The role of the church with regards to maternal health: a case study of the Church of Central Africa Presbyterian, Synod of Livingstonia

by
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Declaration

By submitting this thesis electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the sole author thereof (save to the extent explicitly otherwise stated), that reproduction and publication thereof by Stellenbosch University will not infringe any third party rights and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

March 2017

Abstract

Many women in Sub-Saharan Africa, and Malawi, in particular, die during childbirth due to preventable and treatable complications that develop during pregnancy and childbirth. This study is motivated by the need to reduce the maternal mortality ratio in Malawi, which higher in comparison to other countries in Southern Africa. Therefore, the study aims to interrogate the role the Church of Central Africa Presbyterian (CCAP), Synod of Livingstonia plays or can play to reduce maternal mortality. The study is undertaken within the field of Theology and Development with a focus on the intersection between gender, health and theology.

The study discusses development approaches and discourses; the historical perspectives of issues of women in development and how it has shifted from Women In Development (WID); Women And Development (WAD) to Gender and Development (GAD). It placed maternal health within the Gender and Development approach. It further explains how the global initiatives on maternal health and the Millennium Development Goals and the Sustainable Development Goals have brought awareness of maternal health as a developmental issue. The initiatives have assisted governments and non-governmental organisations to put strategies that would assist in reducing maternal mortality and it has been noted that Faith-Based Organisations play a crucial role in the health sector in most countries in Africa, including Malawi.

The findings indicate that maternal health mirrors the disparities between developed countries and developing countries, between the rich and the poor, between the educated and the uneducated, between the urban and the rural women. Maternal deaths are caused by preventable and treatable complications that develop during pregnancy and childbirth, however, these complications result from socio-cultural, religious, economic and political factors. Above all, maternal mortality is perpetuated by gender inequality in societies.

Further the study analysed the role of the Church of Central Africa Presbyterian, Synod of Livingstonia with regards to maternal health using Mercy Oduyoye's four theological themes as the theological lens. It has been noted that the Synod of Livingstonia is playing a crucial role in the education and health sectors in Malawi. However, the Synod of Livingstonia regard maternal health as a health issue and women's issue and therefore does not tackle maternal health at different forums. This study concludes that maternal health is a socio-cultural issue,

a developmental issue, a gender issue, an economic and political issue that needs to be tackled through the collaboration of the government and churches and the communities in general. Denominations such as the CCAP, therefore, has a crucial role to play in addressing this challenge and the study concludes with recommendations to the Synod of Livingstonia as to how it could assist in issues of maternal health.

Opsomming

Baie vroue in Afrika suid van die Sahara, en Malawi spesifiek, sterf tydens geboorte weens voorkombare en behandelbare komplikasies wat tydens swangerskap en geboorte ontstaan. Hierdie studie is gemotiveer deur die behoefte om die moedersterftesyfer in Malawi, wat hoër as in ander lande in Suidelike Afrika is, te verlaag. Hierdie studie is dus daarop gerig om die rol te ondersoek wat die Kerk van Sentraal-Afrika, Presbiteriaans (KSAP), Sinode van Livingstonia, in die afname van moedersterftes speel of kan speel. Die studie val binne die terrein van Teologie en Ontwikkeling, en fokus op die inter-sektoriese wisselwerking van geslag, gesondheid en teologie.

Die studie bespreek ontwikkelingsbenaderings en diskoerse: die historiese perspektiewe van kwessies rondom vroue in ontwikkeling en hoe dit van Vroue in Ontwikkeling (VIO), Vroue en Ontwikkeling (VEO) na Geslag en Ontwikkeling (GEO) verskuif het. Moedergesondheid word binne die Geslag- en Ontwikkelingsbenadering geplaas. Die studie verduidelik verder hoe wêreldwye inisiatiewe oor moedergesondheid en die Millennium Ontwikkelingsdoelstellings asook die Volhoubare Ontwikkelingsdoelstellings bewustheid vir moedergesondheid as ontwikkelingskwessie geskep het. Die inisiatiewe het regerings en nie-regeringsorganisasies bygestaan in die implementering van strategieë wat tot die afname van moedersterftes sal bydra en daar is bemerk dat geloofsgebaseerde organisasies ’n beslissende rol in die gesondheidsektor in die meeste lande in Afrika, insluitend Malawi, vervul.

Die bevindings dui daarop dat moedergesondheid die ongelykhede tussen ontwikkelde lande en ontwikkelende lande, tussen ryk en arm, tussen opgeleide en onopgeleide, tussen stedelike en plattelandse vroue weerspieël. Moedersterftes word deur voorkombare en behandelbare komplikasies veroorsaak wat gedurende swangerskap en geboorte ontstaan. Hierdie komplikasies is egter die gevolg van sosio-kulturele, godsdienstige, ekonomiese en politieke faktore. Geslagsongelykheid is die enkele grootste faktor wat tot gevolg het dat daar nie 'n afname aan moedersterftesyfers is nie.

Verder ontleed die studie die Kerk van Sentraal-Afrika, Presbiteriaans, Sinode van Livingstonia, se rol met betrekking tot moedergesondheid deur van Mercy Oduyoye se vier teologiese temas as teologiese lens gebruik te maak. Daar is bemerk dat die Sinode van Livingstonia ’n belangrike rol in die opleidings- en gesondheidsektore in Malawi speel. Die Sinode beskou moedergesondheid egter as ’n gesondheidskwessie en ’n vrouekwessie, wat meebring dat moedergesondheid nie by verskillende forums aandag ontvang nie. Hierdie studie

bevind dat moedergesondheid ’n sosiokulturele kwessie, ’n ontwikkelingskwessie, ’n geslagskwessie, ’n ekonomiese en politieke kwessie is wat deur die samewerking van die regering en kerke en gemeenskappe oor die algemeen aangepak moet word. Denominasies soos die KSAP het dus ’n deurslaggewende rol wat die hantering van hierdie uitdaging betref. Die studie word afgesluit met aanbevelings aan die Sinode van Livingstonia oor maniere waarop kwessies rondom moedergesondheid aangepak kan word.

Dedication

This thesis is dedicated to the memory of my loving parents Burnet Mwiza Nyirenda and Margaret Rose Nyirenda who have slept in peace with the Lord. You would have been proud to see me achieve this level of education.

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Abbreviations and Acronyms

AACC	All Africa Conference of Churches
AIDS	Acquired Immune Deficiency Syndrome
CCAP	Church of Central Africa Presbyterian
CHAM	Christian Health Association of Malawi
ECM	Episcopal Conference of Malawi
FBOs	Faith Based Organisations
GAD	Gender and Development
GBEP	Girls and Boys Empowerment Project
GBV	Gender Based Violence
GDP	Gross Domestic Product
HDI	Human Development Index
HDR	Human Development Report
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
KGIS	Keeping Girls In School
LISAP	Livingstonia Synod AIDS Programme
MCC	Malawi Council of Churches
MCH	Maternal and Child Health
MDGs	Millennium Development Goals
MDGS	Malawi Growth and Development Strategy
MMF	Mamie Martin Fund

MMR	Maternal Mortality Ratio
MWHs	Maternity Waiting Homes
NGOs	Non-Governmental Organisations
NRUN	Northern Region Uchembere Network
PAC	Public Affairs Committee
PHC	Primary Health Care
PRA	Participatory Rural Appraisal
SADC	Southern Africa Development Community
SDGs	Sustainable Development Goals
SMI	Safe Motherhood Initiative
STIs	Sexually Transmitted Infections
TBAs	Traditional Birth Attendants
UNDP	United Nations Development Programme
UNESCO	United Nations Education Scientific Organisation
UNFPA	United Nations Population Fund
UNIFEM	United Nations Development Fund for Women
UNWOMEN	United Nations Women Organisation
WAD	Women and Development
WCC	World Council of Churches
WHO	World Health Organisation
WID	Women in Development

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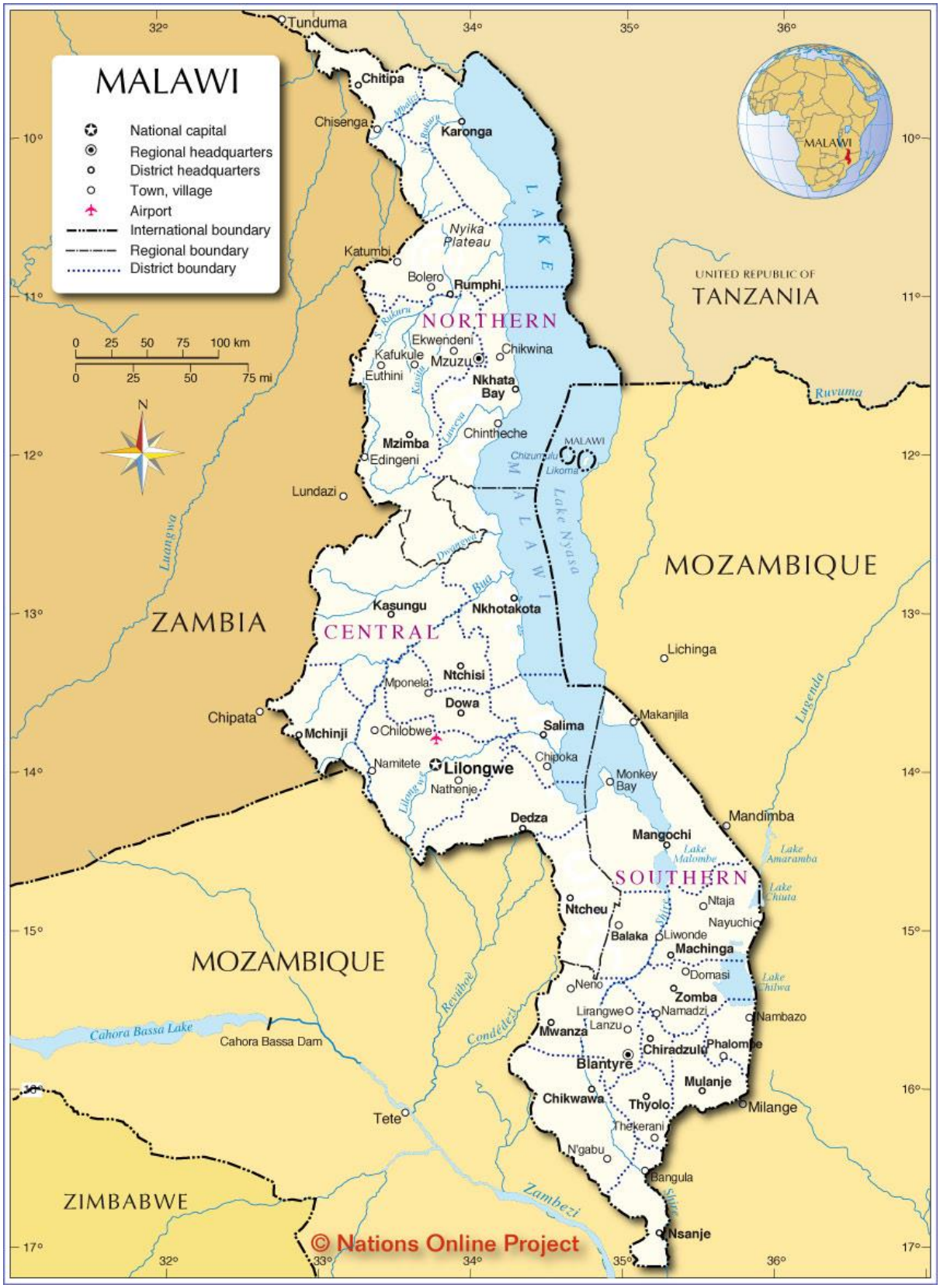

Map of Malawi (www.nationsonline.org/oneworld/map/malawi_map.htm accessed 18 November 2016).

CHAPTER 1

INTRODUCTION

1.1 Introduction

Maternal health is a global public health. It is also a development issue that affects women (mostly those from the Global South), who often die during pregnancy or childbirth of preventable and treatable complications. According to the statistics by the World Health Organisation (WHO)[1], maternal mortality is very high in sub-Saharan Africa in comparison to other global regions. Malawi, in particular, has a high maternal mortality ratio compared to other Southern African countries with a maternal mortality ratio at 510 per 100,000 live births. The aim of this study is, therefore, to interrogate the role of the Church concerning maternal health with a focus on the Church of Central Africa Presbyterian (CCAP), Synod of Livingstonia[2]. The church has a mandate to care for the underprivileged and marginalised people in the society. In this regard, it is well positioned to partner with the government in addressing such contextual challenges. Although the Government of Malawi in cooperation with other non-governmental organisations and faith-based organisations has taken steps to promote maternal health, there is still more to be done to address maternal mortality. It is in this context that this study seeks to explore the role of the church in the promotion of maternal health towards achieving sustainable development goals (SDGs).

1.2 Research Focus

Malawi is a country with significant social and economic development challenges. The country still ranks 174 of 187 in the Human Development Index although there was economic growth in the past years and poverty remains widespread. (UNDP[3] Report on Malawi Human Development Index 2014). According to the World Bank Report (2014), Malawi is a country with a low-income per capita GNI (PPP)[4] of US$ 650 in 2011, and an average GNI growth rate of 3.8 percent between 2002 and 2011. Furthermore, the World Bank Report (2014) states that half of the Malawian population is under 24 years of age and the majority live in rural areas. The level of poverty is so high that 62 percent of the population lives on less than US$ 1.25 a day. The report further notes that as of 2010, 52 percent of the labour force in the country is

[1] Source: www.who.int/mediacentre/factsheets/fs348/en/.
[2] Synod of Livingstonia is one of the synods of CCAP in Malawi working, basically, in northern Malawi.
[3] United Nations Development Programme (UNDP).
[4] Gross National Income per capita based on Purchasing Power Parity.

done by women, with the majority working in the informal sector. The completion rate of primary education is about 70 percent with close gender parity. However, at the secondary school level, enrolment drops to 33 percent for girls and 36 percent for boys (World Bank Report on Malawi 2014).

According to the Millennium Development Goals (MDGs)[5] Report 2014, the Malawian Government has expanded the health services for maternal and child health in order to increase access to quality health services. Despite the progress made in improving maternal and child health, there is the need to do more in order to achieve the Sustainable Development Goals (SDGs) by the year 2030. Most of the women in Malawi live in rural areas where public transport is a challenge and this makes it hard to go to health facilities. It is, however, difficult for women in the rural areas to get the right information on issues of family planning and maternal health in general; hence, they cannot make informed choices for their own health and for their children. Furthermore, sometimes the health facilities lack resources – and this makes the provision of quality resources that can save the lives of mothers and babies quite difficult.

In looking at the MDG 2015 Indicators, Malawi as a country has done well by reducing the maternal mortality ratio from 750 in 2000 to 510 in 2015 per 100,000 live births. The proportion of births attended by skilled health personnel has gone up from 55.6 in 2000 to 87.4 in 2014 (2014 MDG Report for Malawi). There is still much to be done as we now focus on meeting the SDGs 2030. The target of the SDGs 2030 is to reduce the maternal mortality to less than 70 per 100,000 live births. This study will focus on the role that the church can play in order to promote maternal health and how the church can help achieve sustainable development by promoting maternal health.[6]

1.3 Motivation

The motivation for doing research in the area of maternal health comes from the fact that I am an ordained minister in CCAP's Synod of Livingstonia in Malawi, and the second woman to be ordained as a minister in the Synod. I was also the director of the Women's Work Department in the Synod and my work involved empowering women spiritually, socio-economically and health wise. My position and various activities within the church and beyond

[5] These were goals set up by the United Nations Organisation in 2000 with the aim of eradicating extreme poverty and bringing sustainable development. MDGs are discussed further in Chapter 2 Section 2.2.4 as Sustainable Development Goals that have succeeded MDGs in 2015.
[6] Source: www.undp.org/content/undp/en/home/mdgoverview.html

for the betterment of women's lives have made me come to the conclusion that women are still marginalised in various aspects of life including politically, socially, religiously, economically and culturally. In view of this, most women are not able to use their full potential and their contribution to development is very minimal. However, both the church and the society encourage working in partnership of women and men to ensure gender equality although a lot still needs to be done to achieve that.

The society in which I minister is a patriarchal society and women lag behind in most areas. Malawi is one of the poorest countries in the world and the church in Malawi deals with many issues such as poverty, hunger, HIV and AIDS as well as Gender Based Violence (GBV), which are issues that affect most people but more especially women and children. Phiri (1997:13) argues that in patriarchal societies, culture is formulated by men and women are on the receiving end. These aspects of culture that ensure male control of power and authority are upheld by society at the expense of the personhood of women. Women are the most affected by these challenges because they are often weak and vulnerable. For example, literacy level of women is very low because most girls drop out of school due to teenage pregnancies and/or early marriages. Teenage pregnancies often lead to maternal deaths and infant immortality (Safe Motherhood Review 2005:63). In this society, children are regarded as wealth and women often give birth to more children with no proper spacing between pregnancies, which causes ill health, disabilities, and death. As a result, their contribution towards the development of the home, community, church and nation is minimised. I hope this research will bring awareness in this regard and, furthermore, propose what the church should proactively do in promoting maternal health.

When looking at the studies that have been conducted on maternal health, there is much that has been done from the medical scholarly perspective but there is a considerable gap with regard to African theological perspective. Eileen Jones' (2007) study was a response to "the lack of theological reflection on the qualitatively different poverty endured by women, a concrete manifestation of which is maternal mortality" (Jones 2007: i).[7] However, this was done from the Western Feminist Liberation theological perspective. There is, therefore, a need to do the research on maternal health from the African women theological perspectives.

[7] E Jones is from University of Ottawa, Canada. She did her PhD research on maternal mortality. It was entitled "*Birthing Justice: Towards a Feminist Liberation Theo-ethical Analysis of Economic Justice and Maternal Mortality"*.

From the perspective that the church is a partner in development with the government, there is also a need to study and analyse the role that the church plays in maternal health. Rene Padilla (in Hughes 1998:x) argues in the Foreword of the book *God of the poor: A Biblical Vision of God's Present Rule* that

> Christians are in a unique position to help alleviate poverty around the world. They have been given a message that has to do with the transformation of the totality of life through God's dynamic power, active in history – the gospel of the Kingdom. They have been called to form churches that live out the whole of that gospel and as such, to become agents of change in society everywhere.

The church is in a better position since it works with the grassroots. The argument here is that if the church can enact its God-given mandate to care for the poor, the vulnerable and the weak, it can influence change in society. Maternal health is one of the critical issues that must be addressed if we want to alleviate poverty and empower women socio-economically. It is indeed the case that in any development work, the participation of both men and women is vital. However, the point must be made that if women are giving births frequently it affects their participation in community development because they have to take care of children and frequent pregnancies do not give them time to do development work. Furthermore, sometimes these frequent pregnancies lead to disabilities and deaths of the women. The death of a woman has socio-economic implications on the society. This is why the avoidable deaths of women during childbirth must be prevented at all cost (Safe Motherhood Review 2005:61).

1.4 Literature Review

In the year 2000, World leaders signed the Millennium Declaration to eradicate poverty by 2015 and committed to achieving this through eight MDGs. The fifth MDG was to improve maternal health with targets of reducing Maternal Mortality Ratio and improve on proportions of births attended by skilled health personnel by 75 percent as well as to achieve universal access to reproductive health.[8] Since the MDGs expired at the end of 2015 (the year by which they were meant to have been achieved), they were succeeded by the SDGs, which are supposed to be achieved by the year 2030. There are now 17 SDGs and Goal 3 is to ensure healthy lives and promote well-being for all at all ages.[9] The fifth SDG focuses on the question

[8] Source: www.mdgs.un.org/unsd/mgd/default.aspx
[9] Source: www.un.org/sustainabledevelopment/ffd

of gender equality considering that empowering women and promoting gender equality is crucial for accelerating sustainable development.

Equal access to resources for both women and men is a basic human right. It assists in the development of families and communities. When it comes to paid jobs and in the labour market in most regions, there are still inequalities between men and women. Women suffer from sexual violence, exploitation, and discrimination in decision-making. For many, their hard work is not recognised by most in both the informal and the formal sectors. This is why ensuring equal access to sexual and reproductive health is crucial to gender equality and maternal health. Women should be given equal access to economic resources such as land, credit and property.[10] The Gender and Development (GAD) approach, therefore, emphasises the need for involving both men and women in the development program. According to Young (1997:51), GAD focuses on gender relations – the relations between men and women – thus, women's empowerment and men's responsibility. Hence, a GAD approach is crucial in terms of maternal health issues in the development discourse.

Investing in maternal health helps not only to save the lives of women but also safeguard women's well-being and wellness. This is because issues of maternal health affect the health and well-being of all communities. Existing studies indicate that the health of infants depends on the health of their mothers. It is estimated that 30-40 percent of child mortality results from poor maternal health during pregnancy, delivery and post-partum period. The death of a mother affects the health and survival of her children (Safe Motherhood Review 2005:6).

According to the Katenga-Kaunda (2010:22), a number of factors affect the maternal health care delivery system and these include good quality care in Malawi. This is determined by the availability and accessibility of health care services. Some of the health centres are not functional the whole day and might be closed some of the days during the weekend due to insecurity and the shortage of staff. In some health centres, the referral systems and mechanisms are functional due to several reasons ranging from staff attitudes to unavailability of ambulances and/or communication systems especially in remote areas (Safe Motherhood Review 2005:62). Also, the fact that women cannot decide on their own to seek medical care for social, cultural and economic reasons, it leads to delays in seeking medical attention, which

[10] Source: www.undp.org/content/undp/en/home/mdgoverview.html

often results in complications. This is common among women in poor rural areas (Safe Motherhood Review 2005:62).

One of the major contributors to maternal deaths in Malawi is unsafe abortions that result from unplanned or unintended pregnancies. These account for approximately 18 percent of maternal deaths (Jackson et. al 2011:134). It is important to note that studies done show that the adolescents contribute up to 25 percent of maternal deaths (Safe Motherhood Review 2007:62). In addition to the deaths that occur during pregnancy and childbirth, women suffer from disabilities such as obstetric fistula and uterine prolapse[11] and other illnesses including fever and postpartum depression.

According to a study by Chirowa et al. (2013:1) that investigated how gender inequality affects maternal health titled *Gender inequality, health expenditure and maternal mortality in sub-Saharan Africa: A secondary data analysis*, it was concluded that "a potential relationship exists between gender inequality, health expenditure and maternal mortality. Gender inequalities are systematic and occur at the macro, societal and household levels". The study was done in the following seven countries: Angola, Botswana, Malawi, Mozambique, South Africa, Zambia, and Zimbabwe.

In another study conducted in 2011 titled *The role of faith-based organizations in maternal and newborn health care in Africa* by Widmer et al. (2011:1), it was concluded that documenting and analysing the role of the Faith-Based Organisations (FBOs) in maternal health and that of new-born children are crucial to increasing the recognition of FBOs. Governments in Africa need to establish stronger partnerships with FBOs as an important way to attain MDGs 5. The findings indicate that religious leaders are very influential in their communities and need to promote health services provided by faith communities would assist to address the challenge of maternal and child mortality in Africa. Thus, this study seeks to raise awareness to the church leaders on the role they can play to promote maternal health. If the church promotes gender equality, it will help reduce maternal mortality and child mortality ratio; and women will participate in development within their communities. If men and women are partners in development, there is a possibility of eradicating poverty and thus achieving sustainable

[11] "Obstetric fistula refers to holes in the birth canal caused by prolonged or obstructed labour while uterine prolapse is the falling or sliding of the uterus from its normal position in the pelvic cavity into the vaginal canal" (Safe Motherhood Review 2005:62). This results in women being stigmatised in the communities because they cannot control the flow of urine and sometimes even faeces. It is a disability from childbirth.

development. For this reason, Onwunta and August (2012:3) find that "people who work in partnership can have an increased sense of power and determination to initiate change based on the knowledge they gain from vastly different experiences and perspectives of their own members".

From the biblical and theological perspectives, addressing issues of maternal health and gender are important in that life is sacred and women play important roles in giving and nurturing life in the family, community, church and nation. Gender equality is crucial in promoting maternal health. In her book *Mourner Mother Midwife: Reimagining God's delivering presence in the Old Testament,* Claassens (2012:7) argues that the female metaphors for God (found in prophets Isaiah and Jeremiah, and in the Psalms) as Mourner, Mother, Midwife "offer rich possibilities of an alternative image of God rooted not in death and destruction, but in engaged, life-enhancing acts" and a deep-seated compassion for the suffering, the vulnerable, and the powerless.

Mercy Oduyoye (2001:33-38), who is affectionately referred to as 'the mother of African Women's Theology', in her book entitled *Introducing African Women's Theology,* introduces the four central themes of doing theology in African context namely: community wholeness, relatedness and inter-relationships, reciprocity and justice, as well as compassion and solidarity. According to Oduyoye, the theme "community wholeness" indicates that the sense of community characterises traditional way of life in Africa and motivates people to care for the marginalised and those deemed vulnerable in spite of modernisation. Furthermore, the term "wholeness" is suggestive of all that makes for the fullness of life; all that makes people celebrate life. The caring spirit in the community can help save the lives of expectant mothers by minimising the number of pregnancies that a woman goes through and encouraging expectant mothers to go for health care in good time.

Additionally, Oduyoye (2001:36) describes the theme of "relatedness and inter-relationships" as the 'triangle of reality' where human beings are in constant communication and interrelationship with God, the Source Being, and other spirit beings. On the horizontal level, kinship and lineage descent and political alliance between 'jural communities' define relationships and relatedness. This relatedness and inter-relationship, which controls and directs human actions and relationships, is important in addressing maternal health issues. Since people are related and interrelated, they are also interdependent. Life cannot flourish in

communities where women's lives are threatened by death that may come through pregnancy and childbirth.

Oduyoye (2001:36-37) also argues that the principle of relatedness and inter-relatedness calls for reciprocity and justice and in African communities, the moral obligations enforced include reciprocity and justice.

> Women are marginalised or given secondary roles not commensurate with their skills or qualifications. Women experience the injustice of being blamed for whatever does not go right. The injustice of having to struggle to one's humanity recognised and treated as such becomes the context of struggle reflected in women's theology.

Justice would mean women being allowed to make decisions on the number of children they want and given the right information to make informed choices concerning their reproductive health. "Compassion and Solidarity" is mourning with those who mourn, and rejoicing with those who are rejoicing (Romans 12:15) and is an important aspect of women's theology. Compassion is the wellspring of women's solidarity that is evident in the many women's organised groups, both in traditional society and the contemporary women's movements (Oduyoye 2001:37). Furthermore, Oduyoye argues that mothering is an obligation of the whole community both women or men. It is doing for others what God does to, with and for us out of God's compassion (Oduyoye 2001:38). This means that ensuring maternal health is the responsibility of the whole community. Thus, the four themes are important in helping to analyse the theological link to maternal health.

The African Women's Theology Approach that is rooted in a cultural hermeneutics approach, as Oduyoye argues, women are must share their experiences and realities and realise that culture is dynamic and it changes with time as it interacts with other cultures (Oduyoye 2001:13). The other aspect of cultural hermeneutics is the hermeneutics of liberation that identifies and promotes life-affirming aspects in their cultures and at the same time enhance the cultural elements that regard women's dignity and humanity as well as participation in society (Pui-lan 2004:15)

Therefore, Hughes (1998:285) argues that protecting the health and well-being of mothers should be vital to Christians. Christians have the responsibility before God to ensure that children grow up in situations that convey the gracious provision of God for them. Hughes further emphasises the importance of family planning within responsible parenthood and well-

being of mothers (Hughes 1998:284). Furthermore, to achieve sustainable development, men and women need to work in partnership. Onwunta and August (2012:3) argue that in God's plan creatures were differentiated to complement and enrich each other without taking advantage of the other. They further argue that the whole of creation is immersed in community and interdependence. If we promote gender justice in the church and communities, we will ensure healthy lives and promote well-being for all at all ages and achieve sustainable development as stipulated in the third goal 3 of the SDGs 2030.

1.5 Research Aim, Question and Objectives

The aim of this study is to interrogate the role of the Church concerning maternal health with a focus on the Church of Central Africa Presbyterian (CCAP), Synod of Livingstonia. In so doing, the research will be responding to the following question:

What is the role of the Church of Central Africa Presbyterian (CCAP) Synod of Livingstonia in promoting maternal health as stipulated in the Sustainable Development Goals (SDGs)?

In order to answer the above question, the research objectives were formulated:

1. To discuss how gender inequality affects access to maternal health with special reference to Malawi.
2. To explore the importance of maternal health within Gender and Development discourse.
3. To provide a reflection on Mercy Oduyoye's four central themes of doing theology in Africa as a theological lens for gender and maternal health.
4. To identify the existing gaps with regard to issues of maternal health as are addressed by the CCAP Synod of Livingstonia.
5. To make recommendations, based on the findings of this study, on how the existing gaps could be addressed by the CCAP Synod of Livingstonia.

1.6 Research Methodology

This study will focus predominantly on the importance of the church in taking a leading role to promote maternal health in order to enhance gender equality and sustainable development. The CCAP Synod of Livingstonia as a case study, qualitative research methodology will be employed. The qualitative research methodology is appropriate research methodology because

the data are principally conceptual or verbal in the form of resolutions and declarations (De Vos et al 1998:15). The data cannot be quantified.

A case study investigates on contemporary phenomena within a real life context, and it is usually a study within a specific context (Yin 2009:2). The case study as research design was chosen since this research is non-experimental (Fouche & De Vos1998:124-125). This case study is a descriptive account of the data in form resolutions and reports. As such, the Synod of Livingstonia as the case of focus. The Synod with its 200 congregations covers the northern region of Malawi. The sampling design is purposive (Fouche & De Vos1998:125). I will look at the documents, systems and operations of the Synod. A document analysis will be conducted on the minutes and reports generated by the Synod and relevant content extracted for the purpose of this study. The necessary and most useful results for the study will lie within the documents on policy and annual reports of the work of the Health Department of the Synod of Livingstonia, which is done through its programmes on Safe Motherhood and mission hospitals. This will be based on the official documents of the Health Department such as annual reports and Synod Minutes.

Ethical considerations: The documents used in this research are documents from Synod of Livingstonia which are in the public domain, however, due caution was exercised in the analysis of the data (Strydom 1998:34).

1.7. Limitations

This research is limited in its scope. It only focuses on church praxis whereas the church's jurisdiction is delimited to northern Malawi. In addition, the researcher is doing it from an insider perspective as a member and, at the same time, an ordained minister in the CCAP's Synod of Livingstonia. It is true that researching from the inside makes it difficult for one to be objective during analysis (Fouche & De Vos 1998:125) but, at the same time, it qualifies someone even more because, in such a case, an insider researcher has enough knowledge and experience that an outsider researcher may not have. In this case, as an insider with enough experience in gender issues particularly from a Malawian perspective; being a Malawian woman and a mother as well as a church leader within the same Synod in which the research is conducted.

The other limitation to this research is the method used for data analysis: document analysis. Firstly, given that each document has a specific social context and identity, one may arrive at

a selective and biased understanding as Silva (2012:141) attests. Secondly, the authors of the documents inevitably decide to record and leave out information in accordance with their own assumptions (Silva 2012:141). However, as a researcher, I will overcome these limitations by analysing the Synod documents as well as government records of the same, which will also minimise the degree of subjectivity in the findings.

1.8 Potential Impact

The expectation is that this research project will assist the church in Malawi and the broader African context to take a leading role in promoting maternal health. It is hoped that the research will increase the minimal literature available on maternal issues from a theological perspective. Also, it is hoped that church leaders within the local churches, para-church organisation, and the academy will respond positively to the findings and recommendations of this research project. This has the potential to lead to reduced maternal mortality and child mortality as child mortality is linked to maternal health.

Longer term impact will be the flourishing of human life – the abundant life and the alleviation of poverty among the poor communities. The church will also be able to bring the reign of God in the development agenda in order to achieve sustainable development as stipulated in the SDGs 2030.

1.9 The Malawian Geopolitical Context

Malawi, formerly known as Nyasaland, was colonised by Britain and got its independence on 6 July 1964. Malawi is a landlocked country bordered by Tanzania to the north, Mozambique to the east, south and south-west and Zambia to the west. Malawi is 855 km long with a varying width of 10km to 250km covering a total area of 118,484km. 20 percent is covered by Lake Malawi (Malawi Housing Population Report 2008). The country is divided into three administrative regions namely: Northern Region, Central Region and Southern Region. These regions are also sub-divided into twenty-eight districts: 6 districts in Northern Region, 9 districts in Central Region and 13 districts in Southern Region. The major ethnic groups in Malawi are Chewa in the central region, Tumbuka and Ngonde in the northern region, Yao, Lomwe and Sena in the southern region.[12]

[12] Source: www.mw.one.un.org/country-profile

Malawi is a member country to several regional and international organisations including the Southern Africa Development Community (SADC), the Common Market of Eastern and Southern Africa (COMESA) trade blocs, the African Union (AU) and the Commonwealth (UNDP Country Information)[13]. Malawi is one of the least-developed countries and its economy is agriculture based and the major cash crops are tobacco, tea and sugar. Most of the farming is subsistence farming.[14].

The population of Malawi is estimated at 14.8 million people and 85 percent of the population live in the rural areas. The poverty headcount ratio is at 50.7 percent of the population and 54 years is the country's life expectancy at birth (Human Development Index Report 2014). However, 11 percent of the population is in the northern region, 39 percent in the central region and 50 percent in the southern region. The HIV prevalence rate in Malawi is high with 10.6 percent of the population living with the HIV virus. Infant Mortality and Maternal Mortality is still high. Half of the population of Malawi are young people between the ages of 15 and 24. Women are 52 percent of the population of Malawi (Malawi Population and Housing Census Report 2008). The main religion in Malawi is Christianity with 83 percent; Muslims are 16 percent and traditional and others religions are 4 percent.

1.10 A Glimpse at The Historical Background Of The Church In Malawi

Christianity in Malawi is mainly divided between the Roman Catholic Church and the Protestants. Half of the Christians are Roman Catholics, and the other half are the Protestants and among the protestants, the Presbyterian Church has the highest number of followers among the Protestants followed by the others such as the Anglicans, African Independent Churches and Pentecostals (Ross 1994:53). The history of the church in Malawi may be traced back from the 1860s with the coming of the Anglican Universities Mission to Central Africa (UMCA) and two Scottish Missionaries in the 1870s to Central Africa, following the call of Dr David Livingstone, a Scottish explorer and missionary (Ross 1994:53). The Livingstonia Mission settled in northern Malawi and the Blantyre mission in southern Malawi. The Cape Synod of the Dutch Reformed Church in South Africa established its work in 1889 in central Malawi (Thompson 1994:112). The two Scottish missions and the Dutch mission become a united Presbyterian church in 1926 (Ross 1994:54). The Baptist missionaries came to Malawi in 1892

[13] Source: www.mw.undp.org/content/malawi/en/home/countryinfo.html.
[14] Source: www.mw.one.un.org/country-profile

and started its work in Blantyre. At the beginning of the twentieth century, the Roman Catholic missionaries came to Malawi in 1902 and founded its mission in Mua. They spread to other places in the central region afterwards (Weller & Linden 1984:101).

The missionaries established schools, as education was a means of evangelism and of uplifting the lives of the people (Ross 1984:116). Thus, the church in Malawi pioneered the education sector through the establishment of primary and secondary schools before the government (Matemba 2011:329). Furthermore, the missions pioneered the health sector in building hospitals and training of nurses in most of the mission stations. The Church continues to provide health services through the mission hospitals and clinics and the training of health workers (Matemba 2011:331). In addition, the church has been involved in relief and development work and social welfare activities (Matemba 2011:330).

The church, over the years, has helped in the shaping of the political landscape in Malawi (Matemba 2011:331; Mbaya 2014:250). According to Matemba (2011:330), the Presbyterians played a critical role in the 1940s and 1950 in fighting for independence and against the Federation of the Rhodesia and Nyasaland (cf. Ross 1994:55). The church also played a critical role in bringing down the one party regime and assisted in the transition from the one party system rule to democracy (multi-party) in 1994 (Ross 1994:59). The church continues to play a prophetic role regarding issues of human rights and good governance (Mbaya 2014:250).

1.10 Positioning The Thesis in Theology & Development And Feminism Within Practical Theology

The purpose of this thesis is to discuss the intersection between development and theological aspects of maternal health using the principles of feminism from practical theology perspective. According to Graham (2014:194), feminist practical theology has gone through three phases: *protest* against the idea of regarding women as if they are invisible; *resistance* to the exclusion of women "as agents, as theological authorities, as authentic sources of experience" and, lastly, *transformation* of church and society. This thesis is positioned in the spheres of resistance and transformation. Resisting the structures that deny the authenticity of women's experiences as inferior and, at the same time, deconstructing the structures and transform them into just relationships. This is because transformed societies regard women's well-being as crucial to the well-being of the whole society. In addition, Ackermann (1996:34) describes feminist practical theology as a feminist theology of praxis which is "critical, committed, constructive, collaborative and accountable reflection on theories and praxis of struggle and hope for the

mending of creation based on the stories and experiences of women/marginalised and oppressed people".

The health and wellbeing of all people and - especially that of women and children - are crucial to sustainable development and indeed a theological view of 'development as transformation' takes the holistic approach to development. It advocates for justice and the transformation of the unjust structures in the societies. According to Bragg (1987:39), transformation is corrective to both individual and institutional sin. When the church fails to address issues that are threatening the health and well-being of people in the communities it is serving, it fails in its mission as a church.

In view of this, the thesis is done within the Gender, Health and Theology programme[15], which takes intersectional and interdisciplinary approaches seriously. Maternal health is a multifaceted challenge that needs to be tackled with the intersectional and interdisciplinary approach. Maternal health is an indicator of the disparities that exist between the Global North and South, the rich and the poor; as well as the educated and the uneducated ones.

Furthermore, development is a gender issue, as gender equality is essential in order to achieve sustainable development (Haddad 2003:427). In addition, at the core of theologising about development is the Christian concern to uplift the lives of those who are on the margins of the community, those who are oppressed because of the unjust social structure that exists in our societies (De Gruchy 2003:21). The praxis of theology should, therefore, be life-affirming and allow life to flourish while at the same time resisting those aspects that deny life. Thus, promoting maternal health is the praxis of the Christian faith.

1.11 Conceptualisation Of Key Terms

It is important to define some of the key concepts employed in this study. This assists in understanding the terminology used.

[15] Gender, Health and Theology Programme was launched by the Church of Sweden in 2012 in partnership with the University of Stellenbosch (SUN) and the University of Kwa Zulu Natal (UKZN) in South Africa, Tumaini University Makumira (TUMA) in Tanzania and the Ethiopian Graduate School of Theology (GEST) in Ethiopia. The programme mainly focuses on health and well-being of women and children in Africa in order to achieve Millennium Development Goals 4 and 5. The program has now moved from the pilot phase to the Network for Sexual Reproductive Health and Rights in Africa.

1.11.1 Development Participation

For any development to be sustainable and have a lasting impact, the poor people themselves must participate in the whole process of the development project. This implies that development agents must allow poor people to participate in their own development by facilitating the investigation, analysis, presentation and learning so that they can generate and own the outcomes of projects (Chambers 1997:157). People in the communities have indigenous knowledge that outsiders do not have. Therefore, allowing them to participate in the project helps to bring their indigenous knowledge and social capital available in the community (Chambers 1997:102). This approach is participatory and inclusive, according to which the poorest, the marginalised, women, people with disabilities are allowed to participate fully.

According to Bowers-Du Toit (2010:262), when people participate in their own development it helps in the human growth. Participatory development is, therefore, a process that allows people to understand their own problems and discover the social reality of their communities in order to effect lasting change themselves at the grass-roots level (Bowers-Du Toit 2010). Participation, then, is a people-centred process that empowers people so they can identify and act according to their own needs and priorities rather than according to those imposed from outside (i.e. by organisations or government). One could argue that when the poor are empowered and take an active role in their development, sustainable development is achievable.

1.11.2 Sustainable Development

Sustainable development is a development that meets the current needs of the present generation without depriving the future generations the ability to meet their own needs (WCED[16] 1987:43). It includes "the integration of conservation and development; maintenance of ecological integrity; satisfaction of basic human needs; achievement of equity and social justice and provision of social self-determination and cultural diversity" (WCDE 1987:43).

Furthermore, sustainable development is a "developmental strategy that manages all assets, natural resources, and human resources, as well as financial and physical assets, for increasing long-term wealth and well-being. Sustainable development as a goal rejects policies and

[16] World Commission on Environment and Development.

practices that support current living standards by depleting the productive base" as Repetto (in August 2010:12) indicates. August argues that participation and empowerment are central to the sustainability of any development. Sustainable development should help the beneficiaries to have access to resources and the resources be mobilised in order to address the development needs of the poor (August 2010:12-13).

1.11.3 Church and Development

According to De Gruchy (2003:20), Christians are involved in development action because the Christian faith is about a life lived in compassionate service to others, especially the vulnerable. He further argues that this sums up the biblical witness from Moses and the Jubilee laws, and from Jesus Christ and the message of the Kingdom of God (De Gruchy 2003:20). The church, in this sense the body of Christ, puts in practice its faith, for faith without works is dead. This could be contextualised thus: "Faith without works of development is not only dead but it deserves to die" as De Gruchy (2003:21) rightly observes. The church's mandate is to minister to human beings as whole – all aspects of life – physical, spiritual, emotional and socio-economic aspects. Therefore, development is the total transformation that poor and marginalised people will experience if development has occurred and in the societies, there is justice and peace where there are equal opportunities and equal access to the resources. True transformation takes place when the poor including women and children are regarded as agents of their own development (Myers 2008:190-1). In this thesis, the church is recognised as a community of believers, as a local congregation, as a denomination and as an ecumenical body (August 2005:27-29).

1.11.4 Development and culture

Development outcome of any development project or programme is influenced by the culture of the community. Culture influences the perceptions and people's view of the environment in which they live (August 2013:78). For development to be sustainable, it has to take into consideration the culture of the people in which the development is undertaken. According to August (2013:71), the goal of development is "improve the quality of people's lives, especially of the poor, in a sustainable manner".

However, culture is God-given and at the same time it is fallen and infected with evil (Samuel & Sudgen 1987:359). In agreement, Kanyoro (2002:13) argues that "culture is a two-edged sword" and that culture is the identity of any given community but it is also an instrument used

to justify oppression and injustice. Bowers-Du Toit (2009:187) argues that culture is "subject to critique" as harmful cultural practices are passed on as cultural values yet they marginalise women. As development is about the people – their well-being spiritually, culturally, economically and therefore, it should critically consider their culture and indigenous knowledge. For culture can be separated from the way of life in the communities of which development should take into account if it is to sustainable.

1.11.5 Development in the Malawian Context

Development in Malawi is conceptualised as "*Chitukuko"* which is a Chichewa word meaning improvement. Chichewa is a widely spoken language in Malawi. Development is regarded as improvement in the lives of people in the community. According to Chauya (2015:23) "the local Malawi context, development is associated with modernisation, acquisition of services, facilities and infrastructure".

1.11.6 Holistic Approach

A holistic approach is a Christian approach that regards a human being as a whole and that a human being is developed at different levels including the physical, spiritual, mental, social and cultural (August 2010:45; Myers 2008:10). According to August, (2010:46) the holistic view denies the dualistic view that divides human beings into the physical and the spiritual. Further, the holistic view is the African view, for in Africa there is no separation of the sacred and secular as religion life and social life are intertwined. The holistic view is the biblical view hence it prompts the church to provide social services as well as evangelism (Bowers-Du Toit 2010:432).

1.11.7 Maternal Death

According to the World Health Organisation (WHO 2014:6), "maternal death is the death of a woman while pregnant or within 42 days of termination of the pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by pregnancy or its management but not from accidental or incidental causes". Most maternal deaths that occur in the Global South are preventable and treatable if women have access to care from a skilled medical personnel during childbirth and have access to emergency obstetric care when they have complications. In sub-Saharan Africa, maternal death is a major cause of deaths among women of the reproductive age that is between 15 and 49 (WHO 2015). Maternal death is one of the obstacles to sustainable development.

1.11.8 Maternal Mortality

Maternal mortality refers to deaths that occur due to complications that development during pregnancy and childbirth in a given population. Maternal Mortality Ratio (MMR) refers to the number of maternal deaths during a given time period per 100,000 live births during the same time-period (Geubbels 2006:208). Maternal Mortality Ratio (MMR) is used as a measure of the quality of a health care system (WHO).

1.11.9 Safe Motherhood

Safe Motherhood means providing the adequate care that all women need to be safe and health during pregnancy, childbirth and post-partum period.[17] Safe Motherhood is a term which is used interchangeably with maternal health. Safe motherhood has four components namely: family planning, antenatal care, delivery care and post-natal care. These components are crucial in achieving maternal health and reducing maternal mortality. The Safe Motherhood Initiative (SMI) launched in 1987 raised awareness of the issues of maternal health as essential to sustainable development.

1.11.10 Unmet need for family planning

Unmet need for family planning is "defined as the percentage of women who want to stop or delay childbearing but are not using any method of contraception to prevent pregnancy" (Alkema et al. 2013:1643). Unmet need for family planning is an indicator for monitoring family planning programmes and was an indicator to Millennium Development Goal 5 target of improving maternal health.

1.11.11 Poverty

Poverty is multifaceted and complex, and there is no conclusive consensus on how to define the term. In this thesis, therefore, several definitions of poverty are acknowledged. In this regard, poverty can be defined as a state of continuous deprivation or lack of the basics of life (Lotter 2008:10). According to August (2010:1) poverty can be broadly defined in two forms: case poverty and community poverty. Case poverty refers to situations of individuals or families who are under privileged in the society, while community poverty manifests itself in a community where everyone lacks basics of life and the living conditions of the most affluent individuals or families are more visible compared to most of those living close to them.

[17] Source: www.safemotherhood.org

According to UNESCO[18] poverty is defined as "the total absence of opportunities accompanied by high levels of undernourishment, hunger, illiteracy, lack of education, physical and mental ailments, emotional and social instability, unhappiness, sorrow and hopelessness for the future. Poverty is also characterised by a chronic shortage of economic, social and political participation relegating individuals to exclusion as social beings, preventing access to the benefits of economic and social development and thereby limiting their cultural development".

Myers (2008:81) defines poverty from an evangelical Christian perspective and he states "poverty is a complicated social issue involving all areas of life - physical, personal, cultural, social and spiritual". Myers (2011:144) further describes poverty as the absence of shalom that results in the brokenness of relationship with oneself, others, God and the environment. Furthermore, the biblical view of poverty is related to power relations and the social and economic structures that oppressed people and perpetuate injustices (Jeune 1987:218). The prophets in the Old Testament and the gospels dealt with the structures that promoted injustice and oppression (cf. Luke 4:18; Isaiah 1:17, 23).

1.11.12 Feminisation of Poverty

The feminisation of poverty is the phenomenon that refers to the disparities that exist between men and women in terms of poverty with women being the most disadvantaged (Chant 2008:167; Bentley 2004:255). Women are denied equal access to property, land, inheritance and credit facility based on their gender resulting in women being poorer than men are.

1.12 Chapter Outline

Chapter 1 - INTRODUCTION: This is the introductory chapter of the entire thesis. It discusses the research focus, problem statement, research ethics, and limitations, research methodology and conceptualisation of key terms. The chapter gives the reader the idea of what the thesis is all about by highlighting the importance of saving women's lives from preventable deaths and disabilities that occur during pregnancy, childbirth and postpartum period.

Chapter 2 - GENDER AND DEVELOPMENT DISCOURSES: the chapter discusses the historical perspective of development discourses, Gender and Development discourse and

[18] United Nation Education Scientific Organisation.

gender as a development issue. It further discusses how patriarchy and masculinities contribute to gender inequality and their effect on development and maternal health.

Chapter 3 - MATERNAL HEALTH IN THE CONTEXT: The chapter discusses maternal health within the global, the African and the Malawian contexts. It attempts to find out why women die during pregnancy and childbirth. It further discusses maternal health as a sexual and reproductive as well as a human rights issue.

Chapter 4 - THEOLOGICAL PERSPECTIVES OF GENDER AND MATERNAL HEALTH: The chapter engages Mercy Amba Oduyoye's four themes of doing theology in Africa as the theological lens in exploring maternal health and other African Women theological perspectives on motherhood. The theological understanding of the female images of God as a mourner, mother and midwife and its implications on maternal health are also discussed. It further discusses the importance of engaging the theological perspectives of African women.

Chapter 5 - THE CCAP SYNOD OF LIVINGSTONIA'S ROLE ON MATERNAL HEALTH: The chapter discusses briefly the historical background of the CCAP and of the Synod of Livingstonia. It analyses the health delivery services and other programmes of the Synod with regards to maternal health. It uses the developmental lens as described in chapter 2 and 3 and the theological lens explained in chapter 4. It looks at the programme that seek to promote maternal health and identifies the existing gaps. It analyses critically the synod programmes whether they are doing enough to reduce maternal mortality as stipulated in the Sustainable Development Goals (SDGs).

Chapter 6: CONCLUSION AND RECOMMENDATIONS: This is the concluding chapter of the thesis and it summarises the chapters and makes recommendations to the CCAP Synod of Livingstonia. It makes suggestions for further research and conclusion.

1.13 Conclusion

This chapter has set out as the general introduction of this study that focuses on analysing maternal health in the Malawian context. It also introduces the reader to the reason why the church should be involved in ensuring the safety and health of women during pregnancy, childbirth and postpartum period. Furthermore, the chapter discussed maternal health as the public health challenge in Malawi and in sub-Saharan Africa. This is a point of departure to

the discussion of the social, cultural, religious, economic, and health factors that contribute to maternal death during pregnancy and childbirth. Maternal death should be one of the priority areas in the sustainable development agenda. Issues of maternal health are not just women's issues but are human rights and development issues.

The main focus of this study is the promotion of maternal health in the church and particularly the CCAP's Synod of Livingstonia. The role of the church in issues of gender, health and development is very critical if the church takes a holistic approach to the mandate of Jesus Christ of preaching the gospel, healing the sick and helping the poor and the vulnerable according to Mark 16:15, 18; Luke 9:1-2. This study attempts to set a way forward to the CCAP's Synod of Livingstonia to assess the role it plays with regard to maternal health.

In keeping with the thesis outline above, the next chapter provides a review of literature relating to the gender and development discourses – gender as a development issue.

CHAPTER 2

GENDER AND DEVELOPMENT DISCOURSES

2.1 Introduction

In the preceding chapter, I provided the background to this study, the research focus and as well as the research question, aim and objectives. A description of the research methodology employed in the study as well as the significance and limitations of the study were also given. The current chapter focuses on the gender and development discourse with a special reference to Malawi. The chapter will provide a historical perspective and possible definitions of the concepts 'development', 'gender' and 'gender and development'.

Considering that the ultimate goal of development is to alleviate poverty and allow all human lives to flourish, this chapter will, therefore, present a critical analysis of why gender is a development issue, and why gender equality is important if we are to attain sustainable development. Here, a conclusion will be drawn on the complexity of gender-related issues and the reason the question of gender still presents challenges in Malawi and other countries in the Global South. The final section of this chapter will elaborate on the importance of maternal health within gender and development discourse.

2.2 The Development Discourse

2.2.1 Development Definition and Approaches

According to August (2010:71), there is no fixed and final definition for development. Development is a complex process that involves people, on the one hand, and production and organization factors, on the other. In this context, Myers (2011:23) indicates that the idea of development dates back to the immediate aftermath of the World War II although he argues in terms of helping a nation escape from poverty. It is in this vein that Visvanathan (1997:2) argues that during the cold war and post-colonial era, the aid and technical assistance of industrialised countries were structured in terms of capitalist and communist blocs of nations for dominance over the former colonial countries. This, however, was spurred by political and economic interest as Visvanathan (1997:2) further points out. In this regard, August (2010:30) argues that development was, until the 1960s, perceived and characterised as economic growth, that is, increasing the GDP in the name of modernisation. The Modernisation Theory assumes

that productivity is a unilinear process that operates in every culture and it equals development (August 2010:30). This is assuming that traditional societies are backward and underdeveloped. Furthermore, Modernisation Theory emphasised importance of the growth of the economy. August (2010) further argues that the theory focused on indices such as gross domestic product (GDP) in order to "measure" development and, as a result, growth and development were seen as interchangeable. This theory was criticised because it regarded traditional life as primitive western materialism wrongly regarded as the ultimate goal of development. Davids (2009:12), however, finds that the modernisation model ignores the impact of colonialism on developing countries and it is important to note that other approaches to development that followed this model were an attempt to correct the imbalance created by the Modernisation Theory. According to Bragg (1987:22-39), these approaches included the elimination of dependency, global reformism, a basic needs approach, people-centred development and sustainable development.

During the early 1960s, the Dependency Theory became a way of address development issues in the third world countries as the modernisation theory had failed to address issues of underdevelopment (Davids 2009:12). In this same context, Visvanathan (1997:5) indicates that economic growth and industrialisation of the western world came at the expense of those nations that were subjugated and exploited under colonial rule. Bragg (1987:28) further observes that, in the dependency model, the First World is seen as the centre or the core, and the Third World the periphery through which the centre has been continually sustained.

The dependency model extends to include elites in the Third World who replicate core-periphery dynamics within their countries by siphoning wealth from the poor to enhance their lifestyles and expand their foreign bank accounts (Visvanathan 1997:5; Bragg 1987:28). Dependency theorists conclude that the periphery will develop only when it is freed from its link with the centre (Visvanathan 1997:5). According to Davids (2009:15), critics of the Dependency Theory argue that the theory focuses on the external variables and ignores internal factors that could also explain underdevelopment in third world countries.

Furthermore, Jeppe (in Davids 2009:17) indicates that there was a paradigm shift, in the 1980s, from macro-theories of modernisation and dependency to a micro-approach that focused on people and the community. This is suggestive that development should be people-centred, which explains why David Korten (1990:67) defines development that is people-centred as:

> (…) a process by which the members of a society increase their personal and institutional capacities to mobilise and manage resources [in order] to produce sustainable and justly distributed improvements in their quality of life consistent with their aspirations.

In a similar vein, Coetzee (1989:14) observes that people-centred development gives people the opportunity to participate in the whole process of their development programme. Indeed, as Burkey (1993:48) argues, development is the changing of people's perceptions by involving both individuals and groups to bring change in motivations and behaviour towards each other and their environment within a society. "These changes must come from within the individuals and groups, and cannot be imposed from the outside" (Burkey 1993:48).

Additionally, Chambers (1997:157) emphasises that a best approach to people-centred development must empower the beneficiaries so that they can participate and take control over their own development projects. In other words, Chambers (1997:189) advocates for the "bottom up" approach in lieu of the "top down" one. To this end, Chambers, a development professional, also developed a planning framework - Participatory Rural Appraisal (PRA) that aims at enabling the local people and communities to take control of their own development. The framework uses local knowledge and allowing the local people to participate in planning by contributing to the learning process and implement their own projects. This relies on innovative communication and community participation in order to achieve these objectives (Chambers 1997:102). People-centred approach to development has now been widely accepted and has seen development professionals advocating for it.

2.2.2 Evangelical perspective on Development

Perhaps it is important to note that, as Bragg (1987:38) states, religious development practitioners – particularly those in Evangelical circles – have also contested the notion of development. Not only was development termed too "secular" but its connotations to Modernisation Theory, in particular, were rejected (Bragg 1987:40). Evangelicals in their search for a biblical framework of understanding development, therefore, proposed the term 'social transformation' as a Christian perspective of development (Bragg 1987:38). Myers (2011:3) takes this further when he states that transformational development seeks holistic change in the human life. In this context, Myers (2011:3) further argues that true human development involves enhancing life-affirming trends both within us and in the community while, at the same time, denying trends that hinder life from flourishing (Myers 2011:3). That

is to say, holistic development includes issues that affect those living at the periphery of society such as women, children and disabled people. Thus, the concept of gender is also highlighted.

It should be indicated that transformation is corrective. Bragg (1987:39) finds that it is corrective to both an individual and institutional sin. This is because sin brings inequality among people and is equally at individual and institutional levels. Thus, Bowers-Du Toit (2010:266) agrees with Bragg (1987:38) that the goal of Christian transformation is *shalom*. This is the New Testament concept of the Kingdom where harmony, peace and justice reign under the Lordship of Christ.

Similarly, Bowers-Du Toit (2010) has argued that sin distorts God's perfect intention, which leads to oppression, poverty, injustice and the alienation of individuals, communities and nations. Bowers-Du Toit (2010) also states that living in a peaceful and just relationship is both the message of the gospel and God's created reality before the Fall. She continues to state that:

> Humanity was created to live in shalom, the absence of which leads to lack of harmony expressed in the social disorder of economic inequality, political oppression, and exclusivity. [Thus], shalom not only means 'peace' in the sense of the absence of strife, but also health, wholeness, prosperity, justice, harmony and general well-being.

As Bowers-Du Toit (2010:267) concludes, shalom means living in harmony within all relationships: with God, with oneself, with others, and with environment.

Arguably, transformation must occur on two levels. Myers (2011:180-181) observes that transformation must change people (inner level) while bringing just and peaceful relationships in structures (social level). According to him, the central relationship in need of restoration is one's relationship with the triune God and follows with the restoration of relationship with others and nature (Myers 2011:181). Likewise, transformation "seeks to repel the evil structures that exist in the present cosmos and to institute through the mission of the church the values of the Kingdom over and against the values of principalities and powers of this world" (Bragg 1987:39). In view of this, one can deduce that holistic development becomes sustainable when people's lives are transformed in all dimensions: spiritually, socio-economically, as well as in relationships with others and nature.

In summary, development is a process that works towards alleviating poverty and improving the living standards of people for human life to flourish. In this regard, development could be said to be the holistic and inclusive transformation of human life.

2.2.3 *Diakonia* in the Ecumenical Movement

Besides the evangelical perspective discussed in the preceding section, the concept of development is also one of the highlights in the ecumenical movement. The World Council of Churches (WCC), which is the main board of the ecumenical movement, has been putting emphasis on the ministry of *diakonia* since its inception in 1948[19]. According to Van Klinken (1989:26), *diakonia* has been the ministry of the church throughout the history of the church; this is service through deeds and words. *Diakonia* is interrelated to *kerygma* (proclamation of the Word of God) and *Koinonia* fellowship (sharing at the table) (Nordstokke 2013:287). These are marks of the church in the world.

In the ecumenical circles, the term *'diakonia'* refers to service rendered to the needs of less privileged people as "an expression of faith in Christian love and compassion" (Nordstokke 2013:287). According to Nordstokke (2013:286), the WCC through the Inter-Church Aid Department[20] and the churches in Europe, after World War II, helped refugees and people who were displaced by the war, which is an act of *diakonia*. Phiri & Dongsung (2014:254) indicate that the act was extended to the Palestinians who were displaced after the creation of the state of Israel in 1948. Thus, helping those in need such as refugee migrants was part of the diaconal mission of the WCC.

The term '*diakonia'* remained unfamiliar to some member churches of the WCC. Many viewed it as "praxis-oriented and without sufficient theological weight, in spite of attempts to give it biblical grounding" (Nordstokke 2013:287). Agreeing with Nordstokke, Phiri and Dongsung (2014) point out that *diakonia* "remains an abstract and distant theological term". Despite these challenges, *diakonia* has remained a priority of the ecumenical movement hence the WCC document on "Theological Perspectives on *Diakonia* in the Twenty-First Century" (Phiri & Dongsung, 2014:256).

[19] *Diakonia* is a transliteration of the Greek word *diakonein* (verb), which means "to serve", while *diakonia* is the action of serving and *diakonos* (noun) means "servant" (Van Klinken 1989:26).
[20] The department was set up in 1945 to assist refugees and displaced people after World War II (Nordstokke 2013:286).

Furthermore, Phiri and Dongsung (2014) find that *diakonia* has three dimensions in the ecumenical movement, namely (1) *diakonia* as service; (2) *diakonia* as advocacy for justice and peace and (3) *diakonia* as care and advocacy for creation. *Diakonia* as service engages in social action in following the example of Jesus Christ. This is because it is evident in the New Testament that even "the son of man came not be served but to serve and give his life as a ransom for many" (cf. Mark 10:45). Serving is helping the poor and the marginalised by offering care, relief services and standing in solidarity with them (van Klinken 1989:12). However, the services rendered should help to empower the people as Haddad (2014:282) argues that the praxis of *diaconal* action should lead to liberation through the transformation of unjust systems.

In the ecumenical movement, *diakonia* is viewed as a way of advocating for justice and peace in different societies. In this regard, Phiri and Dongsung (2014:282) indicate that *diakonia* is one of the ways God's people live out their faith and hope. It bears witness to the gospel of Jesus Christ of liberating the oppressed, opening the eyes of the blind and healing the sick (see Luke 4:16). It also addresses the root causes of injustices and oppression in societal structures and systems. Haddad (2014:283) concurs with them as argues that *diakonia* as a service should not lead to subservience but should bring liberation to both men and women. In view of this, gender justice is a prerequisite of *diaconal* praxis. This explains why the WCC had put in place programmes that fight against injustice in the society. For instance, the Programme for Combating Racism (PCR) is aimed at bringing justice to the oppressed, particularly those prejudiced on the basis of race and/or ethnicity.

Diakonia as care and advocacy for creation requires caring for the entire creation including the natural world or the environment because the latter is also connected to humanity. Human beings are called to be stewards of God's creation and human life is dependent on the environment and the Creator. However, human beings have exploited the creation. Phiri and Dongsung (2014:257) argue that globalisation has brought the separation of economic growth and the care of creation. This is explained in the fact that globalisation has increased the levels of inequality in the labour markets and it has led to an increase in the exploitation of women who are already at disadvantaged as Haddad (2014:274-275) argues.

The advocacy for justice and peace promotes social justice in churches and communities through theology of life. Theology of life affirms life and it is in opposition to the life-denying theologies, philosophies, and ideologies as Phiri and Dongsung (2014:263) argue. The work of

advocacy is also of great importance in the ministry of diakonia because it speaks for and addresses the pressing issues of society by confronting the powers that be. In this regard, *diakonia* is about transforming the lives of the poor in the community through the advocacy. This includes advocating for human dignity, human rights and human justice, among other things. In brief, *diakonia* provides a spiritual and theological dimension to service and advocacy as it directs its actions for the sustainability of God's creation in its entirety.

In summary, *diakonia* in the ecumenical movement puts a major emphasis on social justice, gender justice, integrity, and peace with God's creation. In other words, *diakonia* in the ecumenical movement has played an important role in advocating for justice and peace through the local congregations of the member churches of the WCC.

2.2.4 Sustainable Development Goals

The Sustainable Development Goals (SDGs) officially known as *Transforming our world: the 2030 Agenda for Sustainable Development* succeeded the Millennium Development Goals (MDGs) 2015.[21] The Millennium Development Goals (hereafter MDGs) were drafted and signed in 2000 by world leaders focused on the eight goals. The eight goals are as follows: (1) eradicating extreme poverty and hunger; (2) achieving universal primary education; (3) promoting gender equality and women empowerment; (4) reducing child mortality; (5) improving maternal health; (6) combating HIV and AIDS, (7) malaria and other diseases; (8) ensuring environmental sustainability and developing global partnership for development.[22] These MDGs were aimed at reducing gender inequality by empowering women and giving equal access to education and health services in order to attain sustainable development. It is also important to note that the MDGs had helped to bring awareness about how gender equality is critical to the progress of sustainable development despite the fact that they did not achieve the targeted goals.

World leaders adopted the Sustainable Development Goals 2030 (hereafter SDGs) in 2015 at the United Nations Summit.[23] The SDGs follow and expand on the MDGs and the 17 goals aim at ending poverty and hunger, improving health and education, making cities more sustainable, combating climate change and protecting oceans and forests. The SDGs go further by addressing the root causes of poverty, gender inequality and the need for a sustainable

[21] Source: www.sustainabledevelopment.un.org
[22] Source: www.mdgs.un.org/unsd/mgd/default.aspx
[23] Source: www.sustainabledevelopment.un.org

development that works for all people.[24] This research will focus on SDG 3 and 5. Goal 3 seeks to promote healthy lives and the well-being for all at all ages. Goal 5 is to achieve gender equality and empower all women and girls. Both healthy lives and gender equality are factors essential to sustainable development.

Sustainable Development Goal 3 have several targets but this study will focus on target 1 and 7. Target 1 is to reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030 and target 7 states "to ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes" by 2030. Goal 5 is "to achieve gender equality and empower all women and girls". The following are some of the targets of Goal 5:

- End all forms of discrimination against all women and girls everywhere.
- Eliminate all of forms of violence against women and girls in public and private spheres including trafficking, sexual, and other types of exploitation.
- Eliminate all harmful practices such as child, early and forced marriages and female genital mutilation.

As it has been pointed out in section 1.4, promoting gender equality and empowering women and girls are crucial to sustainable development. Gender equality ensures equal opportunities and access to health, education and socio-economic development.

2.2.5 Gender and Development – Concepts and Theories

As Haddad (2010:121) argues, it is important to discuss the term 'gender and development' rather than 'women and development' for several reasons, including the fact that women are not a homogenous group and, also, issues affecting women cannot be confronted or dealt with as isolated cases. In this regard, Moser (1993:3) argues that the term 'gender' identifies the roles of both women and men in society. This explains why any development initiative affects the lives of both women and men in different ways since they have different positions within a society (Haddad 2010:121).

Haddad (2010:122) claims that in equating Modernisation with development, women if considered at all, were seen as traditionally-bound. Thus, they were treated as the most ignorant

[24] Source: www.unwomen.org

and backward members of the society besides viewing them as stumbling blocks to modernity and, therefore, development. Women were ignored by development planners during the 1950s and 1960s based on "the assumption that they would eventually be forced to adopt a more progressive stance towards development once the modernisation process had been set in motion and the third world men had learned to organise their societies along modern lines" (Haddad 2010:122). Thus, all programme planning was geared towards men with the underlying assumption that women played no important function in economic and political matters. In fact, the role of women in the productivity of their communities was rendered invisible as Haddad (2010:122) further contends.

Until the 1970s, the development agenda did not consider issues of women. As a result, "development policies were directed at women only in the context of their roles as wives and mothers" (Momsen 2010:12). Basically, the roles assigned to women were what Moser (1993:27) calls "the triple role of women". Moser (1993) argues that women's roles are reproduction, production and community management in most parts of the world. Childbearing and rearing responsibilities were reproductive work – that which was required to guarantee the maintenance and reproduction of the labour force. The productive work was identified where women were regarded only as secondary income earners and their work was mostly in the informal sector either in the home or in the neighbourhood. Women also undertake community-managing work, which is mainly providing and managing items of collective consumption (Moser 1993:27-33).

According to Momsen (2010:12), Ester Boserup, through her publication *Women's Role in Economic Development,* challenged these assumptions, by showing that women did not always benefit from the increased incomes and that women were regarded as traditionally backward and their status was not recognised. The term 'women in development' was then coined by American liberal feminists who were influenced by the work on Third World development undertaken by Ester Boserup (Moser 1993:2). Here, Moser (1993:2) posits that "the underlying rationale of Women in Development (WID) approach was that women are an untapped resource who can provide an economic contribution to development".

By mid of the 1970s, the Women and Development (WAD) approach emerged (Visvanathan 1997:18). The WAD approach was the feminist approach of predominantly white women from the North aimed at gender equality. WAD focused primarily on the economic agency of women and without understanding that women from the south are discriminated and marginalised

because of class and race in addition to the gender discrimination (Singh 2007:101). Although a critique of capitalism, it nevertheless failed to analyse the relationship between patriarchies, differing modes of production and women's subordination and oppression (Visvanathan 1997:19). According to Momsen (2010:13), at the 1975 UN Women's World Conference[25] in Mexico City, this approach was criticised and rejected by women in the South since it failed to recognise the challenges that developing countries face. It appears that for the women in the South, poverty alleviation and dealing with the effects of colonialism were more important than equality.

Furthermore, the Gender and Development (GAD) analysts criticized the Women In Development (WID) approach for treating women as a homogenous group. They continued to argue that the approach needs to emphasise how the differences of class, age, marital status, religion, and ethnicity or race influence the development outcomes (Momsen 2010:13). They "distinguished between 'practical' gender interests (that is, items that would improve women's lives within their existing roles) and 'strategic' gender interests that help to increase women's ability to take on new roles and to empower them" (Momsen 2010:13).

By the end of the 1990s, the development approaches that had a focus on women were amalgamated into a gender and development (GAD) approach (Momsen 2010:12). Within this approach, the limitations of focusing on women in isolation were recognised and this resulted in a shift in the approach from WAD and WID toward 'Gender and Development' (GAD) (Moser 1993:3). The focus now changed from 'women alone' to 'gender'.

> They were concerned about the manner in which the problems of women were perceived in terms of the sex – namely, their biological differences from men – rather than in terms of their gender – that is, the social relationship between men and women, in which women have been systematically subordinated (Moser 1993:3).

[25] The United Nations Organisation came up with the International Year of Women in 1975 and the decade for women 1976-1985 (Momsen 2010:10). The UN held 4 International Women's Conference in Mexico City 1975, Copenhagen 1980, Nairobi 1985 and Beijing 1995. According to Charlton, the aim of these women's conferences as to legitimise women's concerns in development among government leaders and the conferences brought together women from many countries and cultures (Charlton 2004). It was at the Beijing Women's conference that the Platform for Action was adopted which emphasised the term "gender mainstreaming" and mainstreaming gender equality be integrated to the design, implementation, monitoring and evaluation of all projects so that gender inequality is not perpetuated.

According to Visvanathan (1997:18), the Gender and Development (GAD) approach, therefore, offers a holistic approach to looking at all aspects of women's lives and it questions the specific gender roles assigned to different sexes. In agreement with Visvanathan, Moser (1993:3) argues that GAD approach maintains that women cannot be viewed in isolation for that ignores the real problem and keeps women in subordinate status to men. Furthermore, GAD rejects the public and the private dichotomy that keeps women in the private. It gives opportunities to women so they can enter the 'private sphere' (such as politics), which were previously considered men's. In addition, GAD urges governments to provide social services that promote women's emancipation. Women's contribution is recognised both in household and communities and women are seen as agents of change rather than passive recipients of development (Moser 1993:5). GAD acknowledges that patriarchy oppresses women across class, ethnicity and race. Therefore, it focuses on empowering women to know their legal rights and upsetting the existing power structures prevalent in societies between men and women (Visvanathan 1997:19).

2.3 Gender As A Development Issue

Gender is a development issue. This is because gender roles and gender relations play an important role in development. Momsen (2010:9) defines gender as socially constructed roles assigned to men and women based on their biological differences. However, Young (in Momsen 2010:12) points out that in some cases, the term 'gender' has often been used as a synonym for women/woman. Most societies in both the developed and developing countries are patriarchal, women are regarded as inferior to men, and men have power over women. This leads to unequal opportunities and access to education, economic and social development. Lotter argues that women are more vulnerable to poverty than men because of oppressive patriarchal systems that increase their risks of becoming poor (Lotter 2008:21).

Women are poor due to the fact they are often burdened by the strains of productive work of childbearing, caring for children, household chores, and community responsibilities. Women lack access to land, credit, and better-paid jobs outside the home, which hinders them from coming out of the poverty by making difficult to fend for themselves and their families (UNDP HDR[26] 1997:3). Hence the term 'feminisation of poverty'.

[26] United Nations Development Programme Human Development Report.

As was mentioned in the previous sections, in most societies in the third world, women have a triple role: (i) reproduction, (ii) production and (iii) community management. According to the 2005 UNIFEM[27] report, empirical studies have been done that show that women do perform two-thirds of all hours work but receive only one-tenth of the world income. Women own less than two percent of the land and that they produce more than half of all the food produced. Women receive between twenty-five and forty percent less pay than men earn for the same work when they are paid for their labour.

According to Nussbaum (2000:1), women in most parts of the world do not have the support to function fully as human beings. Nussbaum argues that women are denied good nutrition, are vulnerable to physical violence and sexual violence and they are more likely to be less literate than men and with no professional training or vocational skills. She further indicates that when women attempt to work outside the home, they face obstacles such as gender discrimination in hiring and sexual harassment in the workplace. Women are denied property rights and even daughters cannot have the same property inheritance as the sons. These factors affect negatively on the emotional well-being of women (Nussbaum 2000:1).

It is also the case that all too often, women are not treated as ends in their own right or persons with dignity who deserve respect from laws and institutions. Instead, Nussbaum (2000:3) finds that "they are treated as mere instruments of the ends of others – reproducers, caregivers, sexual outlets, agents of a family's general prosperity". Women are not supported to lead lives that are fully human and this lack of support is identified by Nussbaum as being frequently caused simply by their being 'women'.

Issues of gender are the socially constructed roles assigned to men and women resulting from the societies' definitions and expectations of men and women. Hierarchical gender relations constrain development efforts (Reeves & Baden 2000:18). It is also important to recognise the crucial role of women in sustainable development and environmental issues. August (2010:73) argues that gender justice is a critical issue in underdevelopment and that it hinders peace and justice. Women just as men should participate in mapping, designing, planning, implementation, monitoring and evaluation of development projects in their community if any development programme or project is to be sustainable. Momsen argues that there is more evidence drawn at different levels that discrimination based on gender pays a high price of

[27] United Nations Development Fund for Women but now known as United Nations Women Organisation (UN Women). www.unwomen.org/en/about-us/about-un-women

increased poverty, slowing development growth and a lower quality of life. On the other hand, it has been proven that gender equality enhances development (Momsen 2010:9-10). For instance, where women are educated they usually have well-fed children and their children stay in school than those women who are not educated.

Mendoza (2005:2) contends that gender is really a development issue because gender biases that exist prevent people from attaining their full potentials. He further states that if neither men nor women attain their full potentials, development is impeded. If societies would achieve sustainable development, gender equality should be promoted. Without gender equality – where women are empowered and allowed to participate equally in development projects, then sustainable development is unachievable.

2.4 Patriarchy/Masculinities and Gender Inequality

Most societies are constructed by the patriarchal social system. Patriarchy literally means the rule of the father and it also means the rule of a male figure in a family or community (Ray 2008:1). Patriarchy is a socially constructed ideology that considers men (who are patriarchs) as superior to women. In the system, the social structures and practices oppress and exploit women because of their gender (Ray 2008:1). In addition, bell hooks (2014:1) argues that

> patriarchy is a political-social system that insists that males are inherently dominating, superior to everything and everyone deemed weak, especially females, and endowed with the right to dominate and rule over the weak and to maintain that dominance through various forms of psychological terrorism and violence.

Thus, the hierarchy in power relations between men and women gives men more power to control the lives of women in terms of production, reproduction, and sexuality. Furthermore, it enforces masculinity and femininity stereotypes in a society that are strengthened by the inequality between men and women (Ray 2008:3).

Pilcher and Whelehan (2004:82) define masculinity as "the set of social practices and cultural representations associated with 'being a man'". They argue that masculinity comes in different forms hence the plurality of 'masculinities'. Here, the social constructions of 'being a man' are perceived differently both historically and culturally. They vary between societies and between different groups of men within any given society (Pilcher & Whelehan 2004:82-83). In the African context, Barker & Ricardo (in Chitando & Chirongoma 2012:5) define masculinity as

socially constructed perceptions of manhood that change over a period of time and are different in different settings. They also attest to the fact that these constructed perceptions of manhood are plural.

According to Connell (in Pilcher & Whelehan 2004:83), these constructions create what she calls a 'gender hierarchy' in which at the top is hegemonic masculinity and at the bottom is femininity. Cornell (1995:31) defines hegemonic masculinity as the dominant position of men that shape of gender practices that encourages the subordination of other men and women. Furthermore, Cornell (1995:31) finds that "hegemonic masculinity is always constructed in relation to various subordinated masculinities as well as in relation to women".

Men often want to maintain their privileged position in society. This explains why according to Chitando & Chirongoma (2007:3), hegemonic masculinity is reinforced by the religious and cultural ideologies. Sometimes men defend their patriarchal privileges through the "ancestral traditions" or the use of the "sacred texts" (Chitando & Chirongoma 2007:3). In addition, Phiri (2002:20) argues that "patriarchal structures of African culture are reinforced by the patriarchy of the Bible", which is also true with the Quran. It appears that men and women in lower positions cannot question such ideologies as they tend to be associated with taboos – and this makes it difficult or impossible for them to raise any questions or express their concerns.

It is important to note, however, that negative masculinities create unjust relationships between men and women, with men having dominion over women (Chitando & Chirongoma 2012:1). The power structures in all spheres of our societies tend to perpetuate this trend. The dominant masculinities have been socially constructed in such a way that women are treated as subordinate to men and are subject to discriminations, humiliations, exploitations, oppressions, control and violence.

Consequently, the feminist movements started analysing the masculinities and patriarchy attitudes by coming up with gender concept that men and women are equal (bell hooks 2014:4). As noted in the earlier sections, the concept gender emerged during the early 1970s (Pilcher & Whelehan 2004:56). It was used to draw a line of demarcation between biological sex differences of female and male. It made a distinction between sex and gender and argues against the exaggerated biological differences that are maintained in the patriarchal systems of power. These are maintained by creating a consciousness among women that they were naturally inferior to men and are better suited to 'domestic' roles (Pilcher & Whelehan 2004:56). In this

regard, Momsen (2010:2) points out that gender roles are socially constructed and are not fixed or globally consistent but become flexible with the changes brought about by social and economic development. These social constructions are also influenced by religion, culture and traditions and women are put in the peripheral position of most societies. This is why Momsen (2010:2) classifies gender as crosscutting issue and knows no boundary in class, race, ethnicity, religion, and age.

Arguably, there are gender inequalities in both developed and developing countries with women being denied equal access to resources and rights. Women often have limited access to good nutrition due to the gendered food taboos, education systems with the preference of higher education to men, to health care and to credit facilities. Women are denied inheritance rights by the local laws, customs, and tradition and these results in women experiencing poverty more severely than men do (Duffy 2010:168).

The gender inequality is perpetuated through socialisation processes and institutionalised through education, political and economic system, legislation, religion, culture, and traditions (Theron 2015:54). In addition, women do not have equal opportunities as men do while most women work in informal sector, usually in the private sphere, as they are often denied access to the public sphere (Theron 2015:58). Where they have access to participate in the public sphere (such as in politics), women face the challenge of being compared to their men counterparts in terms of performance. In other words, they are expected to perform like men.

In summary, the social construction of patriarchy and masculinities in any society contribute to gender bias and inequality. This affects how resources are distributed in a community and lead to women and girls being denied or given unequal opportunities to education, food supplies, and health care. It could be argued that the patriarchy system regards women as inferior to men and, therefore, cannot own land and property among other things. Furthermore, one can contend that patriarchy perpetuates gender-based violence considering that, in patriarchy, women are subjected to social, emotional, economical and physical violence. For this reason, patriarchy should be resisted because it is life-denying and violates the rights of women. This is why Chitando and Chirongoma (2012:27) are of the opinion that masculinities need to be transformed into positive masculinity that affirms life and equality between men and women.

2.5 Religion and Culture in Sustainable Development

Religion and culture are connected to the lives of the people in the global South and they play an important role when planning and implementing any development project for the success or failure of the project. Ver Beek (2002:60) defines religion as an institutionalised set of beliefs and practices regarding the spiritual realm. Here, Hughes (1998:134) finds that religion determines the way in which people view their world. Similarly, Oduyoye (2001:25) observes that religion determines the shaping of the moral, social and the political, and even, at times, the economics of many societies.

In the African context, there is no separation of the sacred and secular like the dichotomy view of sacred and secular in the Western beliefs (Ver Beek 2002:74). Kanyoro (2002:14) concurs with him that culture and religion in Africa are inseparable: they embrace all aspects of one's entire life. That is to say, in the African context, there is no sphere of existence that is excluded from the double grip of culture and religion. In this regard, the everyday life in the family and community is shaped and influenced by the culture and religion of that society.

Culture is complex and difficult to define phenomenon. This is because culture is about the knowledge, wisdom, values, attitudes, customs and resources that a community has. According to Verhelst and Tyndale (2002:10), these are either "inherited, adopted or created in order to flourish in the context of its social and natural environment". Verhelst and Tyndale (2002:10) argue that culture is dynamic and evolves in response to influences from outside and that people are able to make new innovations and create new cultural traits. They further argue that there are some elements, in any culture, that are inherited and others that are adapted or created. For instance, language evolves by integrating new ideas and new meanings to the language. In this respect, Verhelst and Tyndale (2002:10) posit that every culture has three dimensions namely, (i) the symbolic dimension, (ii) the societal dimension and (iii) the technological dimension. The symbolic dimension includes symbols, myths, archetypes, spirituality and religion while the societal includes the organisational patterns for family and community linkages and support. Lastly, the technological dimension includes skills, expertise, technology, and cooking (Verhelst and Tyndale 2002:10). Based on this, one can argue that these dimensions make up human identity.

In addition, religion is an element of people's identity and therefore, should be taken into account in any development project if the project is to have an impact and be sustainable

(Hughes 1998:133). It needs not be overemphasised that religion is part of the indigenous knowledge of any society, which is essential in development mapping and planning of development project. For this reason, religion should not be undermined considering its centrality in people's lives (Hughes 1998:134). In this regard, it should be indicated that religion influences the way people eat, dress, farm, relate to one another, celebrate or mourn in times of sadness. Ver Beek (2002:70), however, argues that some development practitioners do not include issues of religion and spirituality in their policies and programmes because religion has been a source of conflict and oppression in some cases. Ver Beek (2002) further argues that it is important to include issues of religion if development is to be sustainable. This is because religion influences the core of the lives of many people in developing countries (Ver Beek 2002:71).

In summary issues of religion and culture must be taken into account in any development initiative if development is to be sustainable (Hughes 1998:133-134). Thus, religion and culture influence the social construction of gender roles and identities in society.

2.5.1 Religion and Culture and Gender

Religion and culture are structured in society, which explains their impact on the way women and men relate. In both the Global North and the Global South, women are culturally regarded as inferior to men. Kanyoro (2002:27) argues that despite women's diverse social, economic and political backgrounds, by virtue of belonging to the female gender, women constitute an oppressed social group as the social construction of roles and status relegates women to an inferior position (Kanyoro 2002:27). Women are denied leadership roles, participation in decision making in most of the development programmes or projects. However, it should be noted that, when development projects exclude the 'other', there are high probabilities that the development project will not have a lasting impact; that is to say, they become unsustainable.

Gender equality implies giving equal opportunities, rights and responsibilities for women and men, girls and boys. Momsen (2010:8) states that "gender equality does not necessarily mean equal numbers of women and men or girls and boys in all activities nor does it mean treating them in the same way". Rather, it is giving equal opportunity to women and men in a society that enables them to lead equally-fulfilling lives. It recognises that men and women often have different needs and priorities, face different constraints and have different aspirations (Momsen 2010:8).

According to the UNFPA[28], "gender equality is only achieved when women and men enjoy the same opportunities, rights, and obligations in all spheres of life" (UNFPA 2015). Gender equality does not only ensure social justice and human rights, but also sustainable, people-centred development (Theron 2015:53). Whilst gender inequality arises from the social construction that assigns individual different roles based on their gender and at the same time giving unequal treatment based on the same perception.

In the field of development, it is important to note that, the absence of gender equality, leads to a huge loss of human potential that could have been utilised to achieve sustainable development (Momsen 2010:8). Momsen (2010) observes that women are central to the economic development since women contribute to the non-monetary economy through childbearing and raising children. Women provide much of the labour force for the household maintenance and subsistence through agriculture (Momsen 2010:234). Furthermore, women also contribute to the monetary economy through their work in the formal and informal sectors. Although women make such important contributions, their work is undervalued and sometimes not recognised. When poor countries face new challenges, women's roles become significant (Momsen 2010:234)

The Gender and Development (GAD) approach to development, which calls for the adoption of gender relations as the framework for analysis, provides an opportunity for the inclusion of the 'other'; that is, men and masculinities (Momsen 2010:235). This is why Kimmel (in Momsen 2010:235) observes that "the invisibility of masculinity reproduces gender inequality, both materially and ideologically". In addition, Connell (1987:183) argues that every country has its own way of constructing "a model of masculinity in relation to various subordinated masculinities as well as in relation to women". Achieving gender equality is only possible when men and women change their attitudes and mind sets. Overcoming gender bias in development requires changes in "the deep structure of economic and social life, and collective action, not just individual action" (Elson in Momsen 2010:236).

It has been noted that religion and culture contribute to the gender inequality in society. Culture puts women in a subordinate position but, as Kanyoro (2001:70) argues, women are the custodians of culture in most societies. To address this paradox, women and men need to be empowered with skills and education to help understand that God created men and women

[28] United Nation Population Fund.

equally. Addressing the cultural aspects that oppress the 'other' on the basis of gender would help to eliminate those elements in any given culture. Identifying and resisting the religious and cultural aspects that put women in a subordinate position, the violation of basic human rights for women, and discriminatory traditions can result in gender equality and, ultimately, sustainable development.

2.6 Gender and Development in Malawi

When Malawi attained independence from Britain, the question of development began to transpire within the community. However, the role of women in development was restricted to being a mother and/or someone's wife. For this reason, the Malawian government started training women as Farm Home assistants and female development workers[29]. The purpose for such trainings was to help women gain some skills in needlecraft, nutrition, and skills in order to care for their husbands and families (Ngwira 2010). This shows that women were at the receiving end of any development projects[30].

According to Ngwira (2010), in the 1980s, the government of Malawi shifted their focus from considering women as mere recipients of development projects to including Gender and Development in various programmes following the United Nations Decade for Women (1975-1985). As a result, issues of gender were now included in development plans of the government and funding agencies. Some women from Malawi participated in the Fourth World Women's Conference in Beijing 1995, and they advocated for the adoption of the Platform for Action. The mainstreaming issues of gender in all development projects started (Ngwira 2010). Thus, the Gender and Development approach was adopted in the development projects run by both government and Non-Governmental Organisations (NGOs) (Ngwira 2010).

According to the MDGs Report 2010, the Malawi Government signed the Millennium Declaration in September 2000 as part of its commitment to alleviate poverty and achieve sustainable development. By signing the Millennium Declaration, the country committed itself to achieving all eight MDGs. The Malawi Government came up with a development implementation strategy known as the Malawi Growth and Development Strategy (MGDS).

[29] Furthermore, during the era of the one party system, there was a developmental women's organisation known as Chitukuko Cha Amayi M'Malawi (CCAM) that aimed at recognising women in development (Chauya 2015:62). The CCAM was short-lived because was only active for 7 years between 1985 and 1992.

[30] The role of the women was basically caring for their husbands and children. Women's role was only in the private sphere thus women were not active agents of change in the public life.

The MDGS was a medium-term strategy that was developed to accelerate economic growth and create employment (Ngwira 2010).

According to Millennium Development Goals Report 2014, the Malawi Government notes that the pursuit of growth and development and gender inequality are inseparable. As mentioned in section 1.9, women are 52 percent of the Malawian population, therefore, recognised as influential to the achievement of Malawi's development agenda for all practical purposes. Subsequently, women are the large section of the population and empowering them shall result an increase in national output. Currently, gender inequality remains a challenge at different levels in Malawi (MDGs Report 2014). Thus, maternal health remains a challenge to both public and private sectors in Malawi.

2.7 Maternal Health Within Gender and Development Discourse

Maternal health refers to "the health and well-being of women during pregnancy, childbirth and the post-partum period". The postpartum period is the 42 days after childbirth (WHO 2014:4). According to the World Health Organisation, safe pregnancy, childbirth and motherhood are basic human rights. Jones (2007:ii) states that:

> Pregnancy is neither a disease nor an illness. Yet every minute of every day, a woman dies as an indirect result of being pregnant. What should be a positive, defining moment in a woman's life is often a time of profound fear, intense suffering, and untimely death.

According to WHO (2014:4), women die because of complications that develop during pregnancy and following childbirth. Most of these complications are preventable and treatable if women seek medical attention in good time. The major complications that account for nearly seventy-five percent of all maternal deaths are "severe bleeding (mostly bleeding after childbirth); infections (usually after childbirth); high blood pressure during pregnancy and complications during delivery and unsafe abortions" (Safe Motherhood Review 2005). However, other factors contribute to maternal deaths such as poverty, lack of good nutrition, and lack of right information, distance to health centres, inadequate services and harmful cultural practices (Chirowa et al. 2013:5).

In this regard, it is remarkable that there is a link between maternal deaths and the low status accorded to women in society and their lack of decision-making ability and economic power (Safe Motherhood Review 2005:7). According to WHO (2015) maternal mortality is one of the

indicators of the disparity that exist between poor and the rich countries: more women die during pregnancy and childbirth in the poorest countries than in the rich countries. Within countries, women who are poor with little or no education and living in the rural suffer disproportionately compared to women who are educated, wealthy and living in urban areas (WHO 2015).

One of the contributing factors to maternal deaths is the socio-cultural factor. Culturally, children are regarded as wealth and the more children a woman bears the wealthier the family is. Since women have to give birth to more children, they give birth more often and without proper spacing. These frequent pregnancies and with little or no spacing put women's lives at risk. The tradition of having a lot of children is even reinforced by the cultural hermeneutics of interpreting the Bible.

Here, Kanyoro (2002:10) argues that the culture of the reader in Africa influences how one reads and interpret biblical text. The historical facts about the text are important in the understanding of a text. Hence, the interpretation of scriptures such as Genesis 1:28, which says "Be fruitful and increase in number; fill the earth and subdue it", is used to make women believe they are supposed to give birth to more children. Nevertheless, there are women who are even encouraged by this passage to bear children. In this way, Phiri (2002:20) argues both "African culture and the Bible take a central position in shaping the lives of African women".

Another socio-cultural factor is the preference of a male child over a female child in most patrilineal cultures. This put women at risk if they are only bearing female children. Women will bear children until they give birth to a male because the husband and the extended family want a male child. According to Nasimiyu-Wasike (1992:104), a woman who gives birth to female children only is held in low esteem. The whole blame for failing to bear sons is levelled against her head, and the society regards her as a failure. In addition, shame and guilt are heaped upon her. The husband of the woman who bore female children only is often advised to marry another wife or more wives who will bear a male child. This is because a male child is regarded as the rightful heir to the father and the one who would inherit all of the family's property. He is also said to be the one to perpetuate the family name. A female child cannot be an heir because she will leave the house and the community once she is married[31].

[31] Although female children are valued among the Ngoni/Tumbuka in Northern Malawi for bringing in cattle through dowry (*lobola)* paid when they are married off, it is the male children who are valued more because they are the ones that will continue the name of their fathers.

In most cultures, women cannot make decisions about the number of children they want and the spacing between pregnancies. Theron (2015:54) argues that in almost every society, men have more power than women; they are freer to make decisions; to determine their own behaviours; to access and control resources. In most African societies, "decision making is an exclusively male prerogative and women are merely the followers or implementers of the decisions taken by men" (Rutoro 2012:164). Thus, women cannot decide on their own to go to the hospital even when they are in labour. Often the male family members make decisions to seek medical care rather than the woman, herself (Katenga-Kaunda 2010:23). The socio-cultural or economic reasons that delay the decision to seek maternal healthcare, especially among the poor rural majority may lead to complications such as obstetric fistula which results from prolonged labour and may lead to maternal deaths.

Another contributing factor to maternal deaths is child marriage and teenage pregnancies. According to WHO, the chances for adolescents who are 15-19 years to die during pregnancy or childbirth are high compared to women over 20 years of age; and it is even higher for adolescents under 15 years of age (WHO 2011:2). Some of the health problems experienced by women result from the complications women experience during childbirth in their adolescence. These include anaemia, postpartum haemorrhage and mental disorders such as depression. "Up to sixty-five percent of women with obstetric fistula develop this as adolescents with dire consequences for their lives, physically and socially".[32]

Zulu (2015:91) argues that the practice of marrying off young girls is still common in a number of societies in third world countries. Some of the reasons why child marriages are perpetuated are economic and patriarchy power. Some girls are married off for economic reasons as their parents are paid the bride price (Zulu 2015:92). Another reason is the perception of men who think and believe that a young wife is easy to control (Zulu 2015:92). Some girls drop out of school because of teenage pregnancies and it is clear that these pregnancies are a result of not having the right information about sexual and reproductive health. In Malawi, teenage pregnancies contribute to about 25 percent of maternal deaths (Safe Motherhood Review 2005:62).

According to Chirowa (2013:5), there are other contributing factors to maternal mortality such as unaffordable user fees in some private health facilities, poverty and the lack of political will

[32] Source: www.who.int/maternal_child_adolescent

by some governments to address maternal health in their health policies. Women should be accorded the equal access and opportunities to health, education, and employment as men for them to enjoy safe pregnancy and motherhood outcomes. Thus, childbearing should not be a death threat to women (Safe Motherhood Review 2005:7).

It is important to note that within Gender and Development discourse, although maternal health was recognised as a priority area to the well-being of women, it was neglected by governments and funding agencies in their development programmes at the same time. Maternal and Child Health (MCH) programmes often prioritised the needs of the child rather than the mother (Safe Motherhood Review 2007:7). In 1987, the Safe Motherhood Initiative was launched in Nairobi, Kenya. At that conference, issues of maternal health were situated within the context of development with aim of improving women's status in all spheres of life and put in place specific strategies that would help attain maternal health for all women. It was at this conference that governments and funding agencies were urged to put issues of maternal health in the priority areas of development and to take actions that would prevent maternal deaths.

At the International Conference on Population and Development (ICPD) in Cairo in 1994 and the fourth International Women's Conference in Beijing in 1995, the issues of maternal health and sexual reproductive health were also emphasized (Patton 2002:19). In fact, the International Conference on Population and Development (ICPD) was a watershed event for women's reproductive health and rights (Patton 2002:18). It focused on putting population and development perspectives aiming at improving the sexual and reproductive health rights of men and women of all ages. The two conferences articulated that maternal deaths and disability are violations of women's rights and that maternal health is influenced by the low status accorded to women in society and economic dependency (Safe Motherhood Review 2007:11 see also Patton 2002:18)

At the Millennium Summit in 2000, the Millennium Development Goals (MDGs) emphasized that issues of gender equality and maternal health be among the goals in order to eradicate extreme poverty and achieve sustainable development (Momsen 2010:9). MDG 3 was to promote gender equality and empower women through education and the aim was to achieve equality in all spheres (Momsen 2010:9). MDG 5 was to improve maternal health and the aim was to ensure universal access to reproductive health and reduce maternal mortality by seventy-five percent by 2015. By identifying maternal health as a stand-alone MDG, it firmly confirmed that maternal health is key to poverty eradication and sustainable development efforts.

Including maternal health in the MDGs has brought increased international attention to issues of maternal health. It has helped to provide a mechanism that monitors the progress on maternal health (Safe Motherhood Review 2007:11).

Furthermore, sustainable development can be achieved by improving women's skills and their access to facilities such as skills training and economic empowerment through credit (UNFPA Report 2002). In addition, Momsen (2010:50) argues that increasing women's access to education would lead to later marriage, knowledge of family planning, and they would have the ability to raise healthier and better-fed children. This can result in reducing infant and child mortality as well as maternal mortality. Women who are educated are able to get better-paid jobs and recognise the value of educating both boys and girls. Delayed marriages would help women to stay in school and have fewer children.

Women themselves, their partners, families, communities and health systems do not prioritise safe pregnancies and motherhood for action (Katenga-Kaunda 2010:23). This is due to the lower status accorded to women and it is linked to the assumption that suffering in pregnancy is a normal thing and a woman has to endure the pain (Katenga-Kaunda 2010:23). Childbearing is regarded as a women's issue because it is women who get pregnant and give birth to children. It is assumed that men do not have a role in supporting safer pregnancy and childbirth. Health systems and health workers similarly discriminate against women by not listening or valuing women's experience and grievances. This applies to women health workers whose knowledge and referrals may be disregarded (Safe Motherhood Review 2007:13).

Ensuring maternal health is important in development policies and agendas. As such, healthy women mean healthy children. Healthy families contribute to the development of their communities. This can be achieved through gender equality where women and men have equal access and opportunities to education and health care services. Empowering women and redressing power imbalances prevalent in societies may help women to have more autonomy to manage their own lives. Gender equality should be prioritised to create sustainable and peaceful societies.

2.8 The Role of the Church in Development

It is important to begin by defining the concept church. According to August (2010:43), the concept church is an ambiguous one. In his book '*the quest for being public church'*, August states the six configurations of the church namely: (i) the church as a worshipping community;

(ii) a denomination; (iii) an ecumenical body; (iv) local congregation (v) believers in their involvement with the voluntary organisation, and (vi) individual believers in their life environment (August 2005:22-23)

Understanding the nature and calling of the church helps to understand the role of the church in society and the public sphere. The church's role in the society is to improve the society by addressing the spiritual and physical needs of the poor, marginalised and the vulnerable in a holistic approach (August 2010:47). Human beings ought to be viewed as total beings with physical, emotional and spiritual needs. Migliore (2004:265) indicates that "the church is a community called into being, built up and sent into the world to serve in the name and power of the triune God". In the same vein, Bevans and Schroeder (2004:70) state that "the church's mission is the proclamation, service, and witness to the fullness of humanity. Furthermore, Hendriks (2012:281) states that "the basic self-understanding of the church is that it is to be a people of God, the body of Christ, God's stewards of creation; a people in relationship [who are] bound to love one another".

The church as a public entity has demonstrated its nature publicly through certain timeless public responsibilities. This it does, for example, by means of preaching, fellowship, liturgy, witnessing, service, catechism or teaching, and education or formation (August 2005:23). The church should address issues of public concern in the contemporary world. August (2005:28) argues that, as far as the church's responsibility is concerned, it is not really a question of whether the Christian church has a public responsibility but rather what that responsibility is. In addition, due to its own nature and calling the church cannot leave the political sphere totally in the hands of the state (August 2005:29). The political will in addressing issues such as maternal health is crucial and the church should be a voice to the poor, the marginalised and the vulnerable.

Therefore, in addition to preaching the message of eschatological hope, the church also has the responsibility of addressing the socio, economic and political challenges of people both within and outside the church. Jesus Christ addressed both spiritual and social challenges of his audience in the Gospel through his acts of teaching, preaching, and healing. God cares for the destitute, the poor, the oppressed and the wronged, to which end, He calls for his church to emulate Jesus as Lotter (2008:223) puts it. It is, therefore, a biblical mandate for the church to speak publicly on behalf of the poor and the oppressed for the sake of justice and equity (Samuel & Sugden 1987:262). The church's contribution to the public is unique since it is the

unique servant of God. The primary solidarity of the church should be with the poor and the vulnerable. In other words, the role of the church is to advocate for the helpless or voiceless and be actively involved in issues of development as a faith community.

2.9 Church, Gender and Development

As discussed in the previous section 2.8, the church is also defined as a denomination. This is in accordance with August (2005:28) who describes the church as a local congregation whose confession identifies with special doctrines and rituals, and which belongs to that community of faith. In this context, there are people who confess being Presbyterians, Methodists or Lutherans. Thus, the church as denomination plays a special role in the society by taking a position around moral issues of common interest (August 2005:29).

The role of local congregations of different denominations, as August (2005:29) further argues, is to be the catalyst of change in the local environment they are serving. They are to be the voice of the voiceless and advocate for change in the communities so as to liberate those oppressed by political and social systems. Denominations need to equip their member that they can engage in dialogues that bring change and transformation in their communities (August 2005:30). This is why there is a need for the joint ecumenical witness of the churches. In Malawi, different denominations are working together in the health sector through the Christian Health Association of Malawi (CHAM) to provide and promote health services.

According to Onwunta and August (2012:3), God's intention in creating women and men is to live and work in partnership. They argue that the legacy of enlightenment is individualism and the negligence of communal life. This results in the creation of structures and practices that made men dominate women. Therefore, "partnership means working together, sharing responsibility, caring forth each other's gifts, caring for the life of the community. It does not mean excluding men in order to affirm women's gift" (Rakoczy in Onwunta & August 2012:3).

Partnership fosters change in the communities where men and women are working together (Onwunta & August 2012:3). It helps to solve problems that a community is facing such as crimes and gender-based violence. Women have the God-given potential and gifts that are to be utilised in the church and society. However, these gifts are not used because of the low status given to women and that their voices are unheard. Hughes (1998:54) states that in some projects it was "discovered that listening to women and empowering them is very effective way of impacting whole families, communities and societies for the better".

Haddad (2014:278) argues that where women are denied the opportunity to use their spiritual gifts in the church, they often resist the "exploitative systems and ideologies" through women's organisation. For instance, the women's groups in different denominations strengthen the faith of women through prayers and Bible study. Haddad (2014:281) states that "they retain a space of resistance with the still largely patriarchy church hierarchy". Apart from these denominational women's organisations, women organise themselves in interdenominational para-church organisations. One of such organisations is the Pan African Christian Women Assembly (PACWA) which consists of various women from 36 African countries (Hughes 1998:256).

The church needs to work in partnership towards ensuring that women's gifts are recognised and utilised both in the church and in the society for the betterment and development of the communities. Haddad (2014:284) argues for a partnership in the church where women's voices are heard and their perspectives of knowledge and experiences are listened to and the church starts walking together with women. This helps to transform and liberate the leadership and develop inclusive leadership as Haddad (2014:284) further attests. Working in partnership is ideal for the church in order to promote gender and development. As Onwunta and August (2012:6-7) indicate, partnership fosters peace and innovation. It also strengthens democracy in the communities. Thus, gender equality can be achieved through the partnership of men and women. This explains why the church is called to be a model of partnership in the society where there are still struggles to achieve gender equality as Onwunta and August (2012:9) conclude.

2.10 Conclusion

In this chapter, the various concepts of development were discussed from a historical perspective. The chapter provided pointers to the ways in which the concept of development had been understood over the years, and how it has changed throughout the years. In the chapter, it was highlighted that the concept of development had changed from macro-theories to the micro- or grassroots approach, which is a people-centred development and where issues of gender are crucial to sustainable development.

Furthermore, the chapter looked at gender and development by discussing how issues of women became known as being important in the development discourse. It was indicated that, in the previous years, when developed nations were giving aid for development, issues of

women were not considered. However, from the 1970s the issues of women were brought to the table that there cannot be development if women as left behind. In this regard, it was pointed out that the concept 'women in development' needs to be used when both the issues of women and men are considered.

The chapter also discussed why gender is a development issue and how gender inequality affects sustainable development. It was noted that promoting gender equality is key to sustainable development. Gender equality is paramount to improved health status, in slowing population growth and for economic and social progress. This is achieved by investing in women's education that leads to more rewarding lives for them, their families, communities, and countries. The chapter also highlighted that keeping girls in school helps to delay marriages and women who get married late in life have fewer children and they make informed choices regarding their sexual and reproductive health. Thus, long-term success in the promotion of gender equality depends on the involvement of women in decision-making at different levels of any society as Kanyoro (2002:92) points out.

In this prospect, one can conclude, therefore, that promoting the equal partnership of women with men and the leadership of women is crucial. Promoting women's participation in socio-economic and political development will help to create a just society where women and men struggle equally and benefit equally. A society of true partnership between men and women will enhance and contribute to equal utilisation of the resources available in the community, and improve the effectiveness and efficiency of development programmes (Kanyoro 2002:93). Promoting maternal health will help prevent deaths and disabilities that women suffer during pregnancy, childbirth and post-partum period and in the end enhance sustainable development.

The next chapter will discuss maternal health from the global, African, and Malawian contexts.

CHAPTER 3

MATERNAL HEALTH WITHIN CONTEXT

3.1 Introduction

Chapter two explored gender and development discourse with a special reference to Malawi. The chapter also provided a historical perspective and possible definitions of the concepts 'development', 'gender' and 'gender and development'.

This chapter puts into context the focus of the study. It discusses maternal health within the global context, the African context and the Malawian context. As it were, maternal health is a global challenge. It is more so in developing countries, particularly in sub-Saharan Africa where challenges associated with maternal health often lead to mortality.

Studies (see for example, Alkema et al. 2015:467) indicate that maternal mortality in sub-Saharan Africa is statistically high with Maternal Mortality Ratio (MMR) of 546 per 100,000 live births compared to North America and Europe with an MMR of 6 per 100,000 and Asia 140 per 100,000 live births. Despite these seemingly shocking statistics, the global MMR has declined from 385 per 100,000 live births in 1990 to 216 per 100,000 live births in 2015. This provides pointers to the fact that maternal mortality is a pressing global issue, and explains why the fifth target of Millennium Development Goal (MDG) was to reduce maternal mortality to 70 per 100,000 live births by 2015. Now, the third sub-target of the Sustainable Development Goal (SDG) is to reduce the global MMR to less than 70 per 100,000 live births by 2030. This chapter will, therefore, attempt to find out why women die during pregnancy and childbirth. In the chapter, I argue that maternal health is a sexual reproductive right as well as a human rights issue.

3.2 MATERNAL HEALTH IN THE GLOBAL CONTEXT

According to World Health Organisation (WHO), maternal health is related to gender, health and development in that "(it) mirrors the gap between the rich and the poor" (WHO). Issues of maternal health are often linked to fertility rate, reproductive health rights, family planning, education levels of women, gender and development, and the political will to improve health services in each country. These issues are, however, interrelated and intersectional.

3.2.1 Fertility Rates

Momsen (2010:48) finds that "fertility is measured by the total number of children born to each woman, on average, during her reproductive years". Despite the global decline in fertility rate,[33] sub-Saharan Africa has the highest fertility rate when compared to other regions[34] (Momsen 2010:50)[35]. Although sub-Saharan Africa has the high fertility rates, it is important to note that rates vary from country to country.

Fertility rates' variations also apply for different social classes and other social identifiers. For example, fertility rates are higher among poor, rural and illiterate women than among educated women or those living in urban cities and having opportunities to work outside their homes. Besides, as Momsen (2010:49) remarks, women who get married earlier usually have more children than women who get married later in life. Momsen (2010:51) argues that several factors have led to the decline of fertility rates over the years. These include improved access to contraceptives, delayed marriage, as well as mortality reduction of infants and children, which result in women having fewer children than in previous generations. In some societies, however, Momsen (2010:51) further points out that the influence of urbanisation has led to a transition from extended families to nuclear families with a change in values and gender roles.

Fertility rate is high in sub-Saharan Africa because, according to Adepoju (1994:24), marriage occurs at an early age and is further influenced by the religious and cultural beliefs according to which children are a symbol of wealth and security in old age. This includes the preferential treatment of the boy child over the girl child in most traditional households. In addition, women who start childbearing in their teen age tend to have more children with short intervals between each birth because their reproductive years (between puberty and menopause) are longer than those who get married later in life.

Tackie et al. (2005:122) provide evidence that the more children a woman bears, the higher the risk of complications during pregnancy and childbirth she has. In this regard, reducing maternal mortality would mean, therefore, reducing the fertility rate in countries where the fertility rate is still high. This can be achieved by investing in women's education and promotion of family

[33] According to Momsen (2010) the decline is evidenced with a fertility rate of 4.5 births per woman in the 1970s to 2.5 births per woman in the first half of the 1990s.
[34] Momsen (2010) further indicates that sub-Saharan Africa has the highest fertility rate of 5.0 per woman compared to Europe at 1.4 per woman; North America at 2.0 per woman; Asia and Latin America at 2.5 per woman.
[35] See also www.un.org

planning methods that help women to have the desired number of children and help avoid unwanted pregnancies and unsafe abortions (Tackie et al. 2005:122; Safe Motherhood Review 2007).

3.2.2 Education Levels of Women

Women's level of education is another factor that contributes to maternal health and the well-being of women. The statistics show that maternal mortality ratio is higher in rural areas and among the poorer and less educated communities (WHO Report 2014). This explains Adepoju's (1994:22) observation that "education is a reliable predictor of fertility of women globally". In the same vein, Momsen (2010:50) argues that educated women have the power to choose the number of children they want, and can have access to contraceptives more easily. Furthermore, women who spend more years in school, usually get married at a later age. They are, therefore, empowered in decision-making and can make an informed choice about family planning methods. In so doing, they may end up having fewer children with a good spacing between them.

According to Tackie et al. (2005:122), there is a relationship between education, health and poverty. They further point out that education enhances the well-being of a person. However, as Momsen (2010:51) observes, most women in the developing countries still face many challenges for them to attain a satisfactory level of education. These challenges include the distance between home and school, the lack of transportation means, and a culture of patriarchy in most traditional communities. The long distances that girls walk, sometimes during the rainy season, where the crossing of rivers is required, may make it dangerous for girls to go to school (Momsen 2010:51). Besides, some schools do not have an environment conducive for learning. This, too, is another factor leading to higher school drop-out rates for girls. In addition, poor sanitation in schools and the lack of sanitary pads, especially in rural areas, makes it hard for girls to go to school during their menstruation period. In some cases, girls experience sexual harassment from male teachers or fellow male students, and this "may jeopardize their marriage potential" as Momsen (2010:51, 65) puts it. As a result of these challenges and many more combined (e.g. forced marriages, child marriages, and teenage pregnancies), women end up dropping out of school and, thus, attain a lower level of education than men do. These factors have an impact on a girl child's education and put her highly at risk than a boy child in terms of dropping out of school.

In patrilineal systems, once a woman is married, she is placed in the hands of the man's family. In view of this, some families feel that educating a daughter is, therefore, investing in someone else's family (Momsen 2010:65). This view places emphasis on educating the boy child rather than the girl child. It also contributes to inequality in terms of access to and opportunity for education between boys and girls. In some households, financial limitations make parents choose to send boys to school rather than girls in order to reduce the costs involved such as buying school supplies (e.g. uniforms, books, school shoes, etc.) and paying school fees.

Tackie et al (2005:121) observe that there is still gender imbalance even in some of higher education institutions where more women do the stereotyped "feminine" disciplines such as nursing and home economics and only a few do sciences and engineering. Furthermore, Momsen (2010:65) argues that "access to higher education is strongly dependent on class, location and income". Thus, it is a challenge for girls from poor families and from rural areas to access good quality and higher education even when they are intelligent.

These gender injustices prevalent in the education sector in most countries need to be addressed if countries are to achieve the target of maternal mortality ratio of less than 70 per 100,000 live births. Ensuring equal access and equal opportunities in education is crucial for the development and health of any community. Women should be empowered through education as "education is the most powerful tool which you can use to change the world" (Nelson Mandela).[36] The importance of education cannot be overemphasised if lives of women are to change for the better.

3.2.3 Reproductive Health

The United Nations Population Fund (UNFPA) defines reproductive health as "a state of complete physical, mental and social well-being in all matters relating to the reproductive system" (UNFPA).[37] This means, reproductive health implies the freedom to choose the number of children one wants, the interval in between, and safer sex. It also covers all aspects of the reproductive systems of both men and women. That is, it prevents and manages STIs, family planning, antenatal care, natal care and postpartum care, and making reproductive health services are available and accessible to adolescents whether married and unmarried, women and men.

[36] https:www.brainyquote.com/quotes/quotes/n/nelsonmandela.157855.html
[37] Source: http://www.unfpa.org/sexual-reproductive-health

3.2.4 Global Initiatives on Maternal Health

The challenges associated with maternal health contribute to the slower pace of development in the developing countries and constitute a development concern since mid-1980s. At the end of the UN Decade for Women (1976-1985) in 1985, recommendations were made about women's health and prevention of maternal deaths. As a result, global initiatives were launched to reduce maternal mortality in developing countries (Safe Motherhood Review 2007). In 1987, the Safe Motherhood Initiative was launched in Nairobi, Kenya. The launch of this initiative was an effort towards raising awareness about maternal mortality. In other words, according to a Safe Motherhood Initiative's report (cf. Safe Motherhood Review 2007), launching this initiative was...

> ...an international effort to bring awareness of the scope and dimension of maternal mortality and galvanise the commitment of among governments, donors, UN agencies and other relevant stakeholders to take steps to address this public health tragedy.

The Safe Motherhood Initiative aimed at reducing maternal deaths and ill health in developing countries. It also urged for concerted action by governments and funding agencies in order to prevent women from dying during pregnancy and childbirth.

Subsequently, in 1994, the International Conference on Population and Development (ICPD) held in Cairo, Egypt, was instrumental in bringing an increased focus on improving women's reproductive health. The conference was also instrumental in highlighting women empowerment in the population policy (Chirowa et al. 2013:2; Patton 2002:18). The Fourth World Conference on Women (FWCW) followed this. FWCW was held in 1995 in Beijing, China; it also emphasised women empowerment and advocated for women's reproductive health rights as human rights. According to Chirowa et al. (2013:2), it was at this Beijing Conference that "it became clear that inequalities and inadequate expenditure on women's health needs hindered development". The Cairo Programme of Action and the Beijing Platform for Action were linked up with a focus on reproductive health rights, population policy and women empowerment (Patton 2002:19). Consequently, the governments, Non-Governmental Organisations (NGOs), and funding agencies were urged to provide user-centred services, improving the quality of care and "the principle of informed free choice as an essential to the long-term success of family planning" (Patton 2002:19).

In the year 2000, the MDGs were adopted by the United Nations Millennium Assembly with specific goals that aimed at reducing poverty and promoting human development. The fifth MDG focused on maternal health with a target of reducing maternal mortality ratio by 75 percent by 2015. This implies UN agencies namely, WHO, UNFPA, United Nations Women's Organisation (UNWomen) and the World Bank prioritise maternal health in matters of funding and development. In 2015 the SDGs superseded the MDGs and set targets of reducing maternal mortality rate to less 70 per 100,000 live births.

In summary, all the global initiatives towards maternal health have helped to raise awareness on this neglected aspect of global public health. The global initiatives have urged governments, NGOs, and UN agencies to put in place policies and frameworks that help to regard maternal health as a critical health issue, and prioritise it in the planning and implementation of development programmes. Although the setting of specific goals and targets in the MDGs and SDGs has enhanced governments' efforts to reduce maternal health, it is also evident that despite all the efforts and global initiative in the past decades, maternal health remains a public health challenge in sub-Saharan Africa.

3.2.4.1 Family Planning

Family planning[38] "allows individuals and couples to anticipate and attain their desired number of children as well as the spacing and timing of their births".[39] There are various ways to do family planning including the use of modern contraceptives, the traditional methods of preventing pregnancy. The traditional methods of family planning in certain contexts include the use of herbs and waist ring worn by women as a way of preventing pregnancy (Maliwichi-Nyirenda & Maliwichi 2010:233). Some of these traditional methods may not be reliable as they deny women their conjugal rights. For instance, in some communities, when a woman gives birth, she is expected to abstain from sex until she has weaned the child. In such a case, the husband would be in a polygamous marriage. In other words, polygamy is also regarded as a method of family planning. It is regarded as a way of preventing frequent births and allowing good spacing between children (Adepoju 1994:26). However, this also perpetuates the subordinate position of women. The outcome of each pregnancy depends on the spacing and limiting pregnancies and have an impact on a woman's health and well-being (White & Speizer 2007:2)).

[38] The term family planning is used interchangeably with the term birth control (UNFPA).
[39] www.unfpa.org/maternal_health accessed 15 August 2016

In the developing world, people use both modern contraceptives and traditional ways of controlling frequent births (Maliwichi-Nyirenda & Maliwichi 2010:235). The use of modern contraceptives has implications of accessibility, availability and side effects (Gueye et al. 2015:191). The fact that skilled medical personnel administer modern contraceptives becomes a challenge where there is few skilled personnel. In remote places, it is difficult for women to access family planning services since such services are only provided at clinics, and the distance to the nearest clinic often requires a long walk in rural areas.

In addition, inadequate financial resources make it difficult for women to use modern contraceptives (Chirowa et al. 2013:3). While some of the contraceptive methods are given free, others are not free and this limits the choice of the contraceptive method a woman wants to use according to her needs and circumstances. Chirowa et al. (2013:3) further states that, in Africa, inadequate funding in the reproductive health sector signals the highly unmet needs of contraceptive use.

In most communities, there are myths and misconceptions associated with the use of modern contraceptives. According to Gueye et al. (2015:191), these misconceptions become a barrier to the use of modern contraceptive methods. For instance, Gueye et al. (2015:191) indicates that some people believe contraceptive pills are harmful to the health of the woman and they cause permanent infertility. Such misconceptions cause fear in women, which partly explains why they do not want to use these contraceptives for fear of ill health and infertility. However, when they are not using any contraceptives because of fear, they end up with unwanted or unintended pregnancies. Furthermore, family planning is related to the levels of education of women, the age at marriage and fertility. Less educated women do not understand how their bodies function and, therefore, do not want to use contraceptives owing to the misconceptions associated with them (Gueye et al. 2015:191).

In summary, family planning is a key component of maternal health. It helps to prevent unwanted or unintended pregnancies and unsafe abortions. It also empowers women to make an informed choice on the number of children they want to have. It also allows them to have and raise healthy children. In this regard, healthy children will more likely contribute to the socio-economic development of their communities because of the informed choices of their mothers with regard to family planning.

3.2.4.2 Male Involvement in Family Planning

One of the challenges to family planning is the view that it is exclusively a women's matter. This leads to low male involvement in issues pertaining to family planning. Studies done in several countries (see for example, Kassa et al. 2014:7; Adelekan et al. 2014:1) show that only a small percentage of men are involved in family planning. According to Kassa et al (2014:2), nearly all family planning services, including information dissemination and research, put their emphasis on women only. In addition, most counselling sessions on family planning are done with women only and do not involve or address their husbands. Adelekan et al. (2014:1) also point out that men are not involved when information on sexuality, reproductive health, and birth spacing is being disseminated.

In the modern family planning methods, there are only a few methods for men, that is, male condoms and vasectomy while there are several family planning methods for women (Kassa et al. 2014:7). Arguably, this contributes to the view that family planning is a women's issue. Besides, there are misconceptions concerning male family planning methods, such as the belief that a condom can remain in the woman's body, condoms promote promiscuous behaviour, and vasectomy leads to sexual impotency (Kassa et al. 2014:7). There is a need to demystify these myths and misconceptions if we are to improve the quality of maternal health and reduce to the lowest minimum the ratio of maternal mortality. Such myths and misconceptions are among the driving forces behind men's refusal, unwillingness or reluctance to use family planning methods.

Nevertheless, men need to be involved together with their wives on issues of family planning. They need to discuss with their wives and decide on the family planning method appropriate for them. Adelekan et al. (2014:4) point out that, there are cases where men may not allow their wives to use any family planning methods because they fear that they will become infertile and/or may not be able to have more children.

In a different case scenario, women who lack support from their husband tend to use the family planning methods secretly or do not use them at all. Thus, myths, misconceptions, and misinformation on the family planning methods put women at risk of frequent pregnancies and, at times, lead to unintended ones. Furthermore, Kassa et al. (2014:2) indicate that among the reasons that make men not to be involved or interested in family planning discussions is the desire to have more children in addition to religious prohibitions on the use of condoms.

In summary, male involvement in issues of family planning is very important to help reduce maternal death, disability, and unsafe abortions. Male involvement in family planning empowers both men and women to achieve gender equality. The promotion of family planning is a requisite undertaking. This could be done by giving appropriate information to both men and women, at the same time making it accessible and available. Research, dissemination of information and counselling about family planning should target both men and women.

3.3 MATERNAL HEALTH IN AFRICA

According to the 2014 report by WHO, 500 out of the 830 women who die daily through childbirth live in sub-Saharan Africa, 190 in Southern Asia, 134 in Latin America and 6 in high-income countries such as Europe and Northern America (WHO 2014). There is a decrease of maternal mortality ratio in Sub-Saharan Africa, according to Alkema et al. (2015:467), from 652 per 100,000 live births in 1990 to 546 per 100,000 live births in 2015. However, an MMR of 546 per 100,000 live births is still very high when compared to the third SDG's target of less than 70 per 100,000 live births by 2030. There are several contributing factors to high maternal mortality ratio in sub-Saharan Africa including health delivery systems and civil strife, which will be discussed here.

3.3.1 Health Delivery Systems

Health Delivery Systems (HDS) in Africa vary from country to country. Their efficiency depends on whether it is an urban area or a rural area, whether it is a government-run clinic or a government-run hospital, and whether it is a faith-based clinic or a faith-based hospital. According to Widmer et al. (2011:219)[40], a study that was done in several countries in Africa in 2003-2005 by the Ecumenical Pharmaceutical Network in collaboration with WHO found that faith-based health delivery services contribute to 40 percent of the health delivery in most African countries especially in remote rural areas. Thus, faith-based organisations[41] play a crucial role in the health sector of the African continent.

The challenge of health delivery services in the rural areas of Africa is the distance women have to walk in order to access health services and/or deliver babies at clinics where there is skilled medical personnel. In some rural places, there is no public transport due to poor road

[40] "The WHO estimates that 30-70% of healthcare infrastructure in Africa is run by FBOs with percentage varying within this range in different countries" (Widmer et al. 2011:219).
[41] Faith-Based Organisations (FBOs) in this thesis refer to faith-based organisations whose values and beliefs are based on the Christian faith. These can be denominational, interdenominational or para-church organisations.

networks and some seasons the roads are impassable. This contributes to maternal death since it may take long to reach the clinics, which cause obstructed labour leading to obstetric fistula and other complications. According to Safe Motherhood Review (2007:11), sometimes ambulances are not available when a woman is referred to a central hospital, in case of an emergency.

Long distances to clinics and the unavailability of transport lead women to give birth at home with poor natal care in some cases. This puts their lives at risk of infections because of the unhygienic tools that may be used and the unskilled birth attendants that help in delivering the baby (Safe Motherhood Review 2007). If complications arise in such cases, it becomes a challenge to save the life of the mother and the baby. This explains the need for support systems that can help expectant mothers go to the hospital in good time, preferably in the last weeks of the pregnancy, to wait for delivery at the hospital, on the one hand.

On the other hand, inadequate health infrastructures in some rural areas contribute to women's health complications. Most hospitals or clinics in rural areas have inadequate equipment available for emergency cases such as caesarean section when women have complications in giving birth. Referral of such cases may face the challenge of availability of ambulances and distance from the clinic to the central hospital (Safe Motherhood Review 2007).

Shortage of medical personnel in rural clinics is yet another contributing factor to maternal death in the health delivery services in Africa. Due to the working conditions in rural areas, qualified medical personnel often prefer to work in urban settings than in rural areas. As a result, the work in the rural is overwhelming for the few personnel that are there. The migration of health professionals to the developed countries, where they get a better pay, exacerbates the shortages of medical personnel in most developing and poor countries particularly on the African continent (Manafa et al. 2009:2). Manafa et al. (2009:2) further point out that there is in-country migration of health workers between public and private health sector; between tertiary and primary health care delivery.

In this regard, it could be argued that health delivery services in Africa is one of the contributing factors to ill/poor maternal health. Governments, therefore, need to work in cooperation with faith-based organisations to provide good quality health services. The good health delivery services that are accessible and available for antenatal care, natal care and post-natal care for mothers can save the lives of mothers.

3.3.2 Civil Strife

The civil strife in some African countries, such as Eastern Democratic Republic of Congo, South Sudan, and Somalia just to mention a few, contribute to reproductive health problems including maternal death (Foreman 2013)[42]. Often, civil strife is a result of political unrest and instability, which leads to civil wars and human displacement. Those displaced from their original space are either internally displaced or externally displaced. That is to say, they become internally displaced persons (IDPs) or asylum seekers in neighbouring or third countries where they hope to find a temporary or permanent shelter as refugee migrants. During the flight, however, women and girls are often the most vulnerable considering that they become exposed to various types of criminal activities that victimise them such as sexual violence and all sorts of abuse.

According to Austin et al. (2008:10) internally displaced people and refugees have high maternal mortality rates. Stability in most of the refugees' camps influences access to and availability of reproductive health services. Among the accessible services in refugees' camps are as antenatal clinics and family planning services. However, Austin et al. (2008:11) indicate that, in the refugees' camps, it is difficult to provide other reproductive health services such as emergency caesarean section. In this regard, it is quite difficult for women who have complications during childbirth to deliver through caesarean section. Albeit preventable, this may lead to death (Austin et al. 2008:11). On the same note, however, most refugees' camps particularly on the African continent are unstable, which explains why it is difficult to find reproductive health services. In such refugees' camps, women are greatly in need of family planning. When the need remains unmet, they die because of unsafe abortions and consequential complications during childbirth (Austin et al. 2008:12). In this regard, it could be said that, during civil strife, women and children suffer the most because, in that case, gender-based violence such as rape becomes rampant. Besides, inadequate food leads to malnourishment in children and pregnant mothers – and these contribute to high maternal mortality ratios in Africa.

[42] Available at www.prb.org/Publications/Articles/2013/refugee-women-reproductive-health.aspx

3.4 MATERNAL HEALTH IN MALAWI

This section discusses maternal health in Malawi. According to the Gender Protocol Barometer (GPB) of the Southern Africa Development Community (SADC), Malawi is one of the countries that failed to achieve the Millennium Development Goal 5, of reducing maternal mortality ratio to 70 per 100,000 live births by 2015 (SADC GPB 2015:220). Malawi's MMR of 510 per 100,000 live births is second to the war-torn Democratic Republic of Congo (DRC), which is the highest in the SADC region with 730 per 100,000 live births. Other countries in the SADC region have much lower MMR. For example, Mozambique has 480 per 100,000; Zambia 280 per 100,000; Zimbabwe 470 per 100,000; Botswana 170 per 100,000 and South Africa 140 per 100,000.

It is worth noting that Malawi's MMR has declined from 684 per 100,000 live births in 2005 to 510 per live birth in 2015. According to the directorate of Malawi's health department,[43] the decline may largely be attributed to the strategies and mechanisms that the government of Malawi and Faith Based Organisations (FBOs) had put in place in order to save the lives of women who have a high risk of dying during pregnancy, childbirth and the postpartum period reducing maternal deaths.

3.4.1 Factors that lead to maternal death in Malawi

There are various factors leading to maternal death in Malawi, and most of them are interrelated. These include child marriages, teenage pregnancies, family planning, as well as distance to health facilities. Although these factors are preventable, existing literature provides pointers to the fact that these are the main sources of maternal death in Malawi. Let us take a closer look at each of these factors.

3.4.1.1 Child Marriages

In Malawi, child marriage is defined as any marital union forced to a person of minority age. According to Wadesango et al. (2011:125), this is the case, particularly, when a young girl is forced into marriage at an early age, maybe, as young as 9 years old. As it were, child marriages are a violation of the human rights of a girl child, in spite of the circumstances that influenced the situation. This is because it denies her, among other things, the right to education and the

[43] Source: www.health.gov.mw/index.php/directorates

right to association. For this reason, Wadesango et al. (2011:123-124) find that child marriage is a form of gender-based violence. These marriages expose the young women to health risks such as teenage pregnancy that may lead to maternal mortality and Sexually Transmitted Infections (STIs) such as Human Immuno-Deficiency Virus (HIV), and are also among the contributing factors to teenage pregnancies as Rembe et al. (2011:69) rightly note. According to the 2005 Safe Motherhood Review, as previously mentioned in sections 1.4 and 2.7, teenage pregnancies contribute to 20-25 percent of maternal deaths in Malawi.

Wadesango et al. (2011:124) observe that there are various myths and traditions with regard to child marriages, most of which are based on the understanding that when a girl reaches puberty she is considered to have attained adulthood and, therefore, old enough to get married. However, some girls reach puberty at an early age between 9 and 11 years. Conceptualising adulthood based on puberty leads to the forcing of a girl child who saw entered puberty at an earlier age (before even becoming a teenager) into premature marriage. As Rembe et al. (2011:67) indicate, girls who are forced into marriage at such a young age do not experience adolescence. They move instantaneously from childhood to adulthood.

In Malawi, cultural and traditional practices are the main vectors of child marriages. Some communities in the central and southern Malawi have a cultural practice known as "*fisi"* usually done at initiation ceremonies. As per the *fisi* practice, when a girl reaches puberty she needs to undergo a form of sexual cleansing as a rite of passage from childhood to adulthood. In this case, she will be exposed to unprotected sex with, sometime, a stranger, which may lead to early pregnancy. When she gets pregnant because of this initiation ceremony, or any other unfortunate incident, even if she is still young, she is forced into marriage with the man responsible for the pregnancy. This is because, culturally, it is considered a disgrace for a girl to have a child out of wedlock (Rembe et al. 2011:67).

Another traditional practice in northern Malawi that exposes girls to early marriages and teenage pregnancies is that of "*kupimbira"*. According to the practice of *kupimbira*, a girl child is married off in order to settle the family debt and/or compensate for a previously made pledge (Rembe et al. 2011:67). This practice is, to some extent, perpetuated by poverty. In this case, girls from poor families are forced to enter into marital union with older men so that their parents can acquire some wealth from the dowry that would be given. The age difference between these young girls and their older husbands could be even 40 years while there are girls who get married off before they can even reach puberty. They reach the age of puberty while

staying with the husband (Wadesango et al. 2011:125). In this *kupimbira* practice, girls do not have any say or choice as they are forced into such marriages. With little or no education, these young women end up with early pregnancies and high fertility for the reason that they start giving birth at an early age.

Poverty, as already alluded to, is another contributing factor to child marriages in Malawi. Considering that most parents and/or guardians cannot afford to pay school fees and buy various other school supplies including notebooks for their daughters, at times, they end up forcing the girls to get married at a tender age. Caring for the girls becomes a burden for them and they rather marry them off even to men older than them. In some cases, young girls are forced into marriage in order to benefit from the dowry, which would be used as dowry for their brother (Rembe et al. 2011:68). It is worth noting here that those at a high risk of child marriages are orphan girls (Wadesango et al. 2011:122).

Nevertheless, Section 22 of Malawi's constitution states that the legal age of marriage is 15 provided there is parental consent (Malawi Constitution 1995). This makes it difficult to challenge traditional practices because the constitution, which is the supreme law of the country, allows young people to get married in their teenage. One may argue, therefore, that there is a contradiction in the constitution as it allows young girls to get married at the age of 15, yet the same girl children cannot vote in an election because the voting age is 18. Human Rights groups have been lobbying the government to review the marriageable age from 15 years to 21 years; however, these reviews have not yet been adopted into law (Malawi Law Commission 2007).

In summary, child marriage violates the rights of the girl child and perpetuates gender inequality. It also encourages the subordination of women to a lower position in the society by further perpetuating the struggle of power relations seeing that young girls who get married to older men cannot voice out their grievances in the marriage. In this regard, Rembe et al. (2011:67) find that "child marriage has a serious impact on the psychological well-being and personal development of the affected girls since they are not ready for the responsibilities and roles of being a wife, a sexual partner and mother". In addition, child marriage increases the risk of maternal death and disability since young women who give birth at an early age usually have complications such as obstetric fistula during childbirth (Safe Motherhood Review 2007). The legislation should review the laws that promote child marriages and adopt the reviewed laws.

3.4.1.2 Teenage Pregnancies

According to WHO 2004:5[44], teenage pregnancy refers to a pregnancy that occurs in young women aged 19 and below and the term is used interchangeably with adolescent pregnancy. As it were, various factors contribute to teenage pregnancies apart from child marriage. These factors lead girls to drop out of school and sometimes perform unsafe abortions. Young girls become sexually active at a very young age due to peer pressure and ignorance of how their bodies function. The young girls may not have access to right information on reproductive health and they engage in premarital sex without knowing the implications of such practices. This may lead to unwanted pregnancy and, at times, to STIs.

Many parents in Malawi do not discuss issues of sexuality with their children because it is regarded as a taboo (Limaye et al. 2012:121)[45]. Thus, children grow up without getting the right information about their sexuality and, as a result, most of them end up getting wrong information from elsewhere including their peers and older people who intend to abuse them. For instance, there is a belief in Malawi that girls who have painful menstruation need to have sexual intercourse to stop the pain. Such beliefs among the teen girls put them at risk of getting pregnant. In some cases, girls are sexually harassed as they succumb to these pressures and become pregnant while they are still young (Limaye et al. 2012:122).

In summary, sex education in schools and faith institutions would help the young people, both boys and girls, to know how their bodies function. The teaching of sexuality for young people to understand how their bodies function as well as the teaching of sexual abstinence would help prevent teenage pregnancies. However, in cases where this is not possible, provision of youth friendly services[46] in all health facilities will help end the stigma that is associated with the use of family planning methods among the youth both married and unmarried.

3.4.1.3 Family Planning

In Malawi, there is an unmet need for family planning as only 41 percent of women use the modern family planning methods (Jackson et al. 2011:134). This is due to various factors

[44] Source: www.apps.who.int/iris/bitstream/10665/42903/1/9241591455_eng.pdf
[45] Despite the fact that in some cultures in Malawi, boys and girls at puberty go for initiation ceremonies where they are taught about sex education, it is not the parents themselves who teach their children but *Anankungwi.* (counsellors).
[46] Youth-friendly service are health services provided to adolescents and the services aim at meeting the expectations and needs of adolescents in order to improve their sexual and reproductive health.

including inaccessibility of such services, myths associated with the family planning methods particularly the modern contraceptives, and the desire to have more children as noted in section 3.2.4.1. This puts women at risk for frequent pregnancies with no proper spacing in between. As a result, most women have unwanted or unintended pregnancies with the possibility to abort the unborn child through unsafe means, which could lead to death (Jackson et al. 2011:134).

Besides the modern contraceptive methods of planning, there are also the traditional methods. One of the traditional methods of family planning is abstinence from sexual intercourse from childbirth until the time a child is weaned (when a child stops breastfeeding) (Maliwichi-Nyirenda & Maliwichi 2010:233). There are some women who also insert some medicinal herbs into the cervix to prevent pregnancy while others wear "*mkuzi*" a beaded waist ring traditionally believed to have medicinal properties for pregnancy prevention (Maliwichi-Nyirenda & Maliwichi 2010:233). These traditional methods have been passed over from generations to generations although, currently, women rarely use them.

Family planning methods help to save the lives of women and children by preventing unintended pregnancies and unsafe abortions. They also help women to have good interval between each pregnancy. When women are using contraceptives, they are empowered to have the number of children they want and contribute to the development of their communities. As mentioned in section 3.2.4.2, male involvement needs to be encouraged when discussing issues of family relevance such as family planning.

3.4.1.4 Distance to Health Facility

In Malawi one of the major challenges to maternal health are health facilities. In rural areas, these are usually far and the distance may range from 10 to 15 kilometres from the villages. This makes it difficult for the pregnant mothers to reach the health centres in good time for the delivery of their babies (Katenga-Kaunda 2010:36). In some remote areas, public transport is not available and this becomes a challenge for the pregnant mother who is supposed to attend antenatal clinics 4 times during their pregnancy. At the antenatal clinics, women are given health information, immunisation and bed nets that help to prevent malaria. If labour starts at home it is difficult for the woman to reach the health facility in good time, which results in most women to give birth at home or on the way to the health facility (Katenga-Kaunda 2010:23).

In addition, in some rural health centres, ambulances are not readily available for emergencies in case of an obstetric care. The poor road networks make it even harder for ambulances to commute between the health centres and the referral hospitals especially during the rainy season when the roads become impassable. In such cases, women would die from preventable maternal deaths (Safe Motherhood Review 2007). Such issues led the former president of Malawi, Joyce Banda, to initiate a Presidential Initiative on Maternal Health and Safe Motherhood. The aim of this presidential initiative was to help expectant mothers wait next to the nearest health facility in order to have access to a skilled medical attendant before and during delivery. In the case of any complications, they would easily have an emergency caesarean section (SADC Gender Barometer 2015).

3.4.2 Safe Motherhood Initiative

Following the global Safe Motherhood Initiative (SMI) in 1987, the International Conference on Population and Development (ICPD) and the Millennium Development Goals (MDGs) that aimed at improving the reproductive health, the government of Malawi was involved in the reproductive health and safe motherhood initiatives. The former president of Malawi, Joyce Banda, launched the Presidential Initiative on Maternal Health and Safe Motherhood in 2012 under the Office of the President and Cabinet (OPC) to help reduce maternal deaths (SADC Gender Protocol Barometer 2015:221). This government initiative demonstrated the political will to reduce maternal deaths in the country. One of the initiatives was the construction of Maternity Waiting Homes (MWHs) next to a health facility maternity wing. The MWHs help expectant women and their guardians to have shelter in the eighth month in the health facility until their time to deliver so as to avoid walking long distances. These MWHs reduce the challenge of the unavailability of transport when the need arises for expectant women to go to the hospital for the delivery.[47]

The initiative utilised also traditional leaders to ensure women were delivering from the health centres rather than in the homes. The initiative in collaboration with traditional leaders came up with "secret mothers"[48] who help expectant mothers to go for antenatal care and to ensure that they deliver their babies at the health centres. The initiative also encourages teenage

[47] Source: www.health.gov.mw/index.php/directorates

[48] Secret mothers are elderly women chosen by the communities to keep tabs on pregnant women. They help to monitor pregnant mothers in the village, encourage them to attend ante-natal clinics and ensure that they go to the hospital in good time to deliver their babies. They are called secret mothers because of the secrecy associated with sexual matters and pregnancy. They are expected to keep secrecy.

mothers who drop out of school, to go back to school after delivering (SADC Gender Protocol Barometer 2015:221). The initiative contributed to the reduction of maternal mortality ratio from 675 per 100,000 live births in 2005 to 510 per 100,000 live births in 2015.[49]

Despite the efforts done made the initiative and other efforts by the government, NGOs and FBOs, maternal mortality ratio in Malawi remains high. There is, therefore, a need for the government, NGOs and FBOs to collaborate in order to reduce the MMR if Malawi is to achieve the SDG target of less than 70 per 100,000 live births by 2030.

3.4.3 Christian Health Association of Malawi (CHAM)

The Christian Health Association of Malawi (CHAM) is an umbrella body that coordinates the work of the Christian health facilities for both Catholic and Protestant churches.[50] The role that CHAM plays in Malawi's health sector is of great importance. The association works in collaboration with the Malawi government in providing preventative, curative and counselling services to Malawians. In this regard, it provides 37 percent of the health services in Malawi and the government provides 60 percent. The remaining percent is divided between the military and police medical services including for-profit and non-profit private health sectors (Manafa et al. 2009:2).

The churches' health facilities are spread throughout the country and most of the health facilities are found particularly in remotest rural areas. CHAM plays a role in maternal health by providing antenatal care clinics through mobile clinics that go to the villages where health facilities are far from the people. Furthermore, some of the health facilities have maternity wings that have a skilled medical attendant who delivers babies in a safe and clean environment, and even assists in obstetric care emergencies. CHAM health facilities also provide sexual and reproductive services by providing family planning services, prevention, and management of STIs. In addition, most of the Christian health facilities have youth-friendly services that help adolescents by giving counselling and right information on the reproductive health.[51]

[49] Source: www.health.gov.mw/index.php/directorates
[50] CHAM is owned by the Episcopal Conference of Malawi (ECM) and Malawi Council of Church (MCC). The Catholic dioceses and member Churches of MCC who own hospitals are member churches of CHAM.
[51] www.cham.org

In summary, CHAM as a faith-based organisation plays a crucial role in the health sector in Malawi. The role played by CHAM helps to reduce MMR in Malawi. The fact that FBOs provide 30-70 percent of the health services in Africa as mentioned in Section 3.3.1 is also true in Malawi.

3.5 Conclusion

This chapter has discussed issues of maternal health within the global, African, and Malawian contexts. As elaborated throughout the chapter, it could be deduced that MMR in the sub-Saharan Africa is still very high despite the efforts made by governments, NGOs, UN agencies, FBOs and various others sectors. If the target set in the SDGs of reducing MMR to less than 70 per 100,000 live births by the year 2030 is to be achieved, there is a need for different stakeholders to work together.

It was noted in this chapter that, in Malawi, child marriages and teenage pregnancies are among the major challenges to maternal health. Investing in the education of women and reducing gender inequality in all sectors would help, therefore, in the existing efforts to reduce maternal deaths and disabilities in Malawi and the entire African continent at large. Furthermore, the political will of different governments to address issues of maternal death is very crucial in reducing maternal deaths. Malawi has the highest MMR is southern Africa, which calls for mechanisms to be put in place if we are to reduce the ratio of maternal deaths. The health sector should be prioritised in governments' annual budgets. This includes the sexual and reproductive health sector, which helps to avoid the preventable deaths of women.

Putting support systems that help pregnant women in rural and remote areas to go to health facilities in good time and having local means of transport in case of the emergency will help reduce maternal deaths. Maternal health and issues of family planning should be the concern of both men and women. Although it is women who get pregnant and give birth, it is the responsibility of both parents to care and plan for the family. In addition, harmful cultural practices that perpetuate the subordination position of women and girls should be discouraged. Forced marriages and child marriages violate the rights of women and perpetuate gender-based violence because, in such cases, women often do not have a voice due to the power relations especially in marriages where older men marry young girls.

Faith-Based Organisations (FBOs) play an important role in the health sector in sub-Saharan Africa and particularly in Malawi. Governments in different countries should collaborate with

the FBOs in their struggle to reduce maternal mortality if they are to achieve the target of less than 70 per 100,000 live births by 2030. FBOs are an important stakeholder in issues of health and more especially on maternal health. This can be enhanced if churches play an active role of raising awareness on issues of maternal health in the local congregations.

Chapter four discusses some theological perspectives of African women relating to gender and maternal health, with a special focus on Oduyoye.

CHAPTER 4

THEOLOGICAL PERSPECTIVES ON GENDER AND MATERNAL HEALTH

4.1 Introduction

The preceding chapter discussed maternal health within the global, the African and the Malawian contexts. The current chapter discusses some theological perspectives of African women with regard to gender and maternal health. The chapter focuses on Mercy Oduyoye who is affectionately referred to as "the mother of African Women Theology" (Gathogo 2010:16; Smith n.d[52]). In this respect, Oduyoye's four central themes of doing theology in Africa will be used as theological lens when exploring matters of relevance to gender and maternal health in this chapter. However, some other African women theologians' work on motherhood will also be engaged. The theological understanding of the female images of God as a mother, midwife and mourner and its implications on the safe motherhood and maternal mortality will also be discussed. A conclusion will be drawn on the importance of engaging with the theological perspectives of African women.

4.2 Mercy Oduyoye's Work On Motherhood

4.2.1 Who is Mercy Amba Oduyoye?

Mercy Amba Oduyoye is known as the "mother of African women's theologies" (Gathogo 2010:16; Smith n.d). Mercy Oduyoye is a Ghanaian scholar and Methodist born in 1934 in Asamankese, Ghana. Her father, Charles Kwaw Yamoah, was a minister in the Methodist church. Mercy Oduyoye got married in 1968 to a Nigerian Anglican, Adedoyin Modupe Oduyoye, but remained a Methodist Christian even after her marriage to Oduyoye, an Anglican. Educationally, she did her postgraduate studies in England at Cambridge University after her BA in Religious Studies at the University of Ghana (Gathogo 2010:2).

Oduyoye became formally associated with the ecumenical movement in 1965 when she helped to host a conference of the World Student Christian Federation (Gathogo 2010:2). She served as Youth Education Secretary of the World Council of Churches (WCC) from 1967 to 1970 (Gathogo 2010:2). Later, she became the Youth Secretary for the All Africa Conference of Churches (AACC). Oduyoye was the first woman to be elected as president of the Ecumenical

[52] Source: www.talbot.edu/ce20/educators/protestant/mercy_oduyoye

Association of Third World Theologians (EATWOT) in 1997. She served in that position until 2001 (Smith n.d). In 1987, she became the first black (and only the second African) woman to become the Deputy General Secretary of the World Council of Churches (Landman 2007:194). When she was deputy General Secretary of WCC from 1987-1994, she initiated the Ecumenical Decade of Churches in Solidarity with Women 1988-1998. The Ecumenical Decade called the churches to be inclusive and to stand in solidarity with the oppressed.

Oduyoye is the founder of the Circle of Concerned African Women Theologians. The Circle is the space for women of Africa to do communal theology across gender, culture and religious boundaries and to affirm their humanity across the borders (Kanyoro 2006:20, 40). Oduyoye is currently the director of the Institute of African Women in Religion and Culture, based at Trinity Theological Seminary, Legon, Ghana. The establishment of the Institute of African Women in Religion and Culture has expanded the work of the Circle.

4.2.2 Mercy Oduyoye's Work

Oduyoye has influenced and impacted African women theologians and other theologians across the globe through her work in the international organisations she served, as a keynote speaker at several international conferences and her writings. She has written and edited a number of books and several published articles (Pui-Lan 2004:7). Some of the books she has written include *Daughters of Anowa: African Women and Patriarchy (1995); Introducing African Women Theology (2001); Beads and Strands: Reflections of an African woman on Christianity in Africa (2002);* and co-edited together with Musimbi Kanyoro *The Will to Arise: Women, tradition, and the church in Africa (1992);* and together with Virginia Fabella *With Passion and Compassion: Third World Women Doing Theology (1988)*. Oduyoye has written on several subjects such as the doctrine of God, Christology, the Bible, gender, anthropology, the church, mission, and spirituality. Oduyoye is concerned with the way the experiences of African women are influenced by religion and culture (Pui-lan 2004:7).

In her work and writings, Oduyoye (1995:15) illustrates how religion and culture in Africa are tools of both oppression and liberation. On the one hand, Africa has a rich heritage of spirituality and cultural norms that are liberative and give a sense of belonging and sense of identity such as communal life. On the other hand, some of the religious and cultural beliefs are oppressive and life-denying – they perpetuate gender stereotypes, of which women are often victims.

Oduyoye (2004:38) encourages African women theologians to resist the dehumanising aspects of the African cultures found in myths, proverbs and folktales but affirm liberative and life-enhancing aspects of culture. Oduyoye (1996:167) states that African culture demands community compliance if the change is to be effected. African cultures need transformation so they can be life-affirming by creating just relationships where both women and men enjoy life as intended by God.

4.2.3 Why Mercy Oduyoye's Theological Perspective?

This section discusses why Mercy Oduyoye's theological perspective is relevant to analysing the issue of maternal health in the African context. Maternal health pertains to the health and well-being of women during pregnancy and childbirth. There are health risks associated with pregnancy and childbirth. Some women die during pregnancy and childbirth due to complications that develop in the process of pregnancy and childbirth. For instance, Musimbi Kanyoro (2002:68) tells of the death of her mother-in-law who "died of haemorrhage and miscarriage in pregnancy". Kanyoro further indicates that she never met her mother because she died because of 'motherhood', a state which she, herself, "was now going through" (Kanyoro 2002:68).

Nadia Marais (2015:191) observes that "for Mercy Oduyoye, 'health' and 'healing' are inseparable from 'human well-being and wellness'". Marais (2015:192) further indicates that Mercy Oduyoye distinguishes between motherhood (which she regards as the biological act of procreation and raising children) and mothering (which she regards as the act of caring for human beings). In this regard, "[m]otherhood is used so as to include the notion of mothering, but mothering does not necessarily presuppose motherhood" as Marais (2015:192) concludes. This explains why Oduyoye (2001:38) argues that mothering is the obligation of all in the community whether they are women or men. It is being concerned with the well-being and the welfare of everyone in the community out of God's compassion (Oduyoye 2001:38).

It could be said that Oduyoye's theological perspectives look at the life-affirming aspects of the African cultures and resisting those that have life-denying aspects. Consequently, African women's theologies emerge from the experiences of the women in day to day life in their communities. This approach emphasises the communal life in Africa where both women and men have an important role to play in building a fair and just society. In this regard, Oduyoye (1996:162) states the following:

> In the struggle to build and maintain a life-giving and life-enhancing community, African women live by a spirituality of resistance which enables them to transform death into life and to open the way to the reconstruction of a compassionate world.

In the above statement, Oduyoye explains why African women "live by a spirituality of resistance", which is necessary for the transformation of what is mortal into life-giving opportunity. However, Oduyoye (2008:87) further states that some of the African myths and proverbs deny women a sense of humanity; as a result, women suffer in silence for the benefit of the whole community. Most of these myths imply that women cannot be trusted and that they behave like children. Such views constrain women from participating in the decision-making of issues that affect their well-being in society. Oduyoye finds that generally the folktales are used to reinforce domination of men over women and perpetuate stereotypical roles of women as mothers, wives, and caretakers. Women are regarded as self-sacrificial persons who put first the need of others (Pui-Lan 2004:16)

Oduyoye further argues that African women theologians should express their experiences of the God who sustains them in times of need and who brings victory not as expected. African women theologians attribute all recognition and inclusiveness to God who has the power to transform human beings and their conditions. Thus, "they express their experience of God in affirming cultural beliefs and practices, while they feel called by God to denounce and to deconstruct oppressive ones" (Oduyoye 1997:500-501).

For this reason, Oduyoye (2001:38) finds that African women's theologies are "developing in the context of global challenges and situations in Africa's religio-culture that call for transformation". This explains why, according to Landman (2007:187), Oduyoye's theology can be described as a theology of narratives and the stories have changed world views on issues of gender, ecumenism and restorative historiography. Mercy Oduyoye's theology of life-affirming and flourishing provides a theoretical framework for analysing maternal health in the theological perspectives. In the next section, Oduyoye's central themes of doing theology in Africa will be used as the theological lenses through which to analyse issues of maternal health in the African context.

4.3 ODUYOYE'S FOUR CENTRAL THEMES OF DOING THEOLOGY IN AFRICA

In her book *Introducing African Women's Theology* (2001), Oduyoye introduces four themes of doing theology in the African context namely: (1) community and wholeness, (2) relatedness and inter-relationships, (3) reciprocity and justice, and (4) compassion and solidarity. In this section, these four central themes of doing theology in Africa will be discussed to understand how they can be used as theological lenses for maternal health in the African context. Within the African women's theology, health is understood in a 'broad context', namely as 'encompassing the physical, emotional, psychological and social domains' (Phiri 2006:9). In view of this, maternal health is about safe motherhood – saving the lives of mothers in the process of giving life to newborns in the communities. It is protecting the lives of mothers from death, disabilities, and depression that are associated with childbirth.

4.3.1 Community and Wholeness

Community and wholeness are the African socio-cultural tradition according to which human beings live in communities (Oduyoye 2001:26). "People are not individuals, living in a state of independence, but part of a community, living in relationships" and are interdependent (Gathogo 2008:39). This explains the need to live together as a community so as to exhibit the essence of true humanity within the african context. Such a way of living is suggestive of the African interdependence according to which a child is raised with and belongs to the entire community. This is further supported by other african scholars, including Odoyoye (2001:26) who points out that, in the African context, a human being is born into a human community, and that is what makes him or her human. It should be noted here that African anthropology sees humans as beings who depend on life-in-community for their self-understanding (Oduyoye 2001:26). This understanding has been passed down from generation to generation as put in the famous maxim 'I am, because we are', which indicates that, for the African, 'the personal is communal' (Oduyoye 2001:26). This view is in agreement with what other African scholars have called "ubuntu philosophy". In this vein, Mbiti (1969:108-109) states that "I am, because we are; and since we are, therefore I am" (see also Tutu 1999:31 and Musopole 1994:13)

Since the African culture is community-oriented, it requires that all "be sensitive not only to the needs of others but also to the well-being of the community as a whole" (Oduyoye 2001:17). The communal life characterises the traditional way of life in Africa that leads people to care

for the marginalised and other deemed vulnerable (Oduyoye 2001:34). Wholeness means all that makes for the fullness of life and makes people celebrate life (Oduyoye 2001:34). Oduyoye (2001:34) argues that:

> Well-being – a*lafia* - for most African implies the possession of the powers, graces or attributes that call for the celebration life, and demonstrates the integrity of the human body, good eyesight, hearing and speech and the wholeness of mind and limbs. Furthermore, Africans consider human beings as enjoying the fullness of life when they have good health and the power to procreate.

Furthermore, Oduyoye (2001:34) states that the search for wholeness leads Africans to respect multicultural and inter-religious approaches to life in the community. There is admiration for how others achieve that wholeness and especially for the religions that undergird the perspectives on wholeness and the means to attain that state. This is evident when people celebrate the harvest, the birth of a child, initiation to adulthood – puberty and marriage. The whole community is involved in such times.

Despite the multiculturalism and pluralism that are evident in African cities and small towns, Oduyoye (2001:30) observes that the socialisation in Africa is still about how to live in harmony with your community and environment. Although the socialization specialises boys and girls into their gender roles, Oduyoye (2001:30) argues that socialisation seeks to strike a balance between the life and well-being of the individual and that of the community. In the African context, childbirth is awaited with fascination and wonder and above all, with prayer and right living, for instance, the observance of all taboos, mores and ethical injunctions (Oduyoye 1986:41). Childbirth is the arrival of a new life in the community and some cultures there is a belief that it is the return of an ancestor (Kanyoro 2002:68-69; Oduyoye 2001:23). Oduyoye (2002:80) states that a woman who has given birth is described as someone 'who has returned safely from the battle front'. However, there are times when a woman dies in the process of giving birth due to complications and delays in getting to a health facility in good time. When a woman dies during childbirth, it is regarded as defeat and the defeat at childbirth spells the presence of evil. Birth pangs should result in joy, not sorrow (Oduyoye 1986:41).

The pregnant woman is supposed to be protected by the community. She is aided by the taboos that will ensure safe delivery and guarantee her health (Oduyoye 2002:61). If birthing is normal, no special rituals are required except for thanksgiving rites and soul washing to congratulate the soul of the woman for a job well done. However, in case of complications

during delivery, the woman may be accused of adultery. In this regard, the woman is encouraged to confess her sins; and asked to name the illicit partner (Oduyoye 2002:81). Sacrifices may be made on her behalf to ensure safe delivery (Oduyoye 1992:14). The cultural belief of accusing women of adultery because of complications during childbirth can lead to maternal death or disabilities. Time will be spent asking the woman for an illicit partner instead of finding a way for an emergency caesarean section and save the lives of both the woman and the child. Such beliefs threaten the lives of women and perpetuate subordinate position for women. These beliefs should be resisted.

To ensure safe motherhood, the communities should help mothers to space their pregnancies and have the number of children they can care for. This will help mothers find breathing space for them to contribute positively to the development of their communities. Oduyoye's view is that it is a violation of the women's rights if women's role is only mothering and if their productive years are only spent in giving birth and caring for children. Oduyoye (2007:3) further argues that:

> Women who have to spend the period from the onset of puberty till the arrival of menopause bearing and rearing children cannot contribute effectively to other aspects of life: their view of life is likely to become limited to motherhood and mothering. If this is their choice, well and good. But it is violence to such a person's self-esteem and sense of worth if her spouse treats her as "only a breeder", a person who cannot contribute to deciding even what is good for her own body.

Following the above statement by Oduyoye, it is remarkable that women's effective contribution to various aspects of life is linked to how they spend their life from puberty to menopause. This is observation is even mostly evidenced in Africa considering the challenge that most women face of getting married off at a very young age when they cannot even make their own decision. This is the case where they are only used and considered only as breeders to use Oduyoye's wording. Furthermore, in some cultures, there are food taboos that affect women's maternal health. For example, the belief according to which pregnant women and/or children are not supposed to eat certain types of foods such as eggs need to be resisted. In this vein, Ayanga (1996:206) argues from a nutritional point of view that prohibiting pregnant women from eating certain foods results in them getting fewer nutrients than they require. It should be noted that, in this case, the foetus will only grow by drawing on the mother's already depleted sustenance, which consequently affects both the mother and the unborn child.

In this respect, Oduyoye (1996:167) finds that women theologians from Africa are to critique the cultural practices or values that aim to relegate women to a lower societal position. This will help identify the values and utilize the voices that empower women in an attempt to give them a sense of dignity and worth. This includes saving the lives of mothers as they go through pregnancy and childbirth. Cultural practices, proverbs, and taboos that are life affirming should be encouraged and the food taboos, cultural beliefs that hinder women's well-being during pregnancy denounced. It is important that communities help women to make decisions about their health and the number of children they want.

In addition, Oduyoye (2001:17) argues that the characterisation of African women's theology is a theology of relations, which replaces the gender hierarchies created by socialisation with mutuality. It is a theology that is sensitive to the need of the society. As such, the African women's theology affirms life-enhancing aspects of the culture and resists the life-denying aspects of the culture. This ensures the health and well-being of mothers during pregnancy and childbirth. Ensuring safe motherhood in this context would be the concern of the whole community

4.3.2 Relatedness and Inter-relationships

Subsequently as discussed in the previous section, life in the African context is a whole and it is lived in a community. There are relatedness and inter-relationships in the communities. Relatedness and inter-relationships are the interconnectedness of human beings with their environment and with God, the Supreme Being. Human beings depend on nature for food, energy, and shelter according to Oduyoye (2001:35). Here, she finds that "humanity's well-being depends on the harmonious relationship of the whole creation, and human culture evolves from the utilization and adaptation to the natural environment". In the African context, is the belief that the natural, physical realm is connected to the invisible, spiritual realm and that these are interdependent (2001:35). Oduyoye (2001:35) further states that the religion that emerged in Africa was developed to ensure harmony between the elemental forces and humans. Relatedness and inter-relationships are described by Oduyoye (2001:35) as 'the triangle of reality' where human beings are in constant communication and interrelationship with God, the Source Being, and other spirit beings. On the vertical level are human beings, the ancestors, spirit beings and the Source Being, while on the horizontal level, there is "kinship and lineage descent and political alliance between 'jural communities', define relationships and

relatedness" (Oduyoye 2001:35). Thus, relatedness and inter-relationship control and direct human actions and relationships (Oduyoye 2001:35).

Oduyoye (2002:46) further indicates that "the contemporary ecological sensitivities have underlined the principles of connectedness, interdependence and mutual sustainability". The earth is the home for all living things both human beings and animals and habitat for the spirit beings and our survival depends on its health and wholeness (Oduyoye 2002:46). Human beings care for the environment because it contributes to their well-being. This is also confirmed by Clifford (in Rakoczy 2004:313) when he points out that "[a]ll of nature is interdependent and interconnected, an interlocking and delicate web of diversity. Every facet of each ecosystem that comprises the biosphere has inherent worth … Each has a role to play in Earth's web of life".

It can be argued that when air and water and vegetation are in danger, human life too is endangered (Oduyoye 2002:46). Therefore, Oduyoye's theme of relatedness and inter-relationships is ideal for the way things ought to be. According to Momsen (2010:121), the reality is that, with time most of the African contexts have changed. The good practices of caring for the rivers, trees and other natural resources in the African societies are no longer held up as the ideal. There currently is an ongoing depletion of natural resources due to overpopulation, deforestation, and overgrazing. These have resulted in soil erosion, droughts and floods. Women suffer more than men where the environment has been destroyed. For example, women walk long distances to fetch water and firewood in order to feed their families in case of deforestation. Besides, the availability of water depends on the seasons.

It is indeed the case that some of the effects of environmental degradation are the perpetuation of gender inequality, hunger and poverty. As such, most farming can be characterized as subsistence farming and mostly done by women. Because of the environmental degradation, there is less security of food supplies and livelihoods and increased malnutrition as Momsen (2010:137) points out. When this happens, pregnant women and children are the most affected. At times, the nutritional needs of pregnant women are not taken into consideration and, as a result, woman may be anaemic which could lead to complications during childbirth.

Apart from the environmental and nutritional aspects of, women face various other challenges including cooking. According to Awumbila (1995:342), cooking and food preparation are among the most time-consuming domestic chores that typically fall upon women. Culturally,

it is considered a taboo for men to do the cooking in many communities. Women do all the work and, at times, they are helped by their daughters. In some cases, this leads to girls dropping out of school and getting married at an early age. As a consequence, they will get pregnant as young teenagers, which may cause health complications because girls who get pregnant during their teenage usually have complications during childbirth, and such complications contribute to 20 percent of maternal mortality according to the Safe Motherhood Report (2007:62).

Despite all the challenges discussed in this section, African women's theologies are geared to deconstruct the life-threatening aspects of the traditional life in the African contexts. Oduyoye (1996:164) argues that the marks of African spirituality such as the survival of the people, the need to maintain unity in diversity, the primal need for a cohesive community, and the practice of hospitality and integrity should be encouraged. Here, Oduyoye advocates for a spirituality of resistance and reconstruction in which women are liberated from the shackles of oppression and gender discrimination. Oduyoye (1995:165) further articulates her thoughts thus:

> A spirituality of resistance and reconstruction not only removes the shackles they wear as ornaments but enables them to reject being treated as ornaments and to refuse further shackling. A life-enhancing spirituality is that which frees us for mobility. … The freedom to change towards living fully impels, inspires, and beckons them to life-giving creativity.

In summary, encouraging the life-affirming aspects of the relatedness and inter-relationships is crucial in reducing maternal mortality and postpartum depression that women suffer during pregnancy and childbirth. Because the theological perspectives of African women are intersectional, they can tackle intersectional challenges of maternal health.

4.3.3 Reciprocity and Justice

Oduyoye (2001:37) argues that "the political systems that undergird traditional African community were diverse; therefore, none could survive without reciprocal obligations, and without oiling the wheels of relationships with the recognition of the worth and the needs of the other". This ensured that Africans worked with the principle that relatedness and inter-relatedness call for reciprocity and justice.

Despite living in a hostile world, the emphasis on justice, caring, sharing and compassion, is the expectation of the divine image that all human beings are expected to reflect (Oduyoye

2001:76). Although in most African communities, the moral obligations tried to enforce reciprocity and justice, it is noted that men never considered women as their equals but as subordinates (Oduyoye 2001:37). However, there continues to be gender injustice in most of the African societies because of the patriarchal social systems. Women are regarded as inferior to men with no dignity. Women's bodies are regarded as commodities. Oduyoye (2007:3) states that incest, rape, modifications of genitalia to please men, and the understanding of marriage as "sale" of women – all come from the culture that assumes male entitlements that do damage to the humanity of women.

As noted in the previous section, there is exploitation of natural resources such as trees and that these have resulted in shortages of food supplies, long distances to collect firewood and water. In contrast to the wanton exploitation of nature, "the exploitation of women by the human community is [reflected] by the exploitation of the humanity of mothers in families and society through social norms and legal provisions" (Oduyoye 2002:62). Oduyoye (2002:62) argues that injustices done to mothers, in particular, have often been described as the injustice that humanity do to the future generation by the exploitation of all of the earth. Mothers play an important role of caring for the families and future generations. During pregnancy, mothers carry and care for the unborn and they need support and care from the whole community.

It needs not be overemphasised that gender injustice is one of the contributing factors to maternal mortality. We see this clearly illustrated in the custom of celebrating a boy child much more than the girl child (Kanyoro 2002:69). One also sees this in the ongoing reality of women not having access to family planning or a say about their reproductive health. Sometimes their husbands do not allow their wives to use contraceptives even when they can access family planning service. Consequently, women give birth frequently without proper spacing between children, which sometimes lead to further complications during childbirth. Their rights to get the right information and their rights to make informed choices are denied.

Some aspects of the culture dehumanise women and violate their dignity, and this breeds injustice against women. Women are regarded as sexual objects where they are to fulfil the sexual needs of men and this includes practices such as female genital mutilations (FGM) (Oduyoye 2007:3). Women suffer domestic violence, and this affects them emotionally, physically and economically. Besides, in some cultures, women are not allowed to own land and property, which explains Oduyoye's (2007:5) observation that "life is structured in such a way that women are rendered economically dependent on men". In addition to this, widows in

most African societies go through spiritual, emotional and physical suffering. In some cases, property and land are grabbed from the widow and in other cases even children are taken away from her (Oduyoye 2007:5). The rituals and taboos done to the widow are dehumanising. Thus, Isabel Phiri (1997:72) indicates it is those aspects of cultural beliefs that have to be critiqued.

The gender injustice that women experience in the African context has become the context of doing theology for the African women finds Oduyoye (2001:36). However, Oduyoye points out that women find societies unjust because, for the greater part of their existence, they are taken for granted. They are marginalised or given secondary roles even when they have the same qualifications with men. Women experience injustice of their humanity not being recognised and even the domestic work they do of nurturing and caring is rarely recognised. In this respect, Oduyoye (2001:36-37) argues that it is in the context of struggles that African women do their theology.

In summary, African women's theology is the theology of life-enhancing and life-affirming. It focuses on deconstructing the aspects of culture that deny the dignity and humanity of women. It focuses on the theology of resistance to the injustices done to women because of sexism, gender bias and discrimination. Phiri (2004:16) states that "all women would like to see the end of sexism and establishment of a more just society of men and women who seek the well-being of the other".

4.3.4 Compassion and Solidarity

Compassion and solidarity are linked to relatedness and inter-relationships as well as reciprocity and justice. Oduyoye (2001:37) defines compassion as the well-spring of women's solidarity that is evident in the many women's organised groups, both in the traditional society and the contemporary women's movements. Women in Africa organise themselves in groups that help them to stand together amid the challenges facing them from day to day. Some of the organised groups are church-based organisations, para-church-based organisations and traditional groups. The aim of these organisations is to help each other in times of sorrow and joy.

African women organise themselves in groups. Furthermore, they work in solidarity for the good of the society they live in. Through these support groups, women discuss issues that affect them, sing and dance while uplifting each other in the pains of childbirth and nurturing of families. In other groups, women save money by contributing and borrowing as a credit facility.

In this regard, the theological understanding of mourning with those who mourn, and rejoicing with those who are rejoicing (see Romans 12:15), is an important aspect of African women's theology (Oduyoye 2001:37). In women's lives, "it is this compassion that is at work in the self-giving care that is expected of them and which most give without counting the cost" (Oduyoye 2001:37).

Africans typically express their solidarity through the practice of hospitality. Hospitality is a virtue present in most African cultures, and it is a central aspect of the African communal life. Oduyoye (2001:96) states that sharing and solidarity cover all aspects of life, times of celebrating such as harvest and wedding as well as sad times lie funerals and natural disasters – all are experienced in community, all are in one way or the other, the shared experience of the whole community.

The well-being of the community is linked to the well-being of everyone in the community – children, youth, women and men, the elderly and even strangers. The caring spirit in the African culture enhances compassion and solidarity through hospitality. Oduyoye (2001:93) argues that "offering and receiving hospitality is an indicator of the African life-force sustenance that is emphasised by both individuals and communities". Thus, African women stand in solidarity at various occasions including the birth of a child, in the naming and initiation of children, at weddings, in bereavement and funerals. For instance, in Malawi, there is a saying "*nyifwa nkhulirana"* which means it is not the bereaved family only that mourns the death of their loved one but also all relatives, friends, and the community at large.

In recent years, African hospitality has been challenged by the economic development and its globalisation (Oduyoye 2001:97). The levels of poverty are growing in most of the rural areas in Africa. Issues of HIV and AIDS, poverty, food insecurity, environmental degradation and migration of men from rural areas to cities are challenging the practice of hospitality. These challenges have led other communities to fail to take care of the vulnerable such as pregnant women and children. As a result, the expectant mothers do not get the adequate nutrition that they need for themselves and the unborn babies. This puts their lives at risk.

Arguably, compassion and solidarity should help women who are struggling in the African societies. Thus, standing together in solidarity helps liberate women whose lives are threatened by the injustices that rob them of their self-esteem, self-respect and their very humanity in the communities (Oduyoye 2001:73). Women who face life-threatening challenges as they go

through pregnancy and the process of childbirth may experience life-enhancing opportunities through the compassion and solidarity of other women. As Oduyoye (Oduyoye 2001:93) argues it: “Life is our most valuable asset, so preserving life and prolonging life is a way of life in Africa”. The theological approach of the African women’s theologies is that a life lived wholly in the African context is important on issues of maternal health. Motherhood should be a time of joy and celebration and not a time of lament and death.

Mercy Oduyoye’s theological approach affirms the liberative and transformative aspects of African religion and culture. In terms of Christianity, Oduyoye’s view is that the praxis of the Christian faith should be visible in day to day lives of African men and women. In this regard, Oduyoye observes that “African women who read the Bible with a critical eye discover in it the Triune God as the liberator of the oppressed, the rescuer of the marginalized and all who live daily in the throes of pain, uncertainty and deprivation” (Oduyoye 2001:50). On the same note, in other religious beliefs, the life-affirming aspects ought to be enhanced and experienced in everyday life.

In view of this, it is remarkable that standing together in solidarity must be the agenda for both men and women. Thus, there is a need for men and women to work in partnership. Here, Oduyoye (1990:47) finds that doing theology in Africa ought to be “two-winged theology” where both men and women are doing theology unlike as it was done in the past by men alone. The partnership is rooted in the shared resources of the community (Kanyoro 2002:82). The theologies of life-affirming and resistance to oppression and discrimination on the basis of gender should be tackled by both men and women. These will help the church in Africa overcome the challenges women face both in the society and the church.

In summary, Oduyoye’s four themes of doing theology in Africa are intersectional and interconnected. Although Africa faces many challenges that are affecting its people, there are still some life-affirming trends in the African religion and beliefs. Thus, doing theology from the African women perspective enhances those life-affirming trends and resists the life-denying ones. One can argue, therefore, that the life-affirming approach helps in dealing with issues of maternal health in Africa as a whole.

4.4 THE FEMALE IMAGES AND METAPHORS OF GOD

There is a link between the female images as well as the metaphors of God and maternal health. Traditionally, the church mostly uses the male metaphors of God in prayers, songs and

sermons. For Oduyoye, the female metaphors of God are vital to helping change the dominant patriarchal ones. The use of only male images of God is encouraged by the patriarchal tradition of Christianity. She finds that this has played the havoc with our theology and ethics (Oduyoye 2001:43). According to Migliore (2014:67), such imagery of God together "with patriarchal attitudes and structures endorse and perpetuate relationships of domination – men lord over women, white people over people of colour and humanity over nature".

It is evident that the Bible ascribes different images and metaphors to God. According to Claassens, [53]some feminist theologians argue that "the Bible uses many different images and metaphors; both male and female, animate and inanimate to describe God. So God is a rock, leopard, bear, eagle, potter, builder, farmer, midwife, woman in labour, king, husband, father, shepherd and warrior". (Johnson & Van Wijk-Bos in Claassens 2008:49).

The human language about God is only metaphorical and analogical. The human language is limited in its expression of the Supreme Being. According to Thatcher (2011:119):

> To understand literally the names given to God in the Bible and in the Tradition is to risk identifying the name with the *bearer* of the name, and that comes perilously close to idolatry. In the unique case of the eternal God, names are symbols which can express something of God's reality but do not ever reveal God's nature more than partially.

However, the biblical images of God include some female metaphors for God such as a woman in labour, midwife and a nursing mother (Deutero- and Trito-Isaiah). God is neither male nor female but the Bible uses both male and female metaphors (Thatcher 2011:118-120). Human beings ascribe the male or female characteristics to God because of the relationship they have with God (Thatcher 2011: 122). In the sections below discusses the female images of God as a mourner, mother, and midwife and link them to maternal health.

4.4.1 The Image of God as mourner

The metaphor of God as a mourner or wailing woman is found in Jeremiah 8:21-9:1. It is about the period of death and destruction in the Babylonian exile. People could only response to death and destruction by lamenting (Claassens 2012:16). God is depicted as a wailing woman who sheds tears in the midst of the people's suffering and devastation.

[53] In her article "Expanding our vocabulary for God: Female metaphors for God in Deutero-Isaiah".

The experience was traumatising for the Jews and needed to be healed from trauma. In ancient times, like in the Africa context, mourning or wailing women were groups of women that were asked to attend funerals and other sad events and lead in the lamenting (Claassens 2012:26). The women were trained and encouraged to train their daughters as well. The wailing women had several functions such as therapeutic role, leading in communal lament, as a witness and a prophetic role (Claassens 2012:27-30). Laments and tears bring healing by creating a space where people can be expressing their grief. Without lamenting and naming the tragic events, the healing process would be long. Lamenting is a first step to the process of healing and recovery.

The wailing women brought together the community in sharing their grief. The tragic events had affected everyone in the community and lamenting together united them in their grief and in the healing process (Claassens 2012:28). A wailing woman is a witness as having survived the tragedy and yet able to stand up and speak about the tragedy (Claassens 2012:29). Wailing women do a prophetic role through the lament to declare that things are not the way they are supposed to be (Claassens 2012:29). This can also be seen as an act of resistance. The image of God as a wailing woman helps us to understand God as God suffers with God's people. God who is present in times of trouble and sheds tears when we are suffering. Laments and mourning are liberative aspects of suffering and grief. The understanding of God as a wailing woman would help in saving the lives of women during pregnancy and childbirth. Hence, the link of the metaphor of wailing woman to that of a mother.

4.4.2 The Image of God as mother

This section discusses why the imagery of God as a mother as found in Deutero and Trito-Isaiah (Isaiah 40-55; 56-66) is important in the theological discussion of maternal health. In the African context, a mother plays an important role in nurturing not only her biological children but also those who are left in her care. Thus, in the African context, a childless woman experiences mothering even without experiencing motherhood as Oduyoye (2002:57) argues. A mother carries the unborn child in her womb for nine months, breastfeeds her child and carries it at the back wherever she is going – to the garden, to the market, to the clinic, and to church. Thus, there is bonding between a mother and her child.

In Isaiah 49:14-15, God is depicted as a nursing mother who comforts her child. 'But Zion said, "The LORD has forsaken me, the Lord has forgotten me. Can a mother forget the baby at her breast and have no compassion on the child she has borne? Though she may forget, I will not

forget you!" This was God's response to the exilic community who felt God had abandoned them. Although human mothers sometimes abandon their children, God was assuring them that she will never forget them (Claassens 2012:45). The metaphor of God as a nursing mother depicts God not only as a giver of life but God also nurtures and preserves life (Claassens 2012:52).

The second imagery of God as a mother in Deutero-Isaiah is that of a woman in labour. "The LORD goes forth like a soldier, like a warrior, he stirs up his fury, he cries out, he shouts aloud, he shows himself mighty against his foes. For a long time, I have held my peace I have kept still and restrained myself; now I will cry out like a woman in labour, I gasp and pant" (Isaiah 42:123-14). A warrior is associated with death, yet Isaiah links it to the woman in labour who gasps and pants to give birth to a new life. According to Claassens (2012:50) this metaphor is powerful considering the fact that in antiquity, childbirth quite often entailed the death of the mother or the child or both, and that a successful birth was celebrated as an act of deliverance in praise songs that depicted the woman in labour as a war hero who had won the battle of liberation.

In modern times in sub-Saharan Africa despite modern medical knowledge women and children still, die in childbirth. Oduyoye argues that the theology of African women should encourage life to flourish. This includes protecting women during pregnancy and childbirth (2001:38). The metaphors of God as a nursing mother and a woman in labour as depicted in Deutero-Isaiah are life-affirming metaphors. They portray a picture of God who shares in the struggles and the suffering of people. God was concerned with the exilic community that was traumatised. God is still concerned with the saving of the lives of women who die during childbirth. The saving of lives is related to the work of midwives who saves the lives of mothers and babies, hence the metaphor of God as a midwife.

4.4.3 The Image of God as midwife

A midwife is a person who assists women in childbirth. A person may be trained to do this work and traditionally in some African communities there are women who are midwives known as Traditional Birth Attendants (TBAs) (Katenga-Kaunda 2010:14). In both Psalm 22 and 71, one finds a metaphor of God as a midwife:

> Yet it was you who took me from the womb; you kept me safe on my mother's breast. On you I was cast from my birth, and since my mother bore me you have been my God (Psalm 22:9-10)
>
> Upon you I have leaned from my birth; it was you who took me from my mother's womb (Psalm 71:6).

The midwife draws a baby from the womb. The moment of childbirth is a moment of life and death. In the Malawian context, a pregnant woman is called "*mayi wa pakati"*, which literally means the woman is between life and death. As Claassens (2012:73) observes, "the midwife fulfils an important function in those moments when death and life intersect". The midwife's role is to draw the baby from the womb, if it remains there both the baby and the mother will die. This life-saving role is very important.

Therefore, the image of God as a midwife depicts God's deliverance. God delivers people at the intersection of life and death. God ushers them into new life and a new beginning. Claassens (2012:73) argues that this metaphor enriches the traditional metaphor of God as the deliverer. God delivered Israel from slavery and oppression in Egypt and still delivers those who are oppressed and marginalised. This is significant for women on the African continent. Oduyoye (2001:50) states that the eschatology of the African women's theology is firmly lodged in the God of life, whose end is to defeat death and enthrone life forever. It is, thus, vital that African women's theology statements about God are made in the context of liberation and transformation.

4.5 Conclusion

In this chapter, Mercy Amba Oduyoye's work and the four themes namely (i) community and wholeness; (ii) reciprocity and justice; (iii) relatedness and interrelationships as well as (iv) compassion and solidarity have been used as the theological lens of maternal health in the African context. The chapter also discussed the female metaphors of God and why it is important to broaden our understanding of God. It has been shown that God is neither male nor female and both male and female metaphors are ascribed to God. The chapter discussed the female metaphors of God as a mourner, mother, and midwife. These female metaphors of God enhance our knowledge of God's deliverance and liberative work and how God's deliverance act pertains to maternal health.

Mercy Oduyoye 'the mother of African women's theology' throughout her life, has worked to empower and encourage African women to do theologies that enhance the wholeness and well-being of women. Mercy Oduyoye is well-known for her passion for gender justice and gender equality in the academic institution, in the church and in society at large. As the founder of the Circle of Concerned African women theologians, she has contributed significantly to the field of theology through her critical analysis of gender, religion, and culture from a perspective of an African woman. Oduyoye celebrates the life-giving and life-affirming aspects of the African religion and culture. She also critiques those aspects of the culture that are oppressive and life-denying. She argues that African women are to learn from one another through storytelling and these stories should be accepted as a source of theology.

In the four themes of doing theology in Africa, it has been noted that the communal life is a traditional way of life in African communities. The communal life must be encouraged unlike the individualistic life because it brings a sense of belonging and a sense of identity. However, in the patriarchal system in most African communities, women are regarded as inferior to men, which keeps them in subordinate positions. In the myths, folktales and proverbs found in the African religious and cultural beliefs are both life-affirming aspects and life-denying aspects. African women doing theology in Africa are encouraged to resist those life-denying aspects of the culture and affirm the life-enhancing ones. In the communal life, the caring for the orphans, vulnerable children, the elderly, strangers, the disabled, the sick and the needy is an aspect that would help to care for the pregnant mothers and help them to get the right nutrition and good medical care in the course of the pregnancy and childbirth.

The relatedness and interrelations of human beings with God, with nature and with one another is another positive aspect of the African cultural and religious beliefs. However, the brokenness in the relationship of human beings with nature has resulted in exploitation of the environment and women being the victims of these actions. These at times have contributed to maternal mortality. Therefore, promoting of justice would be crucial in doing theology in the African context. Justice between men and women, justice between human beings and nature - where there are no violations of the rights of the other.

African women theology advocates for equal relationships between women and men, as well as equal opportunities and access to education for both. Equal opportunity and access to education for the girl child could be a tool to help reduce maternal mortality. Women who stay in school and marry at a later age, have fewer children and can make informed choices about

their sexual and reproductive health than those who are not educated. The spirit of solidarity in the African context can help to promote the partnership between men and women and, therefore, bring gender justice in both the society and the church.

Consequently, the biblical images of God as a mother, midwife, and mourner as found in Deutero-Isaiah and Psalm portray God as a deliverer. They help in our understanding of God's deliverance of those who are oppressed and are denied life. God emptied himself in Christ (Phil. 2:5) and lives among His people as "Immanuel" (Isaiah 7:14 cf. Matt. 1:23). This would help in promoting justice in our community and thereby promoting maternal health.

The next chapter discusses the role of the church with regard to maternal health while giving a special focus to work done by the Synod of Livingstonia in the Church of Central Africa Presbyterian (CCAP) denomination.

CHAPTER 5

THE CHURCH OF CENTRAL AFRICA PRESBYTERIAN (CCAP) SYNOD OF LIVINGSTONIA'S ROLE ON MATERNAL HEALTH

5.1 Introduction

In the previous chapter, some theological perspectives of African women relating to gender and maternal health, with a special focus on Oduyoye, were explored. This chapter discusses the role of the church with regard to maternal health. A special focus is given to work done by the Synod of Livingstonia in the Church of Central Africa Presbyterian (CCAP) denomination. The chapter begins by briefly discussing the historical background of CCAP as well as that of Livingstonia Synod. Thereafter, the chapter critically analyses the nature of health delivery services and other programmes of the Synod with regard to maternal health. This it does using the developmental lens as described in chapter 2 and 3 along with the theological lens explained in chapter 4. The chapter will also look at the programmes that currently seek to promote maternal health and, at the same time, identify the existing gaps within the programmes and conclusion drawn with regard to the role that the synod of Livingstonia is playing *vis-à-vis* maternal health. Here, a critical analysis will be made to find whether the Synod is doing enough to reduce maternal mortality as stipulated in the Sustainable Development Goals (SDGs).

5.2 A Historical-Situational Account of the Church of Central Africa Presbyterian (CCAP)

5.2.1 A brief account of the history of CCAP

In the Preface of the book entitled *Christianity in Northern Malawi: Donald Fraser's Missionary Methods and Ngoni Culture*, Thompson (1995: ix) states that Scottish Presbyterian churches sent out missionaries to establish missions in Malawi following the call of Dr. David Livingstone, a Scottish Missionary, and explorer, to come to Central Africa to establish Christianity, commerce and end the slave trade. In 1875, the Free Church of Scotland set up the Livingstonia Mission party that was led by Captain E.D. Young and among them was Dr. Robert Laws who later became the leader of the mission (Thompson 1995: ix). In October of the same year, the Livingstonia Mission party arrived at Cape Maclear and established a mission station there but, due to unfavourable conditions and deaths of some of the

missionaries, they later moved to the northern part of Malawi specifically in Bandawe, in 1881 (Thompson 1995:ix; McCracken 1977:58). The Livingstonia mission finally moved from Bandawe and settled at Khondowe in 1894 in northern Malawi and named its headquarters Livingstonia as Thompson (1995:ix) records.

Henry Henderson of the Blantyre Misson had joined the Livingstonia Mission party in 1875 as a "pioneer and pathfinder" of the Established Church of Scotland according to Ross (1996:19). His main task was to find a site suitable for the new mission and he had to wait for the arrival of the Church of Scotland party (Ross 1996:19). Henry Henderson, later in 1876, joined the Blantyre mission party and established a mission station at Kapeni, at the present day Blantyre (Ross 1996:19). It is worth mentioning that the Blantyre mission takes its name after the birth town of David Livingstone in Scotland. In 1888, the Cape Synod of the Dutch Reformed Church in South Africa sent Andrew Murray to begin missionary work in central Malawi (Phiri 1997:44). Initially, its base was at Mvera, but it later relocated to Nkhoma, which then became the headquarters of the mission (Phiri 1997:45). In 1924, the two Scottish missions formed the Church of Central Africa Presbyterian (CCAP) and in 1926, Nkhoma mission of the Dutch Reformed Church joined the CCAP (Thompson 1995:211-213). However, the missionaries from Nkhoma in Malawi who were following Malawians working in Salisbury, Zimbabwe (then Southern Rhodesia), planted churches, which were later established as Harare Synod in 1965.

Chilenje (2007:1) states that the Scottish missionaries carried out extensive evangelistic work in eastern and central parts of the then Northern Rhodesia (present-day Zambia). The base of this missionary work was in northern Malawi and operated from the Loudon Mission Station. The churches that were planted remained part of Synod of Livingstonia until 1984 when the Synod of Zambia was established.

As it were, CCAP is comprised of five synods, namely: (i) Livingstonia Synod in northern Malawi, (ii) Nkhoma Synod in central Malawi, (iii) Blantyre Synod in Southern Malawi, (iv) Harare Synod in Zimbabwe, and (v) Zambia Synod in Zambia. According to Chilenje (2007:34), the CCAP General Assembly (formerly called General Synod) was established in 1956. At its inception, there were only three synods: Livingstonia, Blantyre, and Nkhoma. Harare Synod joined in 1965 and in 1984 the Zambia synod came on board as Chilenje (2007:39-40) accounts. The CCAP General Assembly meets once in four years and its headquarters is situated in Lilongwe, Malawi. The five Synods together have a theological

college in Zomba, which trains ministers from these Synods. The leadership positions of the general assembly rotate among the five Synods and the term of office for the leaders is 4 years.

5.2.2 A brief account of the current situation at the CCAP's Synod of Livingstonia

The CCAP Synod of Livingstonia (hereafter 'the Synod') is "part of the Holy Catholic Church and worships one Triune God – Father, Son and Holy Spirit".[54] Thus, the Synod's mission statement reads, "The Synod of Livingstonia exists to spread the Word of God and provide holistic social services to demonstrate the love of Jesus Christ by the empowering of the Holy Spirit in order to glorify God". Its vision states the following: "Synod of Livingstonia is inspired by a vision of changed lives and transformed communities by the power of God" (Strategic Plan 2008:4). In order to realise this vision, the Synod takes the holistic approach to transformational development. The Synod's jurisdiction is the northern part of Malawi – although now it is spreading to other parts of Malawi and even beyond[55].

The Synod has several departments and institutions that help to fulfil its mission holistically. It has various departments and institutions namely: Church and Society, Development, Education, Health, Early Childhood Development (ECD), Livingstonia Synod AIDS Programme (LISAP), Radio Station, Sunday School, Men's Guild, Literature, Lay Training Centre, Youth and Women's Guild. Furthermore, the Synod also has a higher learning institution, namely the University of Livingstonia (UNILIA).

5.2.2.1 The work and activities of the Livingstonia Synod: An overview

The following is a brief account of the work that some departments of the Synod undertake:

The department of *Church and Society* focuses on issues of human rights, good governance, democracy and peace building and has mainstreamed issues of gender, HIV and AIDS in its projects and activities.[56]

[54] Source: www.ccapsolinia.org
[55] The Synod of Livingstonia is now working and establishing churches in the central region of Malawi which previously was the jurisdiction of the Nkhoma Synod. This resulted from the resolution by the CCAP Synod of Livingstonia made in 2005 that there are no borders between the two synods after several decades of border disputes (Abale-Phiri 2011:140). Now Nkhoma Synod is also establishing churches in Northern Malawi, which was previously the jurisdiction of the Livingstonia Synod.
[56] Source: www.ccapsolinia.org

The department of *Development* focuses on issues of relief in emergencies and disasters, agriculture, water, and sanitation; sustainable church and community-based development programmes in order to attain improved sustainable livelihoods.[57]

The department of *Education* coordinates the learning institutions of the Synod both primary and secondary schools, Special Needs Education[58] and engages in other programmes that strive to improve girls' education through projects such as 'Keeping Girls in School' (KGIS).[59]

The centre for *Lay Training* focuses on the leadership training and Christian formation of lay people within the synod. According to the GAC 2015 minutes, the Centre has a Women Empowerment Programme (WEP) that implements microfinance, Village Savings, and Loans (VSLs) schemes in local congregations in different Presbyteries in order to empower women to be self-reliant.

The *Livingstonia Synod AIDS Programme (LISAP)* helps communities by empowering them to initiate and sustain Christ-centred HIV and AIDS interventions. The department has projects to help change lives and eradicate harmful cultural practices such Girls and Boys Empowerment Project (GBEP).[60]

The department of *Mission and Evangelism* exists to preach the gospel of Jesus Christ to unreached areas of the Synod and to promote the spiritual renewal of believers through discipleship and stewardship.[61]

The *Women's Guild Department* promotes the lives of women in the Synod through spiritual and economic empowerment. Women's Guild organises weekly bible study guides to encourage women in their walk of faith.[62]

The *Health Department* is another important ministry within the CCAP Synod of Livingstonia. Its role is discussed below in detail considering that this study focuses mainly on what the department is involved in.

[57] Source: www.ccapsolinia.org
[58] The Synod through the Education Department is providing Special Needs Education, the Schools for the Deaf in Karonga, Bandawe and Embangweni and the Schools for the Blind in Ekwendeni and Nyungwe.
[59] www.ccapsolinia.org; GAC 2015 minutes
[60] Source: www.lisapccap.com
[61] Source: www.ccapsolinia.org
[62] Source: www.ccapsolinia.org

The Synod of Livingstonia is a member of ecumenical bodies both in Malawi and globally[63]. It boasts membership of bodies such as: the Malawi Council of Churches (MCC), Christian Health Association of Malawi (CHAM), Malawi Interfaith Aids Association (MIAA), Christian Service Committee of the Churches in Malawi (CSC), Public Affairs Committee (PAC), Association of Christian Educators in Malawi (ACEM) and Churches Action in Relief and Development (CARD).

5.2.2.2 Organisational Structure of the Livingstonia Synod

The Synod follows the Presbyterian system of church government[64], which is the governing body consisting of an ordained minister and church elders. The minister is the teaching elder whilst church elders are ruling elders. Together they make up the 'kirk session' (see Ministers' Handbook 1996). The kirk session meets once every month to make decisions for the running of the church. The session is moderated by the minister. The kirk session is the main driving force of each congregation (Quinn 1995:389). The congregation comprises of Prayer Houses.[65] Several prayer houses make up a congregation while several congregations make up a presbytery. In other words, a Presbytery consists of several congregations and it has a moderator who is regarded as the spiritual leader. Also, a presbytery has a clerk who runs the administrative affairs of the presbytery. The presbytery meets once in a year and it is made up of the minister and one elder from each of the congregations that form that presbytery. These presbyteries then make up the Synod. In this regard, the Synod of Livingstonia currently has 26 presbyteries and 205 congregations.

The Synod Assembly meets bi-annually. All serving ministers and one church elder from each congregation are delegates to the Assembly (Ministers' Handbook 1996). The Synod Moderator, in his or her capacity as the spiritual father of the Synod, moderates the meeting. The general secretary works full time in the office together with the deputy general secretary to make correspondences for the Synod. The year in-between the Synod assemblies, the General Administrative Committee meets and the delegates are two ministers and two church

[63] On international level, the Synod is a member of the All Africa Conference of Churches (AACC) as well as the World Council of Churches (WCC) through the CCAP General Assembly.
[64] Presbyterian system of church government is governing by representation of elders and the clergy at different levels from session, presbytery and synod to general assembly. Presbyterianism is traced from John Calvin's theology and John Knox in Scotland (Lingle & Kuykendall 1978:14).
[65] Prayer Houses are places of worship at the grassroot level and these prayer houses make up a congregation.

elders from each Presbytery. The term of office for the general secretary and deputy general secretary is four years.

5.3 Livingstonia Synod and The Question of Gender

5.3.1 The Rise of Women in church leadership

The CCAP's Livingstonia Synod started allowing women in church leadership towards the end of the 1930s (Gondwe 2009:3). It is argued that this happened because men had gone to the Second World War – a situation that created a vacuum in the leadership of the church. This is, seemingly, the reason why the church decided to ordain women as church elders and deacons (Ross 1996:98-99 cf. Gondwe 2009:3; cf. Hendriks 2012:26). Although the Synod started ordaining women as elders and deacons in the 1930s, the Synod did not ordain women as ministers with the view that the time was not ripe to ordain women to 'holy' ministry. According to Mhango (2004:31), the barrier to the ordination of women in the Synod was the timing as the former General Secretary Rev. Mfune (1988-1992) had responded to the questionnaire of the World Alliance of Reformed Churches (WARC).[66] He argued that at that time the Synod had asked if women would go into ministry but the women did not respond (Mhango 2004:31)[67]. In agreement, Mlenga (2008:7) points out that the timing of the ordination of women was the issue that was raised.

In the year 1979, the Synod sent the first woman, Esnat Munthali, to do theological training at Zomba Theological College[68] with the aim that she will help the work of women's guild in the Synod (Mlenga 2008:4). The training of another woman, Christina Manda, who did her theological training at the Livingstonia Theological College in Khondowe from 1985 then followed (Mlenga 2008:4). After her theological training, she worked as a Women's Guild coordinator. Martha Mwale (Nee Chirwa) was the third to do theological training and she did her training at Zomba Theological College and after her training, she worked as Women's Guild coordinator. In 1994, at the Synod Meeting held in Bandawe an agreement was finally reached that women could be ordained as ministers in the Synod. It took another 6 years before

[66] World Alliance of Reformed Churches (WARC) was the umbrella body for churches from the reformed tradition and in 2010 it merged with Reformed Ecumenical Council (REC) to form the World Communion of Reformed Churches (WCRC).
[67] The reasons for this response are unclear, however, it is interesting to note that the two women who had done their theological training were trained to work as Women's Work Coordinators and not ministers.
[68] Zomba Theological College is the theological college of the five synods of the CCAP and the Churches of Christ in Malawi.

a woman was ordained in the holy ministry and in 2000 Martha Mwale become the first woman to be ordained as a minister in the Synod.

Although the Synod started ordaining women as ministers, there are still very few women ministers in the Synod and, 16 years down the line, there are only seven women ministers in total. Currently, there are 192 male ordained ministers compared to the seven female ministers in the Synod. Three women are currently completing their theological training, however, the number is very small compared to men who are doing theological studies. It is still a challenge for these few women to be elected to the top leadership positions at the synod level such as Synod Moderator or General Secretary.

Of the 13 departments of the Synod, women head only three departments namely: Livingstonia Synod HIV&AIDS Programme (LISAP), Voice of Livingstonia (VOL) Radio and the Women's Work department. Of course, there is an improvement now that women are also serving as Session Clerks, which previously was regarded as "men's work" within the Synod.

5.3.2 The Role of Women in the Synod

It is important to note that despite the late acceptance of women into church leadership as ordained ministers, women have made a significant impact on the life and work of the synod. Female missionaries and wives of missionaries initiated *Umanyano*, a women's guild, in the 1930s as one of the arms of the Synod. The aim of *umanyano* was to train women in skills that would help them care for their husbands and children and, therefore, have stable marriages where both husband and wife are responsible for the upbringing of their children (Ross 1996:100). Apart from training women in home management skills, the women also conducted literacy classes for them to be able to read the Bible and teach their children about Christ or how to pray. It was a challenge for women to be in leadership positions because they could not read and write (Ross 1996:99).

In the 1960s, the work of the Women's Guild was coordinated at the synod level and the first coordinator was Nan McKillen, a missionary from the Presbyterian Church in Ireland, who served in the position from 1961-1976[69]. Later Malawian women were coordinating the work of the guild. The Women's Guild Synod office mainly provides literature such as Bible study guides, membership cards, and *Mdauko. Mdauko* is a booklet consisting of the constitution and

[69] Source: Mdauko wa Umanyano, CCAP Synod of Livingstonia. Published in 1969, revised in 1996.

other practices and procedures of the guild. The women themselves in congregations and presbyteries raise most of the funds for running the programmes.

The role that women have played in the Synod mainly relate to what could be termed 'social welfare work', which involves caring for the sick, the elderly, the orphans, and consoling each other in case of bereavement. Women have uplifted each other through songs, Bible studies, and prayers. The *Umanyano* plays an important role in the welfare of the minister in a congregation. Most of the times, they provide foodstuff and groceries to the minister as part of their duties in the congregation. In addition, women play leadership roles in the guild because they operate all the committees from the grassroots level; that is, from the prayer house level to the Synod level. The leadership roles are exercised in the church where women serve as elders and deacons and in other administrative work in the local congregations and sometimes at the Presbytery level (Mlenga 2008:3). It should be noted that the membership of the Synod currently comprises 60 percent women (Mlenga 2008:1).

5.4 The Strategic Plan of Livingstonia Synod

The Synod put in place a strategy for the period stretching from 2010 to 2020, which is a long-term plan for the Synod. This followed a needs assessment survey that was done in the congregations and presbyteries of the Synod. The synod strategic plan has six priority areas. Task forces were put in place to help implement this strategic plan. According to the Synod Minute (2014:41-42), these include (1) Ministers and Lay Leadership Training; (2) Spiritual Health; (3) Financial Resource Base and Communication; (4) Financial Management and Reporting; (5) Strategic Planning for Congregations and (6) Synod Organisation and Constitution. The first phase of the strategic plan was from 2010 to 2016 and currently it is in its second phase of implementation (i.e. 2016-2020). The Synod Strategic Plan focused mainly on finances, organisation, constitution and spiritual health.

However, it is worth noting that the Synod Strategic Plan is limited in its scope. This is because it only emphasises the financial base of the Synod, its constitution, and the spiritual health of the congregations within the Synod. However, the strategic plan does not look at the physical and socio-cultural issues prevalent in the communities including maternal health, child marriages, teenage pregnancies and the economic status of women. Thus, it could be argued that the strategic plan does not take a holistic approach to development and it is also interesting to note that gender issues are not included in the strategic plan.

5.5 The Health Department

The health department plays an important role in the Synod for it to fulfil its mandate of healing the sick and improving the well-being of communities in general. The mandate of the church is to provide holistic service to the communities that the church is serving. This consists of treating a human being as a total being, that is, holistically: spiritually, physically, emotionally, mentally and relationally. To fulfil this mandate, the Synod of Livingstonia provides health services to some of the communities in which it works through the mission hospitals and health centres.

The Synod of Livingstonia has three mission hospitals namely: David Gordon Memorial Hospital in Livingstonia, Ekwendeni Mission Hospital in Ekwendeni and Embangweni Mission Hospital in Embangweni. These hospitals and clinics provide curative, preventive, promotive and rehabilitative services to the communities in their catchment areas.[70] Through the Primary Health Care (PHC) programme, they provide antenatal care to pregnant women and under-five clinics for children.[71] These Primary Health Care services are aimed at reducing child and maternal mortality. However, the services are designated in catchment areas only where the hospital and health centres as well as other areas within the Synod do not have access to them.

According to the Synod Health Department's mission statement, the purpose of the department is "to provide health care services, promote health and proclaim a Christian witness". The department coordinates the work of the mission's hospitals and clinics. The Department works in collaboration with other Faith-based Organisation healthcare providers through the Christian Health Association of Malawi (CHAM). Furthermore, the Synod has a training college - Ekwendeni College of Health Sciences - that trains women and men from different parts of Malawi in Nursing and Midwifery. The training and equipping of nurses further contribute to the country's medical personnel.

5.5.1 Safe Motherhood and Maternal Health Programme

In addressing the issue of maternal health, apart from the work that the hospitals are doing, the health department is involved in the *Uchembere* Network.[72] This is a project for all the three

[70] Source: www.ccapsolinia.org
[71] Source: www.ccapsolinia.org
[72] *Uchembere* is the vernacular for motherhood. It is about motherhood not mothering. A woman who has a child (children) is *nchembele.*

CCAP Synods in Malawi in collaboration with some Non-Governmental Organisations. The vision of the *Uchembere* Network is encapsulated thus in its national framework: *"Women are confident and supported by men, church and community structures to easily access quality and reproductive health services"* (National Framework for Implementation 2009-2011:5). The aims and objectives of the National Uchembere Network are as follows:

1. To improve health-seeking behaviour to Sexual and Reproductive Health services.
2. To improve availability and quality of Sexual and Reproductive Health services.
3. To improve referral systems between the community and the health facilities.
4. To build partnerships and advocate for Sexual and Reproductive Health issues to other stakeholders.

The *Uchembere* Network in the first phase focused on implementing programmes that would reduce maternal and child mortality in order to achieve the Millennium Development Goals 4 and 5.[73] The Network is divided into Regional Networks. The Synod of Livingstonia is involved in the Northern Region *Uchembere* Network (NRUN) where it works through its three hospitals and in collaboration with two NGOs namely Community Youth in Development Activities (COYIDA) and Plan International. *Uchembere* Network Programme for the Synod is being implemented in Mharaunda under Embangweni Mission Hospital in Mzimba.

5.6 Analysis of Existing Data – The Synod's Minutes and Annual Reports of the Health Department

The documents analysed for this study are the Synod Minutes 2014, the General Administrative Committee (GAC) Minutes 2015 and Annual Report of Health Department. Alongside these, the National Framework for Implementation of National *Uchembere* Network and the End of Project Evaluation Report 2014 will be analysed. The end of project evaluation report was for the first phase of the project as this project is still being implemented. The methodology employed to analyse this data is a content analysis of the existing documents, utilising the development and gender lenses discussed in chapters 2 and 3.

5.6.1 Development Analysis

This section is a content analysis of the work that the Synod of Livingstonia is doing directly or indirectly with regard to maternal health through its Health Department and other

[73] Millennium Development Goal 4 and 5 was to reduce child mortality and improve maternal health respectively.

departments. The section responds to the research question of the role of the CCAP Synod of Livingstonia with regards to maternal health as stipulated in the MDGs and the SDGs.

5.6.1.1 Gender and Development (GAD) and the question of Masculinities

In Chapter 2, it was noted that, in order to achieve sustainable development, any development practice or project should be participatory, people-centred and inclusive. Governments, funding agencies, non-governmental organisations and faith-based organisations including churches need to prioritise these issues in their development agenda in order to achieve sustainable development goals 2030 (cf. Section 2.2.5). As noted in Chapter 2 Section 2.2.1 & 2.3, gender is a developmental issue in which no development can have an impact or be sustainable if issues of both women and men are not taken into account. At the same time, development needs to be participatory and people-centred. That is to say, local people - men and women are to participate from the preliminary of the project to the evaluation of the project.

GAD is a development framework that regards issues of both women and men as equally critical to development. Furthermore, gender equality ensures that the experiences and concerns of both men and women are considered in the designing, implementing, monitoring and evaluating of all projects (Momsen 2010:15). In addition, gender mainstreaming is another tool of development that advocates for the involvement of men and women from initial stages of development up to the evaluation of the project (Momsen 2010:15). Therefore, as discussed in chapter 2, maternal health is a gender and development issue. The death of women during pregnancy and childbirth affects the development of communities and surviving children have a high risk of dying before reaching the age of five. However, women who are healthy and have few children contribute to the development of their families and communities. Their children are more likely to get a better education and contribute to the development of their communities.

Thus, the CCAP church in Malawi (all the three Synods) work in collaboration with other stakeholders to promote maternal health through the *Uchembere* Network. The vision of the Uchembere Network is gender sensitive in that it clearly considers the role of men in issues of maternal health as important. The vision emphasises the support of men both in the church and community help to bring change to the gendered social constructions that regard maternal issues as women's issues. The *Uchembere* Network Project started with a two-year project, which was implemented in selected areas from 2012-2014 in all the three regions in Malawi. However, this study focuses on the Northern Region *Uchembere* Network, which was

implemented in Mharaunda health facility under the Embangweni Mission Hospital in Mzimba of the Synod of Livingstonia. The End of Project Evaluation Report indicates that men were involved in the project through different committees that were set up to help in the implementation of the project (End of Project Evaluation Report 2014:10).

The project had put in place support systems to ensure men's participation in Sexual and Reproductive Health (SRH) and men and women work in partnership to enhance maternal health and sustainable development. Nevertheless, the limitations of this project are that both the catchment area and target group is small, with a limited project timeframe of 2 years. The limitations of this project are that the implementation is in one selected area of the Synod while most areas under the Synod's jurisdiction do not have access to information indicative of the fact that men and women work together towards reducing maternal and infant mortality. Achieving maternal health should be aimed at the local congregations throughout the entire Synod. Furthermore, the Synod of Livingstonia does not discuss issues of maternal health in its congregations and other forums of the Synod. Maternal health is regarded as a health issue and yet from the discussions of this study, maternal health is a sociocultural, gender and development issue.

5.6.1.2 Education of women

As noted in Section 3.2.2, the educational level of women plays a crucial role in both the development of communities and maternal health. Maternal mortality is higher among poor, rural and illiterate women than it is among the educated and urban women as highlighted in Section 3.2.1 of this thesis. One of the challenges that was noted in the Northern Region Uchembere Network Evaluation Report is that girls drop out of school due to teenage pregnancies and early marriages resulting in the lower levels of education for women than that of men (cf. Section 3.2.2).

The lower levels of education of women are perpetuated by poverty, patriarchy systems, gender inequality and cultural practices. The societies where the Synod of Livingstonia serves are mostly patrilineal. In such societies, only men are leaders and chiefs in the societies (Msiska 1997:46; NRUN Evaluation Report 2014). Women's opinions and voices are not heard. Gender inequality and poverty, has therefore, lead to denying the girl child the right to education. For instance, in the evaluation report, there is a life-story of a girl 13 years' old who was married off in order that the dowry paid for her would be used by his brother to pay dowry to get a wife (NRUN Evaluation Report 2014). Sometimes due to poverty, parents who cannot afford to pay

school fees and other school supplies for their children and they marry off their daughters at an early age without realising the risk associated with early marriage and teenage pregnancies.

The Synod of Livingstonia, through the education department, promotes girls' education. The promotion is one of the means to end gender inequality and achieve sustainable development. Of the six secondary schools run by the Synod, three are girls' only secondary schools; two are for both boys and girls, and only one is solely for boys.[74] This shows that the Synod of Livingstonia prioritises girls' education. In order to keep girls in school, the Education Department of the Synod runs a project called "Keeping Girls in School" (KGIS) (GAC Minutes 2015). The project aims at eliminating the cultural elements such as child marriages and socio-economic challenges that result in young girls dropping out of school.

In addition, the education department through the Mamie Martin Fund (MMF)[75] provides school fees for needy girls in the secondary schools that are run by the Synod of Livingstonia (GAC Minutes 2015). The fund helps the girls from families that cannot afford to pay fees access secondary education. This makes a great impact in the lives of girls in northern Malawi.[76] Furthermore, the Synod through the health department trains nurse and midwives at Ekwendeni College of Health Science. The training contributes to skilled medical personnel who play an important role in maternal health. In the MDG 5, one of the targets was to increase the number of women who are attended by skilled personnel during childbirth. Thus, the Synod of Livingstonia contributes in the reducing of maternal health through the training of nurses and midwives.

In summary, the Synod of Livingstonia makes a significant contribution to the education sector in Malawi. It strives to improve the education levels of people especially girls and women and this fulfilled through projects such as Keeping Girls in School and through the funding of the fees of needy girls in the Synod secondary schools. The promotion of girls' education is one of the ways to end child marriages and teenage pregnancies. The education of women has a direct impact on issues of family planning and maternal health. The Synod of Livingstonia is

[74] The three girls' secondary schools are Ekwendeni Girls, Bandawe Girls, Karonga Girls, the two for both boys and girls are Elangeni, and Amazing Grace and the boys only is Robert Laws Secondary School.
[75] Mamie Martin was the wife of a Scottish Missionary who served in the Livingstonia Synod in the 1920s; she was a teacher and helped with education of girls, but died while giving birth to her second child in Malawi. The fund was established in 1993 in her memory. The fund provides school fees for girls whose families cannot afford to pay school fees but have a place in one of the secondary schools of the Synod of Livingstonia. (www.mamiemartin.org)
[76] Source: www.mamiemartin.org

committed to improving the lives of the people and especially women through education. The role the Synod is playing in the education sector is crucial in reducing maternal mortality and achieving the 2030 SDGs.

5.6.1.3 Socio-cultural Practices

Chapters 2 and 3 discussed how the socio-cultural construction of the roles of women and men in societies influences the health and wellbeing of women and children. It was noted that some of the cultural practices perpetuate the subordinate position of women and increase the inequalities to access resources between men and women. These contribute to teenage pregnancies, high fertility rates and frequent pregnancies. Also, they put women at risk of dying from maternally related complications.

The Synod of Livingstonia has tried to promote issues of gender through the education of women and their ordination as church elders, deacons and ministers of the word and sacrament. Women are given leadership roles in local congregations where some serve as session clerks and in different committees as leaders (Mlenga 2008:2). However, this does not mean that there is gender equality in the Synod for there are only very few women who hold positions in the church compared to men. Patriarchy is prevalent as most societies are characterised by male domination in every aspect. Such societies regard women as inferior to men, which influences the status of women in both the church and the society (Mhango 2004:27).

Most societies in Northern Malawi are patrilineal. Therefore, when a woman gets married she goes to the husband's home and, usually, dowry is given to the woman's family by the groom or his family (Msiska 1997:46). The patrilineal system in these societies perpetuates the subordination of women. In addition, polygamy is a common practice because men have power over women. Women do not own land and property. When the husband dies, the children are not theirs; they belong to the family of the husband (Msiska 1997:46). Male child preference is very prominent in the patrilineal societies and this leads to women giving birth to numerous children in order to have a male child who is regarded as an heir.

In an attempt to address some of the challenges posed by culture, the Synod through the LISAP department is making interventions through a project called Girls and Boys Empowerment Project (GBEP).[77] The project aims at protecting girls and boys from harmful cultural practices

[77] The project is implemented in North Karonga where the cultural practice *kupimbira* (of marrying off young girls as a compensation for debt) is common.

that deny them their rights including access to education (GAC Minutes 2015). Although the project is implemented only in one Presbytery of the Synod, it is nevertheless making a difference in the lives of girls and boys by contributing indirectly to the reduction of maternal mortality. However, local congregations in the Synod are not particularly involved in teaching against harmful cultural beliefs and practices that promote child marriages and that regard women as inferior to men. The local congregations, indeed have a responsibility to teach issues that pertain to the well-being and health of the communities through the partnership of men and women.

5.6.1.4 Family Planning & Male Involvement

As discussed in chapter 3, family planning is one of the four components of maternal health.[78] Family planning is important in reducing fertility rates, maternal and infant mortality and in promoting gender equality and women's empowerment (Maliwichi-Nyirenda & Maliwichi 2010:35; Katenga-Kaunda 2010:80). As was discussed in chapter 3, male involvement in issues of family planning is important because men are empowered to support their wives or partners in choosing appropriate family planning method and deciding on the number of children and the interval between them (cf. Section 3.2.4.2). Regarding maternal health as women's issue contributes to men who are not involved in issues of family planning, antenatal care, childbirth and postnatal care. This may lead to women carrying the burden of family planning and childbearing alone. The importance of involving men in issues of family planning and maternal health cannot be emphasised. Women and men should work in partnership in order to attain development (Section 2.9).

The implementation of *Uchembere* Network project targets both men and women in issues of maternal health. The *Uchembere* Network functions through several committees that are put in place to help in the implementation of the project. The committees are Male Motivators, Bicycle Ambulance Committee, Village Safe Motherhood Committee (VSMCs), Village Health Committees (VHCs), Community Facilitators and Community Leaders. In these committees, both men and women are involved in the project. This helps them to work in partnership and to realise that issues of maternal health are not issues of women alone but are the concern of everyone in the community. Despite the fact that men are involved in the project,

[78] The four components of maternal health are family planning, ante natal care (during pregnancy), maternity (during childbirth) and post-natal care (the first forty-two days after childbirth) (Katenga-Kaunda 2010:12).

maternal health is not considered as a number one priority, which indeed means that more such projects are needed to prioritise this issue and the gender partnership it facilitates.

Furthermore, the three mission hospitals and health facilities of the Synod of Livingstonia have placed the Maternal and Child Health (MCH) unit under the Primary Health Care (PHC).[79] These units provide information, services and support on family planning. In addition, they provide mobile clinics with services such as antenatal care and under-five clinics. Through these services, they reach women in remote places and provide access to modern family planning methods.

However, these services do not reach all the places of the Synod's jurisdiction and as such people from these areas have challenges to access health services especially where even government health facilities are not available. In such places, the local congregations could take the responsibility of putting issues of maternal health in the programme of the church. The congregations need to find ways of putting support systems in their areas that would help to serve the lives of mothers during pregnancy, childbirth and postpartum period. The congregations need to bring awareness of maternal health as a socio-cultural challenge, not simply a public health problem, as there are several socio-cultural factors that contribute to the challenges and complications women face during pregnancy, childbirth and postpartum period.

5.6.1.5 Sustainable Development Goals (SDGs)

As discussed in Chapter 2 Section 2.2.4, Sustainable Development Goals (2030) are the current development framework that governments, UN agencies and NGOs are working with to achieve sustainable development. The aim of these 17 SDGs is to end extreme poverty, fight gender inequality and injustice for the benefit of all, and address issues of climate change by the year 2030.

The aim of SDG 3 is to ensure good health and well-being for all, at all ages, while that of SDG 5 is to achieve gender equality and ensure that the empowerment of women and girls is connected to maternal health. The Synod of Livingstonia, as a partner in development with the government, needs to consider the SDGs in its activities and programmes. Although, the Synod through the *Uchembere* Network had worked towards reducing child and maternal mortality as

[79] Primary Health Care (PHC) is a component that does the preventative measures in the health care such as immunisation.

stipulated in the MDGs 4 and 5, more needs to be done. Malawi as a country did not achieve the target of reducing maternal mortality ratio to 70 per 100,000 as stipulated in the MDGs. Nevertheless, as the development focus is now on the Sustainable Development Goals the governments and churches need to continue working in collaboration in order to achieve the targets stated in the SDGs.

However, by promoting girls' education through the secondary schools the Synod runs and through the support of school fees to needy girls, the Synod attempts to achieve gender equality as stipulated in the fifth SDG. The education of women is crucial in sustainable development for it empowers women and girls to be economically self-reliant. Empowered women make informed decisions concerning marriage and family planning and are equipped to take leadership positions and to participate in politics and development of their communities and families. Furthermore, the Synod may work in collaboration with other denominations in the ecumenical bodies and the unity of the church through the ecumenical bodies could assist to address gender and developmental issues that are stipulated in the SDGs. If the churches could address issues stipulated in the SDGs together and the collaborated efforts could make a big impact in the societies.

5.6.2 Theological Analysis

Chapter 4 discussed Mercy Oduyoye's four themes of doing theology in Africa as a possible theological lens for analysing and promoting the issue of maternal health within the context of church engagement. This section analyses the theological themes discussed in chapter 4 in the light of the praxis of the CCAP Synod of Livingstonia as a denomination and a community of believers. As Oduyoye argues, theology should be life-affirming and life-enhancing by resisting the trends that deny life and humanity especially for women in African communities and churches (Cf. Chapter 4 Section 4.2.3).

5.6.2.1 Community and Wholeness

As discussed in chapter 4, community is a way of life in the African context. In this context, it is believed human beings are born and live in a community and that they are interdependent (Chapter 4 Section 4). Wholeness celebrates the fullness of life and regards life as a whole. This is different from the Western dualistic view that separates the secular from the sacred (Oduyoye 2001:23; Bowers du Toit 2010:432). Wholeness is wellness in all aspects of life – socially, spiritually, culturally, emotionally and physically. Thus, theology done in Africa

should be life-affirming in the manner in which it regards life as a whole; thus, a theology that resists economic exploitation, oppression and marginalising of those who are at the periphery of the society (Chapter 4 Section 4).

Furthermore, communal life moves people to care for the marginalised and vulnerable such as the sick, the children, the elderly, strangers, widows, orphans, the fatherless is also true of the mandate of the church to care for the needy and the marginalised (Matthew 25:40; 45). However, in the communal life of most communities in Africa, there are some aspects that deny the rights of women and children and these aspects put the lives of women at risk of life-threatening issues such as maternal deaths. In agreement, Msiska (1997:45) points out that both good and bad customs are present in African culture. Some of the life-denying aspects are those that regard women as inferior and subordinate to men (Msiska 1997:45).

However, the church should practice both a life-affirming theology and a theology of resistance in response to oppression and exploitation. The church, in this context, is a community of believers (*ekklesia*) belonging to Christ. According to Migliore (2004:251), a new community of people who believe in Jesus Christ constitutes *ekklesia* or assembly of believers that gather to praise, and serve God in response to the gospel in the power of the Holy Spirit. As a community of believers, there is no discrimination based on gender, race, ethnicity and social status (cf. Galatians 3:28).

However, this may not be true for most denominations. For a long time, the way church understood and interpreted scriptures denied women the right to exercise their God-given gifts in the church. Phiri (1997:12) states that men argued that women cannot lead in the church as women in most African cultures are not allowed to have power and authority over men. Thus women cannot preach or be leaders in the church. Phiri (2002:20) further argues that the patriarchy in the church is perpetuated by both patriarchy in the Bible and the patriarchy present in societies. Although the Synod of Livingstonia now ordains women as ministers of word and sacrament and allows women to exercise their spiritual gifts in the church, women ministers are very few compared to the male ministers. One of the contributing factors is the Synod policy on marriage, which stated that only married women may go for theological training and that their husbands should follow them wherever the Synod posts them (Mlenga 2008:10-11). In addition, the conditions of service for women ministers are different from the conditions of service for male ministers, for instance the retirement age for women ministers and male ministers is different (Mlenga 2008:14). This makes it difficult for more women to go in the

ministry and it reveals that patriarchy and gender inequality still exist in the Synod. Consequently, the fact that women ministers in the Synod are still marginalised and not treated as equals with male ministers, may also contribute to the Synod not taking into account issues of maternal health; hence regarding it as a women's issue.

While it may be difficult for women to enter the ministry, Synod of Livingstonia - through the local congregations as *ekklesia* (a community of believers) - indeed takes the social responsibility of caring for those on the periphery of society. This ministry of community is done by the local congregations, who direclty minister to the needs of the communities through different committees and the guilds. The guilds – women's, men and youth – in the local congregation play a critical role of caring for the orphans, the widows, the sick and the aged people through social actions such as providing food to those in need and paying school fees for students who cannot afford. It is, furthermore, important to note that the Women's guild (*Umanyano*) are the most active guild working through the congregation to alleviate the problems that people on the periphery of society face.

The Synod of Livingstonia, through its departments, works towards alleviating suffering and poverty that is existential in the communities serves. Thus, people in the communities implement most of the projects done by the Synod in different communities without looking at one's church affiliation. In communities where there are no special needs schools or teachers, blind and deaf children do not have equal access to education like children without disability. So, the department of education's intervention through special needs education in assisting blind and the deaf children is significant because it seeks to affirm the dignity of this marginalised group (GAC Minutes 2015).

In summary, the theological aspect of community and wholeness is that the church as *ekklesia* contributes to the fullness of life by allowing women's capabilities and gifts to be used in the church. It enhances the aspects of communal life that affirm life, and denounces those that deny life. In so doing, it tries to attain gender equality and achieve the wellbeing and health of women and maternal health. Thus, the Synod of Livingstonia needs to regard the issue of maternal health as a social development issue that the local congregations can engage in to help reduce maternal mortality.

5.6.2.2 Relatedness and Inter-relationships

Relatedness and inter-relationships are the interconnectedness of human beings with God and with the environment where they live (Oduyoye 2001:35). It is living in harmony with God, each other and nature. Human life is dependent on nature for food shelter and energy (Oduyoye 2001:35). It was noted that there is brokenness in the relation of human beings. It was also indicated that the brokenness of environment, in most parts of Africa, is caused by overpopulation and deforestation, which result in droughts, flooding and deforestation. The effects of this brokenness of environment result in women and children suffering the consequences most (Awumbila & Momsen 1995:342). For instance, women in rural areas spend several hours in a day fetching water and firewood. This is hard, especially for pregnant women and children.

Furthermore, as discussed in chapter 4, the environmental degradation has negative effects on expectant mothers in terms of the nutrition they need for themselves as the unborn children. Nevertheless, what is the church doing with regard to the issues of environmental degradation? God, as the creator of the earth, is the ultimate owner of the earth (Hughes 1998:299). This is why it is written, "The earth is the LORD's, and the everything in it, the world and all who live in it, for he founded it upon the seas and established it upon the waters" (Psalm 24:1-2). The church is commissioned to be stewards of God's creation (Hughes 1998:299). As stewards, Christians need to respect and appreciate the creation, at the same time, have a sense of interdependence with the environment (Hughes 1998:301).

The Synod of Livingstonia teaches about stewardship, however, this is mainly in terms of financial management as was stipulated in the Synod Strategic Plan. As a church, the Synod of Livingstonia needs to discuss issues of environmental degradation at local congregational level as well as at different forums. The depletion of natural resources affects not only the communities but also the church because of the droughts and floods. When Christians are not harvesting enough food may not be able to give offerings and tithes to the church. Viewing stewardship as connected to the well-being of communities is, therefore, a key shift that the church needs to make as being good stewards of God's creation also means caring for one another and this includes caring for the marginalised and the vulnerable. This stewardship will help not only the communities but will enhance the life of women who do most of the household chores. In addition, expectant mothers and children may be assisted to get the right nutrition and ensuring safe pregnancy and delivery. In the end, it will, therefore, promote

maternal health and reduce infant and maternal mortality. Caring for the well-being and health of expectant mothers is, indeed, critical to the well-being of the whole community.

5.6.2.3 Reciprocity and Justice

Chapter 4 discussed that in the African communities, the principle of reciprocity and justice is a prerequisite for the peace and harmony of the communities. Maternal health is a justice issue in that it mirrors the gender inequality in the societies as well as inequalities between the rich and the poor, the educated and the uneducated, the urban and the rural women. Furthermore, the fact that maternal mortality is still high in Malawi is an indicator that there is gender injustice and that many women are still denied access to resources and other opportunities. Gender injustice is still prevalent in societies and church and this is evident in issues that were discussed in chapter 3 and 4 that leads to maternal mortality.

Ideally, in African communities there is a moral obligation for caring, sharing and compassion. However, gender injustice remains prevalent in many communities and churches (Oduyoye 2001:37). It is promoted by the patriarchal social system that is further perpetuated by cultural practices through myths, folktales, proverbs, and taboos (Oduyoye 2004:38). It is also perpetuated by the misinterpretation of scriptures, such as the passage stating that a woman was created from man's rib; therefore, she is inferior to the man (Rutoro 2015:318).

According to Rutoro (2012:161), gender justice "entails the comprehensive application of biblical law, love, mercy, justice and equity at the levels of self, family, community, church and state". That is arguably a correct theological perspective of the term. In Amos 5:24, we also find a contextually correct inference of gender justice: "Let justice roll on like a river, righteousness like a never-failing stream". Gender justice, therefore, seeks to promote the rights of women in social and economic policies (Rutoro 2012:161). This is why August (2010:73) argues that gender injustice hinders peace and justice in the communities and churches and may lead to underdevelopment.

In addition, Koopman (2015:27) states that "the ecclesial imperatives entail that we jointly seek interrelated and interdependent freedom for women and men". He further argues that justice involves *access* to the most necessities of life; it involves *inclusion* in both the social and ecological bonds of life (Koopman 2015:27-28). In other words, justice is respect for human dignity, dignity of both women and men as created in the image of God. The church's role is, therefore, to be a prophetic voice that speaks for the oppressed people in society. However, the

church is more involved in issues of relief and charity but doing little in terms of advocacy. The church needs to advocate for the rights of the marginalised and the vulnerable who are at the periphery of the society.

In analysing the praxis of Synod of Livingstonia with reciprocity and justice as a theological lens, as noted above, the Synod tries to promote gender justice at different levels although there is still a long way to go in achieving gender justice. At the presbytery and Synod levels, women are always outnumbered when it comes to representation in decision-making. For example, the presbytery is made up of one minister and one elder (who is a session clerk of the congregation) from each congregation. Although women are elders, very few women are session clerks and in a presbytery that comprises ten congregations, there may be only one congregation with a female session clerk. When it comes to voting, it will be one female against nine male sessions clerks.

Since women are under-represented at different levels of the Synod including during decision-making sessions, it is difficult to prioritise issues that mostly affect women than men such as maternal health. Although, maternal health is not a women's issue only but a socio-cultural and developmental issue, it is women who experience maternal-related issues mostly such as childbearing. Women comprise sixty percent of the total membership of the church. Yet, the number of women who serve as ministers is still on the lower side with only seven ordained female ministers against 192 male ministers. Thus, the Synod is yet to achieve gender equality in its organisational structure and in the communities where the Synod is serving.

Despite the fact that the synod tries to teach against some cultural practices, the harmful traditional culture that put women in subordinate positions is still prevalent. The issue of resisting those harmful culture practices has long been discussed within the church context. According to Ross (1996:99) at the Women's Missionary Conference in 1949, it was discussed that "wherever possible the women of the church should be able to discern between the old customs which are worth retaining and those which ought to be discarded. Only by contact with the women of the church will those outside learn these things". Furthermore, Kanyoro (2001:159) states that women are the custodians of culture. They are the ones making sure that the traditions and rituals are followed to the letter. For instance, when one's husband dies, the women (even Christians) make sure that the widow goes through rituals that may be oppressive to the woman. Kanyoro (2001:163) further argues that women's actions may be rooted in the

patriarchal socialisation. For this reason, there is a need to analyse, in the context of gender, why some women oppress others and/or stick to the harmful cultural practices.

This calls for a clear understanding of cultural hermeneutics. According to Kanyoro (2002:7), "cultural hermeneutics refers to the analysis and interpretation of how culture conditions people's understanding of reality at a particular time and location". It is a crucial step towards the liberation of women in Africa. This is why feminist cultural hermeneutics addresses the issues of culture and, at the same time, critiques culture from a gender perspective, which assists women who suffer injustice and oppression in the society and church (Kanyoro 2001:164).

Traditional practices such as polygamy are very common in many societies (Msiska 1997:46). As discussed in chapter 3, polygamy is also regarded as a method of family planning in some communities. Such practices deny women their conjugal rights and also put lives of both women and men at risk of HIV and AIDs. Furthermore, Msiska (1997:39) argues that most of the taboos are perpetuated by fear of ancestors' spirits. Some of the harmful rituals and taboos are still observed for fear of death, sicknesses and curses. The fear that leads to the strict observance of such rituals and/or taboos is triggered by the belief that they affect negatively expectant mothers. For instance, taboos related to food such as those forbidding expectant mothers certain nutritious foods including eggs lead to the belief that if she eats, her child will be born without hair. Hence, a life-enhancing and liberatory theology is needed in order to liberate people from the fear of ancestral spirits that keep them in bondage of observing oppressive rituals and taboos.

5.6.2.4 Compassion and Solidarity

Compassion springs from the solidarity of people in community. Compassion and solidarity in the church are enforced by relatedness and the inter-relationships of believers in the church. They also promote the interconnectedness of reciprocity and justice. Oduyoye (2001:97) argues that solidarity in Africa is expressed through hospitality. Hospitality is extended to the vulnerable, the poor, the widows, elderly and strangers.

In the Synod of Livingstonia, there are guilds that help Christians to stand together in solidarity. The guilds are men's guild locally known as *Madodana*, the women's guild *Umanyano* and the youth guild known as Christian Youth Fellowship (CYF) and in the vernacular is *Ukilano*

(Quinn 1995:389-390).[80] All the three guilds have their own constitutions, members put on uniforms to be identified with their guild. The guilds play an important role in the life of the Synod. Basically, the guilds meet every week for prayers and Bible studies in all the prayer houses and congregations of the Synod[81]. Each guild stands in solidarity with the vulnerable and the marginalised of the community. The guilds - especially the women's guild - help orphans, the elderly and widows who are helpless. The members of the guild help each other in times of sorrow – such as funerals - and in times of joy – such as weddings. The guilds are important forums in the Synod where issues of harmful cultural practices are discussed and putting measures in place in communities to deny practices that enhance life-threatening taboos that all observed especially at a funeral.

The solidarity that exists between the women's and men's guilds at different times of need can be utilised to enhance the partnership of women and men in the church. Women and men working together in partnership can assist to address issues of maternal health in the church and in the communities. Further, the organisational structure of the synod that starts from the prayer houses in congregations to presbytery and Synod is also crucial in the partnership of women and men. Women and men can work together in partnership at different levels to address socio-cultural issues including maternal health. Women and men may come up with support systems that help pregnant women to attend ante-natal clinics and to go in good time to health facilities when the need arises. Furthermore, the Synod of Livingstonia works in solidarity with other denominations through ecumenical bodies such as the Christian Health Association of Malawi (CHAM), Malawi Council of Churches (MCC) and Public Affairs Committee (PAC). Through these ecumenical bodies, the Synod and other denominations address issues of national interest such as education, health, and political issues. This is because such issues often affect the wellbeing of the citizens.

In summary, the Synod of Livingstonia practises solidarity at different levels through different forums. At the local congregation, the women's, men's and youth's guilds work in solidarity and offer compassion to those who are marginalised through social action. At the Synod level, the Livingstonia Synod works with other denominations in the ecumenical bodies to address issues of the national interest and to be a voice for the voiceless. The forums could be used to

[80] The following are the years the guilds were established *Umanyano* in 1941, *Madodana* in 1948 and *Ukilano* in 1948. *Umanyano* literally means coming together, *Madodana* literally means older men and *Ukilano* means youth.
[81] The Women's guild meets every Friday, the men's guild every Thursday and the CYF every Saturday.

address issues of maternal health as the church plays its role on development and contribute to reducing maternal mortality to less than 70 per 100,000 by 2030.

5.7 Conclusion

This chapter discussed, in brief, the history of the Church of Central Africa Presbyterian (CCAP), the situation context and the organisational structure of the CCAP Synod of Livingstonia, and the work that the Synod does to fulfil its mission in the northern part of Malawi. The chapter discussed the developmental analysis of the Synod of Livingstonia using Chapter 2 and 3 and the theological praxis of the Synod of Livingstonia using Mercy Oduyoye's four theological themes as the lenses for the theological praxis of the Livingstonia Synod.

The Synod of Livingstonia through the health department contributes to the health sector through the training of nurses and midwives and through the health service delivery in the mission hospitals. The health service delivery includes safe motherhood and maternal health. Healthcare service delivery is also done through the project *Uchembere* Network. From the analysis, the Synod does promote maternal health although it only reaches limited places through the hospitals and *Uchembere* Network project. One of existing gaps is that the Synod regards maternal health as a health issue that can only be tackled by the health department through their programmes. However, this study concludes that maternal health is a gender, social and development issue.

The second gap is that the Synod does not discuss maternal health in the local congregations and in other forums of the Synod such as Presbyteries and the Synod Strategic Plan. There is need for shared efforts by the communities, churches and the government in order to reduce maternal mortality in Malawi. The main factors that contribute to maternal mortality are the socio-cultural factors. These could be reduced by bringing awareness and working together as traditional leaders and religious leaders in the communities. In terms of gender and development, the Synod of Livingstonia tries to promote gender and development through the education of girls as noted in above sections, through the ordination of women as deacons, elders and ministers in the church. Although the Synod promotes women's education and allows women to use the gifts and talents, gender equality is yet to be achieved. The Synod need to encourage the local congregations to promote women. Doing that would help the communities outside the church to emulate the good example set by the church.

Chapter six gives a summary of the findings and provides the conclusions drawn from conducting this study. Recommendations are also made, based on the findings, on how CCAP Synod of Livingstonia can be involved in improving maternal health.

CHAPTER 6

CONCLUSION AND RECOMMENDATIONS

6.1 INTRODUCTION

In the preceding chapter, I explored the role of the church with regard to maternal health giving a special focus to work done by the Synod of Livingstonia in the Church of Central Africa Presbyterian (CCAP) denomination.

This chapter gives a summary of the findings and provides the conclusions drawn from conducting this study. Recommendations are also made, based on the findings, on how CCAP Synod of Livingstonia can be involved in improving maternal health. As a study situated within the Gender, Health and Theology programme at the University of Stellenbosch with a major in Community Development, the study took an intersectional and interdisciplinary approach to gender, health and theology. The chapter attempts to answer the research question, *what is the role of the CCAP Synod of Livingstonia in promoting maternal health as stipulated in the Sustainable Development Goals?*

The church's mandate is to advocate for the rights of the vulnerable and the marginalised. This explains why the church ought to be involved in issues of maternal health and development. In this regard, the first part of this chapter will provide a summary of this entire thesis. This summary will be followed by a set of recommendations indicative of what the church should do to assist in reducing the maternal mortality ratio in Malawi – the highest in the southern African region. At the end, the chapter will provide suggestions for future research related to maternal health from an African theological perspective.

6.2 SUMMARY OF CHAPTERS

Chapter 1 is the introduction to this thesis. The chapter provides the problem statement, as well as the aims and objectives of this study. The literature review highlighted that maternal health is regarded as a health issue and that, in the theological circles, not much research has been done seeking to find why women die during pregnancy and childbirth. The chapter further highlighted that the study is based on the African Women's theological and biblical aspects of addressing maternal health with a special focus on Mercy Amba Oduyoye's four theological themes. In addition, the chapter noted that a case study of the Synod of Livingstonia would be

explored using content analysis. The methodology section pointed out that public documents such as minutes and annual reports would be analysed. The chapter concluded with the definitions of key terms, the potential impact of the research in the academia and the society at large and, ultimately, an outline of subsequent chapters.

Chapter 2 explained the development definitions and approaches, which ranged from the macro theories of Modernisation and Dependency to the micro theories of participatory and people-centred approaches. It was noted that the evangelical view of development is "development as transformation" while the ecumenical view largely talks about "development as diakonia". These were also highlighted as differing considering their departure points from the secular approaches to development. Also, the concept of gender was expounded upon from a historical perspective (with regard to its origins) and how it was understood within development from the perspective of the WID, WAD and GAD approaches. The chapter concluded by supporting the Gender and Development approach because gender is a development issue and, therefore, should be mainstreamed in every development programme and project. For this reason, maternal health is framed within the gender and development approach.

Chapter 3 was concerned with maternal health within the global, African and Malawian contexts. It explored how the disparities between the global North and the global South, the rich and the poor, the educated and the uneducated, the urban and the rural contexts mirror maternal health. It further explained how the global initiatives on maternal health and the MDGs and SDGs brought awareness to the governments, funding agencies as well as NGOs about issues of maternal health. It was realised that maternal health is a crucial component to development and that reducing maternal mortality would contribute to sustainable development. The socio-cultural factors that contribute to maternal health on the global, African and Malawian context were also explored. In addition, it was noted that the Malawian government, through the Presidential Initiative on Safe Motherhood and maternal health had helped in bringing awareness to the traditional leaders on issues of maternal health. It was concluded that maternal health is not only a public health challenge but also a socio-cultural challenge that needs to be addressed by communities in general and faith communities in particular.

It was also noted that FBOs provide between 30 and 70 percent of the health sector in Africa varying from country to country and that, in Malawi, the Christian Health Association of Malawi (CHAM) provides 37 percent of the health services. It was established that faith-based

organisations are indeed contributing an impact in the health sector and towards maternal health.

Chapter 4 analysed the theological perspectives on maternal health using Mercy Oduyoye's four central themes of doing theology in Africa as the theological lens. The chapter explored the female images of God as mourner, mother and midwife as the theological understanding of maternal health. The African Women's Theology enhances and affirms the life-affirming aspects within the African societies and resists the myths, proverbs and/or taboos that perpetuate the subordinate position of women. It also resists those aspects that deny women the right to life, which may lead to deaths of women during pregnancy and childbirth. The conclusion was drawn that maternal health is a theological issue and, as such, it needs to be theologised in the African context for the reason that maternal mortality is higher in the Sub-Saharan Africa when compared to other regions.

Chapter 5 analysed the role of the Synod of Livingstonia concerning maternal health. The analysis used the developmental analysis of chapters 2 and 3 as a lens. In so doing, it further analysed the praxis of the Synod of Livingstonia using the theological analysis of chapter 4 as the theological lens. In analysing the work of the synod, it was noted that the Synod is promoting girls' education through the secondary schools run by the educational department of the synod and through the health department and the mission hospitals; the synod contributes to reducing maternal health. Gaps in the praxis of the Synod of Livingstonia were depicted. These include the fact that the Synod regards maternal health as a health issue and a women's issue. Therefore, it is only tackled by the health department through the hospitals and *Uchembere* Network. It was indicated that this is limited to the few areas of the synod's jurisdiction. Another gap is that the synod does not recognise that maternal health is a socio-cultural and developmental issue. This is evident in that the synod does not include issues of maternal health in their forums at different levels including the Synod Strategic Plan.

6.3 KEY RESEARCH FINDINGS

This study explored why women die during pregnancy and childbirth and factors that lead to maternal health within theology and development. It also investigated what role the CCAP Synod of Livingstonia is and should play regarding issues of maternal health. The following findings were identified as important:

Maternal deaths are caused by complications that develop during pregnancy and childbirth. The complications are severe bleeding, infections, high blood pressure, complications during birth and unsafe abortions.[82] However, these complications are preventable and treatable. Maternal disabilities that result from obstetric fistula [83] are caused by the delay in seeking medical attention due to socio-cultural reasons and is common among the poor rural women. **Furthermore, there are social, cultural and political factors that contribute to maternal deaths and disabilities.** These factors include child marriages, teenage pregnancies, unmet need for modern family planning methods and frequent pregnancies and the factors are perpetuated by the cultural and traditional beliefs.

In addition, the education levels of women are critical to maternal health since studies show that maternal mortality is higher among women who are illiterate or have lower level of education than it is among women who have better education. Women who have better education make right and informed choices concerning their reproductive health and are able to contribute to the education of their own children. However, the gender inequality in the communities deny women equal access to education and disempower women in decision-making. Consequently, most women in such communities are regarded as inferior to men. As a result, such women cannot make their own decisions with regard to their reproductive health and sometimes cannot even seek medical attention even when they are in labour.

In addition, family planning issues are regarded as women's issues since women are the ones who get pregnant and give birth, thus male involvement is very low. In addition, the myths and misconceptions associated with the modern family planning methods contribute to the low usage of the modern family planning methods. This results in frequent pregnancies and childbirth that put women at risk of maternal complications. Besides, patriarchal systems that regard women as inferior to men deny women equal access to education and do not allow them to make decisions on their own even when they need to seek medical attention. The political factors include the health delivery systems, distances to the health facilities and civil strife in some countries and these more prevalent where there is no political will to issues of maternal health.

[82] See section 2.7 on Maternal health within the health, gender and development.
[83] See the footnote 4 Chapter 1 section 4 on Literature Review.

Global initiatives such as International Conference on Population and Development (ICPD) and Safe Motherhood Initiative (SMI) had brought to the limelight issues of sexual and reproductive health as developmental issues. The Millennium Development Goals (MDGs) and the Sustainable Development Goals (SDGs) increased the awareness of issues of maternal health by including a stand-alone development goal on maternal health in the MDGs. This helped the governments, funding agencies and non-governmental organisations to take initiatives to help reduce maternal mortality ratio in different countries. The fact that in the Sustainable Development Goals, one of the targets of the Sustainable Development Goal 3 is to reduce maternal mortality ratio to less than 70 per 100,000 live births by 2030, will continue to assist governments and other stakeholders to put in place strategies that will help reduce maternal mortality by 2030.

It was found that maternal health is a gender and development issue. It is a gender issue because it mirrors the inequalities between women and men in the communities and societies in terms of access to education and resources. Maternal health reveals the subordinate position of women in society, where a boy child is preferred over the girl child and a girl child can be married off to settle debts parents have. Moreover, maternal health is a developmental issue for it mirrors the disparities between the development countries and the underdeveloped and developing countries, between the educated and the uneducated, between the urban and rural women. It is a developmental issue since women who give births frequently cannot contribute to the development of their families and communities. Deaths of mothers are a hindrance to development since their surviving children may not be well cared for and chances for them to go to school become very slim.

It was also found that **FBOs play a crucial role in the health sector in Malawi and through the Christian Health Association of Malawi (CHAM), the churches in Malawi are contributing to the health sector.** The churches in Malawi are contributing to the reduction maternal mortality through the services the mission hospital provides to the communities especially in the remote areas where the government is unable to reach such places. The collaboration and networking of the government and the churches through CHAM in the health sector is crucial with regards to sexual and reproductive as well as maternal health. In addition, religious leaders are influential in the communities and societies and they can, therefore, assist in addressing issues of maternal health in the communities they are serving.

In addition to the above findings, it was further found that **the political will to address the health of its citizen by any government is crucial in addressing issues of maternal health.** Governments can promote maternal health through improving infrastructures such as roads and health facilities; improve on health delivery services by empowering and motivating health workers to work even in remote areas and empowering the communities to take an active role in issues of maternal health. In Malawi, the political will through the Presidential Initiative on Safe Motherhood has assisted to reduce MMR.

The Synod of Livingstonia as a denomination is making a significant contribution to the education of girls. This it does by providing secondary school education and providing school fees to the needy girls in the synod secondary schools through Mamie Martin Fund. Apart from the education sector, the Synod is also contributing to the health sector in Malawi through its hospitals. **The Synod tries to promote the issue of gender equality by giving access to education to women as well as through ordination of women as ministers, elders and deacons, however, there much more to be done to reach gender equality.** Women ministers are very few compared to the men ministers. Nevertheless, the Synod is promoting issues of maternal health indirectly through the education of girls and through the projects such 'Keeping Girls in School' and 'Girls and Boys Empowerment'. **However, the Synod regards issues of maternal health as health and women's issues. For this regard, the health department of the Synod, through the hospitals, tackles maternal health. Nevertheless, the areas where the Synod hospitals do not operate, the communities do not have access to these services.**

6.4 RECOMMENDATIONS

The study presents the following recommendations based on the findings of this study. It is hoped that the recommendations would assist the church in Malawi, and more especially the Synod of Livingstonia, to work towards reducing maternal mortality ratio in Malawi if we are to achieve sustainable development.

- **The Synod should enhance the biblical teaching and understanding of God's purpose of creation and equality of men and women in creation.** This could be achieved through contextual bible reading. The bible studies that are prepared at the Synod level for the women's, men's and youth guilds should be contextual bible studies

that would help members understand that men and women are created equal and that equality does not mean sameness.

- **The Synod of Livingstonia, through its organisational structure that starts from the grassroots in the Prayer Houses that are present in most communities in Northern Malawi, should increase awareness that maternal health is not a women's issue**. As noted in this study, maternal health is a socio-cultural and developmental issue that needs to be addressed by all people in the communities. In the local congregations, forums such as women's guild and men's guild may assist by bringing issues of maternal health in their programmes and bringing awareness of the dangers that women face if they do not get medical attention in good time.
- **The Synod, through its radio station, should have programmes that sensitise the communities on issues of maternal health, the dangers of child marriages and teenage pregnancies and the importance of pregnant women attending antenatal clinics and seeking medical attention in good time.** The involvement of the clergy in the programmes would even possibly have a greater impact on the communities as church leaders are often community leaders and radio is one of the most effective tools to reach the masses with messages.
- **The Synod in collaboration with other churches through the Malawi Council of Churches should lobby the government of Malawi to change marriage age from 16 years with the consent of the parents as stipulated in the Constitution of Malawi to 21 years as was suggested by the Law Commission.** This will assist in prosecuting older men who marry young girls or parents who marry off their young daughters and may reduce the occurrences of child marriages in Malawi.
- **The Synod needs to continue teaching against the harmful cultural practices and traditions that perpetuate the subordinate position of women in society.** Parents and children need to be oriented on the dangers of child marriages and teenage pregnancies.
- The Synod, through the local congregations, needs to orient parents with regard to the value of education especially for the girl child, and the need to encourage teen mothers to go back to school.
- In the local congregations, couples need to be oriented on the importance of both partners' involvement in family planning as to avoid unintended pregnancies and unsafe abortions. The local congregations may do this through family life seminars.

- The guilds could make use of the training manual that was developed for women's guild that addresses the issue of harmful cultural practices.
- The Synod should integrate socio-cultural issues in the theological training using the African women's theological framework and the feminine images of God to address issues that affect women.

6.5 SUGGESTIONS FOR FUTURE RESEARCH

This study has attempted to indicate that maternal health is a gender, development, and theological issue and challenges the church to take a leading role in addressing maternal health issues.

- In future, an in-depth empirical study with regard to the intersection of gender, health and theology may investigate the topic of sexual and reproductive health further, in order to fill the gaps this study has left.
- Since this study has only focused on the CCAP Synod of Livingstonia, further research could focus on the church in Malawi in general through the Malawi Council of Churches.
- African women theologians could take on board issues of maternal health in their research and writings as they have done with issues of HIV and AIDS and women's health in general.

6.6 CONCLUSION

In conclusion, this chapter has summarised the five chapters and highlighted the findings of this study, that is, the developmental and theological analysis in an attempt to answer the research question. In the discussion, it was noted that the socio-cultural factors contribute to maternal mortality and that maternal health is not only a public health challenge but also it is a gender, development, and theological challenge. Thus, the Synod of Livingstonia is assisting on issues of maternal health but the Synod needs to do more in addressing maternal health if Malawi will achieve that target of reducing maternal mortality ratio to less than 70 per 100,000 by 2030.

The chapter has offered recommendations for the Synod to consider in order to address maternal health. The recommendations include the fact that the synod, through the ecumenical body, should lobby the government to adopt 21 years as marriage age. In addition, the Synod

should continue teaching against harmful cultural practices and traditions that deny women and girls their rights and dignity. Also, through its organisational structure and the radio, the Synod should bring more awareness on issues of maternal health and ways that could assist to reduce maternal mortality.

Although maternal mortality ratio is still high in Malawi, collaboration by the churches, FBOs, NGOs and the government in their efforts to reduce it can assist in reducing maternal mortality.

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