THE CHANGING ROLE OF WOMEN IN AFRICAN MUSIC

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Introduction

There are many problems with studying women in music, especially women in African music. There have been many misconceptions and stereotypes about African music in general. There is reference material on women's roles, music, and Africa, but very little on women's roles in African music!

In this paper I will try to explore the direction of women's roles in the music of Africa, limiting my discussion to an overview of some specific areas. The questions I want to pose are as follows: What are some of the traditional roles of women? How have these roles changed? What are the new roles? How are social and religious changes reflected through music, in the repertoire that women perform and the instruments they play? On the other hand, does music itself serve as a vehicle for change? What effect does change have on female roles within the musical realm? These are large issues, questions I wish to consider.

Much of the material for this paper was obtained from interviews with two people who have knowledge and insight on African music—Christian Horton, an ethnomusicologist from Sierra Leone who teaches at UCLA, and William Anyonge, a UCLA biology graduate student from Kenya. I also use my experiences in UCLA's Ghanaian music and dance ensemble, under the direction of Kobla Ladzekpo.

I will begin by examining the roles of women as they were and still are in many traditional areas of the continent. I will then discuss the vocal and instrumental aspects of music in the contexts of initiation or puberty rites, work, religion, and public or social performance. I will also discuss how the music in those contexts has changed, and the effects of the introduction of Islam, acculturation, and urbanization. I will look at the new opportunities that have arisen for women in Africa, and conclude by suggesting some ideas on the future of women in African music.

Traditional Roles of Women and Music

In the past, women's musical roles were closely linked with birth, initiation, marriage, and work activities. The first three events are functions of womanhood itself, but work activities stem necessarily

from the subsistence strategy of the society. In addition, outlets for female music-making include religious and social activities. How then are women's roles in music related to these situations?

In much of Africa, girls have traditionally gained their training for adulthood in puberty rites or initiation ceremonies. The *sande*, a West African secret women's coming-of-age society, still exists. In the past, the *sande* girls were often kept in seclusion for years at a time, while they received intensive training in music and dance. Here they learned songs and dance techniques, as well as how to use cosmetics properly. Scarification, thought to make the young women more beautiful, was performed. Female circumcision was also done, to simulate the pain of childbirth.

Various types of songs and instruments were, and still are taught in the *sande*. Among the Kpelle of Liberia, the girls learn responsorial songs with allusive song texts, which contain lessons for adulthood (Schmidt, 1989). They also learn to play the gourd rattle. Among the Vai of the same area, a *kengai* (a professional female musician) trains the girls on *sasaa*, or gourd rattle (Monts, 1989). In Sierra Leone, the initiates learn the *sandebii*, a medium-sized drum played with one hand and a stick (Christian Horton, interview). In these groups, the standard songs taught to the young women include songs for pregnancy and childbirth, lullabies, and other "female" songs.

Work activities are another context for music-making where women have specific traditional roles. At the basis of a society is its survival strategy. A society can only function within the limits set by production of food (Maquet, 1972). Therefore, music and other aspects of culture arise from that foundation. This means that the roles and music of women will vary according to whether the society is a group of hunter-gatherers, agriculturalists, pastoralists, or urbanites.

William Anyonge (interview) reports that among the farming and cattle-raising Luhya of western Kenya, men fish, care for the cattle, and otherwise obtain food for the group while women cook, do farmwork, and fetch water. According to Anyonge, the women always sing as they work. The songs are about the work and their hard lives, and often contain proverbs or cryptic messages. Women also sing moral or lesson songs to the children. These songs are all standard items in the repertoire and many have been handed down for generations.

Among the rice-farming Kpelle of Liberia, women play a strong role in the society. They do almost all of the work associated with rice farming—they cultivate the rice, own rice farms, control the granary, and allocate the rice (Schmidt, 1989). In the work cooperative, or *kuu*, men and women work in separate groups. In the women's *kuu*, songs encourage the workers and comment on the hard work. The best singer is the song leader and also the work leader, mediating disputes and

delegating tasks. Musical repertoire and instruments change with the phases of the rice-planting season. During the bush-cutting, where men assist with the heavy work, women sing accompanied by small drums and slit gong. During the rice planting, the singing is in a call-and-response form, accompanied by slit gong and gourd rattle (the song leader guides the singing; "officers" of the women's *kuu* play instruments). Protecting the seedlings is the responsibility of the women and children who sing songs to scare birds away from the young plants. During the harvest, singing is unaccompanied since it is too hot at that time of the year for the workers to carry instruments around with them.

Religious events provide yet more performance opportunities for women. Anyonge reports that Luhya women were, and still are, very active in church groups, singing religious songs and hymns and clapping their hands. He describes a day-long funeral he recently attended and says that all of the women of the village, dressed in white, gathered at a place not far from the church. Then they walked to the church together, singing all the way. He mentions that there were many different vocal parts interacting with each other to create a beautiful and moving sound. He adds that the village is alerted to the death of a member by the moaning and singing of women.

In Benin, the Egun people have a church music called *agahu,* which consists of drums of various sizes, iron bells, gourd rattles, singing, and dancing. The singing may be in Egun, Fon, Ewe, English, or French (Kobla Ladzekpo, personal communication). In Sierra Leone, drums were considered "agents of the devil" in the past, and were not allowed to be played in church (Horton, interview), so singing has played a key role in this context.

Social or public events are another context in which women have a traditional place. According to Horton, some social groups in Sierra Leone like the Egungun, a secret society, include both men and women. Men play drums while women play rattles and shakers and clap their hands. Among the Kpelle, songs performed by women in a social, public event have a nucleus of five singers—one "song starter," or timekeeper; three "song catchers," or supporting parts; and one "who puts in the words," or soloist (Schmidt, 1989). The best female soloists are hired for special events, and they are expected to be talented and highly versatile. The best soloists can gain prestige, become financially independent, and travel. In Ghana, a dance called *tokoe* is performed by young girls in a coming-of-age ceremony in front of the entire village. The girls receive gifts from their female relatives and they dance, while professional male musicians accompany the dance with bells, gourd rattles, and drums (Kobla Ladzekpo, personal communication). In the Sudanic region, women often sing praises to kings and other officials. According to Jacqueline DjeDje in her essay,

"Women and Music in Sudanic Africa" (1985), female praise singers accompany drummers at feasts at the royal palace. Dagomba women also may play one-string fiddles and rattles, in addition to singing choral responses.

These are a few examples of traditional music-making ceremonies, most of which are still practiced today. However, some have been modified or adapted for current use.

New Roles and Music

Of all the changes that have occurred in Africa throughout history, three in particular have had a great impact on the music of Africa and female roles: the introduction of Islam, acculturation from other areas (particularly from Europe and the United States), and urbanization. These three areas overlap to some extent. Islam is particularly widespread in the Sudanic region, where it was introduced through merchants and emissaries. Acculturation is the result of European colonization and other foreign contacts. Urbanization is, to some extent, also an outgrowth of foreign contact; many aspects of city life in Africa today have been Western-influenced. How have these phenomena changed the musical events mentioned previously?

Initiation rites are greatly abbreviated today in much of Africa. Since many children now attend school, they cannot be secluded for years or even a few months in the *sande*. Adults often hold wage-paying jobs in the cities, limiting their time to participate in *sande*. According to Horton, female circumcision is being abandoned in many areas as people become more educated and as the law begins to limit it. Along with this abandonment of traditions comes a loss of some of the musical repertoire. Songs to accompany circumcision are no longer useful, and thus are set aside.

For societies which have retained their methods of food production, little has changed. However, among some peoples such as the Kpelle, men are leaving the farms to take up wage-paying jobs, leaving women in complete control of the farm. People who move from their traditional areas to the city find a new set of circumstances to deal with. Anyonge reports that he and his family moved from their village in western Kenya to Nairobi when he was seven years old and as a result of the move, many of the women's work songs, now devoid of their traditional contexts, were put aside.

The *agahu* music of Benin, in the past performed only in church, is now performed in public for entertainment.in Ghana (Kobla Ladzekpo, personal communication). In Sierra Leone, where they were

banned from use in churches, drums are today being used in new music composed especially for use in church (Horton, interview).

Music in social contexts now encompasses many forms. Religious and other "functional" music is being used for entertainment. It is even being performed on concert hall stages in Africa and all over the world. Women's social roles are changing. In the Egungun society of Sierra Leone, women today have more freedom. The senior women are involved in major discussions that take place in the society's meetings.

Islam has been a major influence on music and female roles in Africa. In many situations, including religious festivals and inside mosques, women are segregated from men or banned entirely. Muslim women observe *purdah*, religious seclusion. These roles have led to new female participation in music. DjeDje (1985) reports that Muslim women in the Sudanic region are attracted to spirit possession cults, called *bori* in Hausaland, because of their entertainment value and because *bori* offers them an outlet, as they are so often excluded from the public rituals of orthodox Islam. DjeDje (*op. cit.*) adds that in public, women sing praise, historical, or legendary songs while men play the instrumental accompaniment. Dagomba women sing praise, genealogical, and war songs at royal feasts. Only women participate in music for birth rituals and weddings. They also sing lullabies, courting songs, and educational songs to teach their older children (DjeDje, *op. cit.*). Occasionally, female professional singers are hired to entertain women at marriage feasts, where they may perform critical songs which ridicule co-wives. Some instruments have been adopted from Arab countries. In Yorubaland, two types of tambourines have emerged: a round one with jingles attached, and a rectangular one which women have favored (Omibiyi-Obidike, 1979). The *kakaki*, a long metal trumpet, enjoys great use among the Muslim Yoruba, as does the *goge*, a one-string fiddle.

Acculturation has changed many aspects of African life and music. The highlife music of West Africa, the *kwella* of South Africa, and the popular music of Zaire have resulted in part from European and American presence in those areas. Recording technology and Western demand for recordings (perhaps as a method of preservation) have resulted in the rise of popular recording artists, male and female. African music is also being presented on the concert hall stage. Traditional and popular musicians, such as South African singer Miriam Makeba, are giving concerts all over the world and using foreign musical elements in new compositions. Music is being notated, perhaps again in response to Western demand for preservation.

Urbanization is probably the biggest present-day factor in changing musical roles of women. In Monrovia, Liberia, new creative

outlets for the Kpelle and other Liberian women have stimulated a new interest in performance (Schmidt, 1989). The National Cultural Center in Monrovia has supported female Kpelle singers and dancers. Here, women have begun to examine their roles and functions within the society and create new music. The Liberian recording artist Fatu Gayflor has become extremely popular. In her song "Market Day," she recognizes the vital economic role played by market women, in lyrics such as "Mama de go to Rally Time Market every morning/Just to make me at least have some kala . . . " and "Mama workin harder while Papa's in the liquor shop o?" (from Schmidt, ***op. cit.***). Many women are moving to Monrovia, seeking opportunities for musical performance and liberation. In other cities, similar situations exist. Yet when women travel to the city, a certain amount of tradition is lost. Earlier, we mentioned Anyonge's report that upon his family's move to Nairobi, many of the traditional women's songs were abandoned. As he grew up in Nairobi, the only women's work songs he was exposed to were those that his mother sang in the home. He mentions the lack of a sense of cohesiveness and the changing of oral traditions in the city. He adds that female singers from Zaire are extremely popular in Kenya. Their music, sung in Swahili and Lingala, can be heard on the radio (most residents of Nairobi own a radio). Anyonge mentions that Kenyan recording artists generally leave Kenya to perform in Europe where exposure and promotion are easier to obtain. On the popular music scene in Nairobi, he reports that female singers are often incorporated into bands as back-up singers. In nightclubs, these bands will often play popular music for a time, then play traditional African music for an hour or so. During the traditional music, everyone participates in dancing. He adds that the few people with television sets in Nairobi can watch MTV and that foreign artists are popular. But the sexy image cultivated by many foreign female singers (especially Americans) is not acceptable to most Kenyans.

Things are changing quickly in Africa. As we have seen, some traditional ways are being modified. Foreign influences are widespread, especially in urban areas. Women have become involved with the idea of "liberation" and are taking advantage of the new opportunities open to them.

Which Direction?

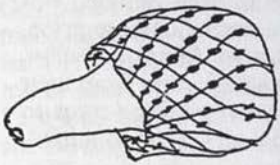
It certainly seems that the roles of women in Africa are "modernizing" or "progressing." Many writers compare this phenomenon with the women's liberation movement in the United States. But what are African women being liberated from? What

"backward" state are they emerging from? It seems that women have not so much suffered the stifling oppression of men as they have simply played a complementary role. This is not to imply that African women happily toil away as wives, mothers, rice farmers, and water fetchers, perfectly content with their place in society. African women's roles have been deeply rooted in the biological aspects of womanhood. For many African women, it seems as though this is a source of deep pride. From the material I have studied, it is clear that many African women, like many women all over the world, derive great satisfaction from their roles as wives and mothers. Perhaps they acknowledge these roles as their unique contributions to society, as men have theirs. And in Africa, there is a great deal of respect for women's roles.

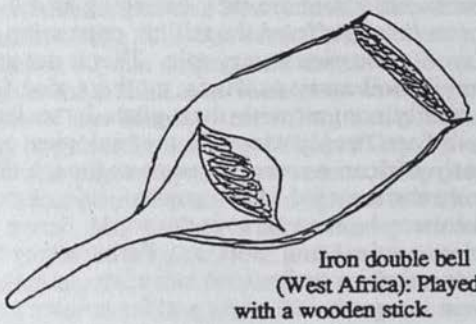
"Modernization" brings with it a dichotomy. William Anyonge wistfully mentions a lack of cohesiveness upon his move to Nairobi; something was lost. But Fatu Gayflor and others have performed a valuable duty to African women as a result of the opportunities open to them in the cities. The dichotomy is this: more freedom and opportunities versus a loss of group identity and some of the musical repertoire. For women like Gayflor, the opportunities outweigh any disadvantages. Perhaps the issue should not be whether African women are better (or worse) off today. The bottom line is that today, there is a choice for many women. Someone who is dissatisfied, or simply wishes to take advantage of new avenues of performance, has that option. A woman who is satisfied with her traditional activities and songs does not have to change.

Women from South Africa and Zaire have entered the popular music scene. Their music brings a message—of peace, of solidarity, of bettering oneself, for example—that the rest of the world wants to hear now. As worldwide interest grows, demand for music and artists will bring forth even more African female musicians. And perhaps more attention will be focused on the specific issues of gender and music.

Instruments

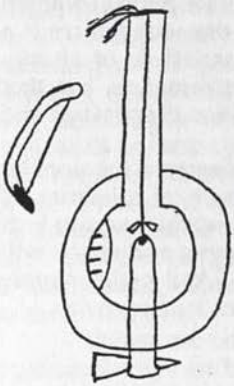


Gourd rattle (West Africa): Hollow gourd covered with netting strung with beads or shells.

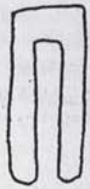


Iron double bell (West Africa): Played with a wooden stick.

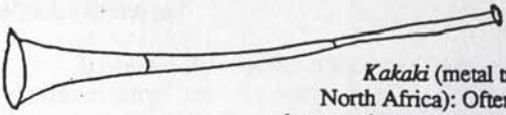
Drum (West Africa): Wood body with animal hide head. Played with wooden sticks, hands, or both.



Goge (one string fiddle) and bow (West Africa): Body is usually made from a calabash, string is animal hair, and bow is wood with animal hair string. The instrument is held horizontally.



Slit gong (all of Africa): Made of a single piece of wood, hollowed out as shown, and played with a wooden stick.



Kakaki (metal trumpet) (West and North Africa): Often six feet long, the three sections can be taken apart for transport.

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HEALTH CONSEQUENCES OF WAR AND HEALTH RELIEF: CHALLENGES OF ASSESSMENT

Jok Madut Jok

Accurate assessment of health care for populations displaced by oppression, civil wars or resulting famine is vital to the design of health relief programs and the evaluation of health intervention. As Godfrey and Kalache (1989) observe, this need has recently received considerable attention from inter-governmental organizations such as United Nations High Commission for Refugees (UNCHR), non-governmental organizations such as OXFAM, CARE, Save the Children (OXFAM, 1983) and from academic units as evident in the works of Jellife and Jellife (1981).

As Dick and Simmonds (1983) point out, health problems associated with displacements are 'similar but different' to those of stable communities in the developing world. Moreover, it is often not possible for people displaced by war to return to their homes or to resettle in another country of asylum. Thus, Simmonds recommends that "health relief needs to be planned and implemented within the context of development with adjustments for the emergency phase and rapidly changing circumstances" (1984:730).

One main thing is associated with emergency period following displacement. This is likely to be scarcity of resources. In response to this fact, community leaders and relief workers are presented with a dilemma. They have to make a choice between distributing the scarce resources equally among the entire population, or directing help to those in dire need. The idea of targeting scarce resources for those most in need is a principle of triage which is a well established and accepted principle in medical practice. It was first developed for ranking surgical cases in times of war since World War II (Godfrey and Kalache, 1989). This practice has been adopted in relief, especially in nutritional care (Aal, 1970). Although this practice is a logical one, it leaves the needs of certain groups in refugee populations unattended.

This essay will discuss research techniques used to help increase understanding of the health of populations displaced by war and associated famines. I will draw on examples from several war-torn countries in Africa, Middle East, and Latin America to show scarcity of accurate information on certain groups among populations displaced by oppression, civil wars or famine, and which lead to their neglect in health and nutritional relief. Drawing on analyses of social scientists, I will attempt to identify the best ways of targeting the most vulnerable

groups for priority in health relief. The usefulness of health and nutritional relief depends on the accuracy of the data that is fed into analysis. Faulty data and rough estimates may lead to results that would seriously mislead relief planners. Under conditions of conflict and poor facilities, appropriate and accurate information for assessment of displaced people's health and planning of relief can be difficult to acquire.

As Godfrey and Kalache argue, "targeting health care is only successful when the individuals or groups most in need can be easily identified and contacted" (1989:707). Health relief or health care in general provided by international health organizations has always carried out primary care and mother-child care activities, thus, the groups that UNICEF and other organizations have supported have been children under 5 years of age, those who are ill, and pregnant and lactating women.[1] For example, UNICEF has adopted the GOBI-FFF strategy which gives priority to seven activities which are thought to be effective, low-cost control measures for the most important health problems of children, namely growth monitoring, oral rehydration therapy, breast-feeding and immunization, food supplementation, family spacing and female literacy. Given the state of health conditions in the entire refugee population, appropriateness and effectiveness of such a targeted approach has come under fire in general, but to a lesser degree in health relief. In health relief, especially during the emergency phase, there is a particular concern that health problems of other age/sex groups require equal priority, and that some important dimensions in target groups' health are usually not well documented.

Information on the health and nutritional needs of women, and the elderly populations displaced by war and famine tends to be relatively scarce. Most of what is available is usually derived from studies involving entire populations or focusing on a specific disease in a situation of a particular health problem (Ityavyar and Ogba, 1989). However, in general, in many Third World countries several problems associated with wars, such as physical destruction of social infrastructures, health care facilities, and problems of refugees which create constant mobility of displaced persons by political violence exacerbate already existent long term health constraints, hunger, and malnutrition.

To give some examples, in Nicaragua, according to Garfield (1989), each of the waring parties (the Sandinista government and Contra rebels) in mid 1980s targeted civilian population accused of collaboration with the enemy. The rebels targeted farm cooperatives and rural health centers in order to destablize the Sandinista government as a means to win victory. Contra rebels attacks, lack of supplies and war-

related economic instability forced about 250,000 civilians from their homes. Of all these displaced persons, less than half settled in new agricultural communities established by the government in areas adjacent to their original habitats, but most of the rest fled to major cities. This migration was a severe strain on the social and health infrastructure of the country.

Likewise, international health organizations have been struggling since 1983 to deliver health and nutrition relief to the people of Southern Sudan cut off from health and nutritional services by violent conflict between the government and the South-based Sudan Peoples Liberation Army. Thousands of civilians have been caused to flee to big cities in the North and to the neighboring countries of Ethiopia, Kenya, Uganda, Zaire and Central African Republic (Dodge, 1990; Duku, 1988; Twose and Pogrund, 1988 and Dodge and Ibrahim, 1988). As Sabo and Kibirige (1989) report, similar conditions existed in Eritrea. Ethiopian occupation of Eritrea in 1952 led rapidly to the deterioration of health care and since then, Ethiopian health care in Eritrea has progressively deteriorated over the years, with the Ethiopian government's misuse of food as a weapon to force Eritrean militants to the negotiation table. Food has also been used to entice Eritrean and Tigrean peasants into urban areas where they can be controlled and resettled (mostly without their families) to Southeast Ethiopia. This caused displacement of thousands of Eritreans to Sudan.

Also, studies of the conditions of children under political violence have alarmed people about the stress children face in reaction to events of political violence, such as conditions of endemic war situations in Lebanon, Cambodia and the Philipines (Armenian, 1989). Effects of political violence on health are also very eminent in Israeli occupied Gaza Strip and West Bank (Annon, 1990). In Mozambique, where the South Africa-backed rebel group, RENAMO (Mozambique National Resistance), has been waging an economic war aimed at destroying social infrastructures like hospitals, peasants' homes and farms, thousands of civilians have been forced to leave their homes for neighboring countries or to the big cities. Health care of these people has deteriorated in the migrant lands as economies of host countries are ravaged by famine resulting from drought, and Mozambique is now the country with the lowest quality of life measurement (Rutherford and Mahajane, 1985).

What characterizes refugee populations in most of these countries is that they are composed mainly of women, children and the elderly (Melrille, 1992). In most cases, young adult men are involved in fighting. Therefore, refugee health care analysts must seek additional sources of information for estimating efficiency of expatriate health care.

One of the contributions which social scientists can make to relief policy and evaluation is to supplement health care specialists by gathering data on how displaced populations actually perceive help, how refugees can participate in distribution of relief, and how they acquire coping mechanisms and information on where to settle. This type of research can provide relief workers and host governments with more accurate information on the social organization of displaced persons and help them design more effective policies to relieve aid projects of cultural practices which sometimes function, if not well understood, as constraints on health care delivery.

What and how can we learn from this situations?

Examining the information on health relief targeting, it seems obvious that there is need for aiming studies to determine the demographic characteristics of displaced populations in order to identify the different groups for further design of accurate targeting of relief services. The population may be composed of healthy children, children with malnutrition, children with disabilities, pregnant women, lactating women, and the elderly[2]. All these groups have different and varying degrees of health needs. Thus the second step after documentation of demographic characteristics is to identify functional disabilities in children and the elderly, and assessment of socio-economic support mechanisms which are available to, and are being used by each group. This approach, as Gibson (1989), Sabo and Kibirige (1989), Ityavyar and Ogba (1989), Shears (1987), and Zwi (1989) have found out in different parts of the world where health has suffered from political violence, attempts to provide a picture of the extent to which morbidity events and migration affect the life-style of certain groups such as older adults and ultimately their degree of autonomy. This agenda frees health relief workers from concentrating on disease finding activities, and may be complemented by semi-structured interviews with community and agency officials. This activity helps assess the extent to which each group can be considered in health policies, plans and activities. From this picture thus, the risk of death, illness and disability in each group and their specific health and related needs with implication for targeting practices in health relief may be portrayed.

In an attempt to assess conditions of each represented group, researchers in this field (Dodge, 1990; Godfrey and Kalache, 1989 and Rutherford and Mahajane, 1985) designed two kinds of questionnaire. The first one is a questionnaire which reports self-reported disability,

illness or death of family members leading to lots of social support. These are ranked according to the degree of difficulty experienced with a number of functional activities. In the case of older refugees, these activities may include pain, walking, seeing, personal hygiene, and chewing/swallowing. But in the case of the rest of the population, of consideration is the health status, access to resources and ability to support the family. Gardner *et al.* (1972) and Cobey *et al.* (1983) say that this approach is based on activities of daily living, and has been used extensively in epidemiological studies of ageing and functional disability of other age groups. The difficulty experienced with each of the functional activities is classified according to the level of assistance required, ranging from total independence to complete dependence. Other questions are used to assess the social support mechanisms and economic resources which are available to, and are being used by the group subject of focus. The problem with this kind of questionnaire is the sampling techniques which have to differ as the research moves from one camp to another, and which present researchers and health workers with difficulty of dividing the camps into villages and organizing the shelters into well-defined rows to allow a stratified sample to be drawn. After which a number of households can be randomly selected using random number tables.

The second questionnaire is aimed at households rather than individuals in order to determine the demographic characteristics of the entire population. Given the urgent nature of relief services, this questionnaire, like the one above, needs to be carried out by several teams of interviewers in order to complete the survey in a short time. Increasing the number of interviewers and separating the questionnaires can simplify the training of the survey team and reduce the amount of time needed to complete the survey. This questionnaire usually will record the age, gender, occupation, migration history and current location for each family member. Respondents may be limited to the head, or the acting head, of the household. However, like any research tool, this approach has its shortfalls. Because it relies on self-reporting, it must take into account potential biases in the results. The results may be distorted by the subjective nature of the information, lapses in memory or purposeful distortions in hopes of aid or as a cover for political activities. It is possible that such biases may increase the type and severity of disability, illness or resources reported by household heads in the hope of receiving assistance. Given the political nature of their displacement, family members in household survey may under-report on their relatives who they fear may fall in the hands of the government.

Who are in Need the Most?

Although health care for populations displaced by war and famine has entered the forefront of international attention with particular concern for children and women and with recognition that the health problems associated with these displacements are similar but different, as mentioned above, to those of stable communities of the developing world, it is yet observable in the literature that there are discrepancies in targeting for health relief. This is related, aside from war and displacement, to cultural practices that do not necessarily change once a population is displaced, and which do not lend themselves automatically to availability of health or nutritional care. For instance, despite the claim that women have been given enough attention, rates of maternal mortality, inadequate women's diet during pregnancy, high energy expenditure associated with physical activity in production, violence against women (including forcible extra-marital sex), high fertility levels which have sparked ever greater concern among health professionals over the increasing reproductive health problems and susceptibility of Third World women to a multitude of reproduction-related health problems have not been addressed in health relief efforts.

Let us examine the above conditions in detail, to show why women may be more vulnerable to a multitude of problems. According to recent data, unsuccessful pregnancy and its unhealthy outcomes are associated, among many issues, with the effect of energy expenditure (note that women, under conditions of civil conflict become the primary food producers), poor diet and subsequent weight loss (Huffman, 1988). In Southern Sudan for example, of many causes of female reproductive health problems reported over the last decade or so, the major one is anemia mainly due to poor nutrition and frequent pregnancies (Aziz, 1980). Other problems include unacceptability of child spacing among some ethnic groups, existence (paradoxically) of infertility that may be explained by prevalence of untreated pelvic infections, fibroid and fistulas (Naisho, 1982). The problem of maternal health in many Third World countries assumes proportions of even greater magnitude when we take into account the wide spread desire for children, preference for male children, women's productive activities and poor health care, inadequate child-bearing age, multiparity, and most critical, cultural constraints, most of which are exacerbated by conditions of civil war and displacement of which I gave examples above.

Another problem that put women (who constitute over 75% of refugee population) top on the research agenda is sexual violence. Repeated brutally forced sexual contact is a common aspect of the displaced female experience, either during the escape, at border crossings or during their life in camps. Although there are reports on rape from war-torn countries, these data are likely to underestimate the problem given the reluctance of women and other family members to report incidents of rape. The perceived honor prevents them from reporting rape. Some societies continue to attach a stigma to the woman who has been sexually violated. Many displaced women who have been raped or violated in any other sexual way are regarded by their community to have no more value, and they are sometimes isolated. As traumatic as it sounds, it becomes hard to assess these women's psychological problems that may result. It is thus a task of researchers to highlight this trauma in order to design a support system for these women.

Therefore, it should be of consideration, when designing research for health relief, to account for a number of macro and micro level conditions. Women are not only reproducers, as it appears in health relief targeting, but are also producers of food and health for their families, and should be looked at from all these angles, and for that matter, are the most in need. So attempts should be made to collect demographic and social cultural information for planning, monitoring or evaluating health status or health services.

Another group of refugees that is easy to forget are the elderly. As Godfrey and Kalache (1989) note, the health of older refugees deserves equal attention because older adults have difficulty with refugee life which involves walking and depending on oneself. Usually, older adults have problems of pain and sight and tend to depend on family members. Their needs are very basic: food, water, shelter and clothing, and do not differ from those of the entire population. Although older adults may function independently, they may sometimes do poorly so that they are vulnerable under difficult circumstances or their conditions may deteriorate, particularly for those who have difficulties with a wide range of activities. Studies of refugees in Sudan, Eritrea, Ethiopia, Mozambique and Lebanon mentioned above, suggest that older adults, particularly the elderly, are always indeed vulnerable to illness, disability, and death.

NOTES

[1]This, of course, varies from one country to another. In several war and famine-ravaged countries, very little attention has been given to pregnant women.

[2]I have excluded other age groups because, unless they are ill, they don't usually present relief workers with severe problems.

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