic problems have become so bad in Bangkok, Thailand, that health authorities are now fielding motorcycle-mounted midwives to assist delivering mothers caught in traffic jams. The midwife teams will help deliver babies on the spot.

According to Theppanom Muangman, adviser at the Ministry of Public Health, these midwives will be stationed near traffic posts around the city and will be able to respond in minutes to police radio calls for help.

An estimated 100 women are stuck in the city's notorious traffic jams every month and forced to deliver their babies in cars.

Theppanom also wants to give taxi drivers midwife training but the scheme is awaiting funding.

Source: Health Alert, 1-15 April 1996.

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these women share information, first with each other, and then with the larger community.

Geller's own consciousness was raised while taking her studies in Education when she encountered the work of Phyllis Chester whose book *Women and Madness*, published in 1972, argues that women are labelled mentally ill for behavior that would be applauded in men. Chester says traditional methods use a "subtle system of reward" to bring women to terms with their male-defined roles in society.

Geller surveyed current therapeutic approaches and concluded that they were, for the most part, antithetical to feminism. "That was when I knew we would have to do our own research, and since then, the need to have feminist approach [has been] a major interest of mine."

ESSENCE OF FEMINIST THERAPY

What is feminist therapy? At its core is empowerment of the client, says Geller. Feminist therapy grew out of the women's movement's early

days when consciousness-raising was considered the key to societal change. But in the eyes of the therapy establishment, feminist therapists without traditional qualifications are often considered nothing more than quirky feel-good therapists, with about as much professional credibility as soothsayers and fortune tellers.

Clinics still hire only people with recognized qualifications—psychiatric nurses, psychologists, psychiatrists and social workers. But the network's activists are working to change that. They see an opportunity in Saskatchewan's revamped health system, which gives each community its own health board. The network's next plan is to lobby people on the health boards, thereby getting at the core of the health system.

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ics, the only treatment possible in view of lack of medicines.

There was nothing more he could do. The next task was to get Amina to a district medical center as soon as possible. Amazingly in this area of Nigeria, where you go sometimes for days without seeing a vehicle, a car came by and the driver was willing to take Amina to the medical center though it meant a 60km trip back to where he had come from.

Several hours later, he resumed his original journey and passed the rural dispensary again. The dispensary staff were delighted to hear that Amina had survived the journey to the medical center. The nurse returned to the district dispensary a few days later to find Amina alive but exhausted. She had survived, but her urine would not stop running. Amina had a vesicovaginal fistula, a complication of obstructed labor. The urine now flows straight from the bladder to the vagina.

What lies ahead for Amina? At the age of 17, incontinent, smelling of urine, she is likely to end up a social outcast. There is a saying in Niger that "a woman in labor should not see the sun rise twice." Amina, a victim of neglect, delay, poverty, lack of medical resources and poor communications, saw it rise far more than that. Sadly, there are many more girls in Amina's situation.

Mme. Maiga Amsou Amadou is the president of Niger Committee Against Traditional Birth Practices. Source: Safe Motherhood 18: 11, 1995.