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Desafios e Perspetivas

بعث أفريقيا الغد في سياق التحولات المعولمة :

رهانات و آفاق

Self-help women organizations in Guinea Bissau: analysing economic and social impacts

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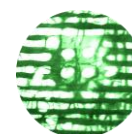


Abstract

The main goal of this text is to enlighten the role of self-help women organizations in Guinea Bissau, emphasizing on the access of women and their families to health care. The economic instability caused by the economic liberalization process contributed to the increase of poverty and the reinforcement of the gender inequality in Guinea Bissau. The liberalization process was conducted in an uncontrolled way, without the State's development of public policies capable to protect the human resources involved in this process, being the women the most affected. Inequality of opportunities, social inequality and discrimination against women undertake the development of the whole social, due to the women's weight at all social levels. To Iman (1997)¹ the study of women in general and African women in particular has contributed to broaden and deepen the knowledge about African realities. A more detailed knowledge of health care options for women and their choices in this sector is essential for the implementation of an effective health strategy coordinating both public health planning and the heterogeneous non-public sector.

Deriving from the collected depositions in Guinea Bissau, the purpose of this article is, in the context of the economic liberalization process, to find an interpretation of the behaviours and survival strategies development by the women in the *Mandjuandadi* groups (leisure groups) and Abota groups (savings groups) to facilitate their access and their family access to the health services. As well as the aforementioned purpose, this text also intends to analyse these groups as a social and resilient space. The Abota, formed and managed by the women themselves, has revealed to be one of the most significant methods of mutual aid. These groups operate as an informal instrument of social protection, since the savings made by the group are regularly used to pay for domestic expenses, when they are unable to work due to medical reasons. It can also be used to buy medicines, pay for doctor's consultations, and meet the expenses of children's school tuitions and school gear. The Mandjuandadi groups are originally formed under the colonial rule as a form to resist to the cultural politics of the Portuguese. These groups was a free space to continue to sing, dance and play according to the Guinean manner (Semedo, 2010). We argue the practices utilized by the women in that groups are the principal way to guarantee their and their family access to the health services.

¹ Iman, Ayesha (1997), "Engendering African Social Sciences: An Introductory Essay", In Ayesha Iman, Amina Mama, e Fatou Sow (orgs.), *Engenderin African Social Sciences*, Dakar, CODESRIA



Introduction

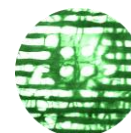
This investigation was developed under the project: Gender and Therapeutic Pluralism: women access to the private health sector in Africa². The main goal of this project is to enlighten the role of the private health sector in selected African countries emphasizing on the access of women to health care. The project considers that women are the more sensible sector of the population to the international macro-economic decisions that lead to the development of the private health sector in countries dependent of external aid. A more detailed knowledge of health care options for women and their choices in this sector is essential for the implementation of an effective health strategy coordinating both public health planning and the heterogeneous private sector.

The public health sector in Africa refers to a heterogeneous field of operation that comprises the action of non-profit organizations such as NGOs and associations, and profit institutions that stand from private clinics and medicine sellers to traditional therapists. This sector has been developing in West and Sub-Saharan Africa, both on the aftermath of the local governments progressive abandon of the public health programs following the directions of the Structural Adjustment Plans of the late eighties and nineties. It is estimated that more than a half of the health investment in the continent comes from the non-public sector, even if there are strong disparities between the different African countries.

The gender difference in access to health services and the fragility of women and children facing economic adversity and social change has long been recognized by the World Health Organization - WHO. Inequality of opportunities, social inequality and discrimination against women undertake the development of all social, due to the weight of women at all social levels. To IMAN (1997, 6-7) the study of women in general and African women in particular has contributed to breadth and depth of knowledge and theorizing of African realities. Therefore this project proposes the gender category as the primary lens of analysis of social phenomena.

The Structural adjustment's impact on women differs from its effect on men, as the men are more often remunerated and women have to ensure the household survival. Also, women vulnerability is increasing under privatization of health care services. The project is focused in three Lusophone countries (Guinea Bissau, Angola and Mozambique) and with a broader comparison track done in one francophone countries (Mali). The initial idea was also

² (CEA/FCT,2010-2012, PTDC/AFR/108615/2008)





consider Togo and Uganda but it fails for a lot of reasons. One of the project aims was to overpass the usual confinement of research to a linguist defined limit and to encourage a comparison that is based in the African regional differences rather than linguistics.

The project recognizes that the case study of the three Lusophone countries is completely different in themselves. Another goal of the project was to frame and encourage the research of young scholars in a field of a major social interest. As such the project integrates 7 PhD candidates that would develop their PhD thesis within this field, with the support of senior researchers.

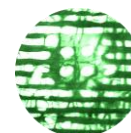
The investigation in Guinea-Bissau

The purpose was, deriving from the collected depositions, to find an interpretation of the behaviours and survival strategies development by the women in the “Mandjuandadi groups” and in the “Abota groups”.

Guinea Bissau has been for a long time depending on external aid (more than 50% of State Budget). The economy is also strongly dependence of cashew nuts (more than 50%). The country has a history of political instability that conducted to the partial failure of the public health sector created in the aftermath of independence. As a consequence, Guinea Bissau is a country with a defective public health sector, dependent on the private sector, both on the work of CSO (civil society organizations), private distributors of medicines and traditional therapist. Unfortunately is still common to find lots of infra-structural problems, such as: difficult in obtain electricity, water and gas. For example, according to the National Institute of Statistics 65,7% of the households uses candle as the principal source of energy, 2,6% uses electricity (INE, 2011).

The investigation also intended to understand the structure and the organization of these groups as a Social space of creation of social capital. In the context of the absence or fragilities in the health services provides by Guinea-Bissau government the adopted methodology considers, in a secondary way, projects developed by NGOs.

The text has primarily made use of to a qualitative approach, supplemented with quantitative records. According to this project’s guidelines, the work started in Lisbon, with a revision of available bibliography concerning this theme. It was used as instruments



of investigation in Guinea-Bissau (from April to June 2011) the collection of data, direct observation, semi-structured inquiries and life stories narratives. The sampling group was intentionally chosen, and we use snow ball technique. The main social actors considered were women's groups in Bissau and in the south part of the country (Buba, Tite, Falacunda, Tabanca de Kã, Tabanca de Cão de Baixo).

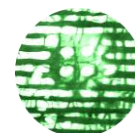
It is important to emphasize that there are strong differences between Bissau (the Capital) and the south region – Bissau are much more urbanized and they concentrate most of the commercial and governmental activity. In the south part of the country it is difficult to have access to health treatments are bigger, and in the most complex cases the patient is sent to Bissau.

Self-help groups

There is relatively common the use of self-help strategies in the developing countries all over the world. These survival practices were generated by groups in the tentative to overcome the absence of state social protection or in the course of drastic social and economic changes wrought as a result of the liberalization of the economy. Recognising that economic theory would not be sufficient to understand the role of women in the informal sector, this text has relied upon the contributions of women's studies, and the sociology of gender.

According to Afonso (2011) the field work that formed part of the study evidences that the liberalization process, which was carried out under an apparently rational economics, in fact supplied the ideological justification for the significant abandonment of African State's responsibility to social welfare. The liberalization process was conducted in an uncontrolled way (Olukoshi, 2000), without the State's development of public policies capable to protect the human resources involved in this process, being the women the most affected. Therefore, in the cities, with no opportunities in the formal market, the majority of the women turned to the informal markets, where, in general, there are no adequate work conditions.

This process, produced transformations not just in the productive sphere, but also in the woman's social role; requiring of women a larger dedication to activities of social reproduction, consequently resulting in a decrease in time available for activities of economic production. In the context of the liberalization process, it was via the informal sector that the women found a route for survival, both their own and that of their families. However, this sector has been marked by a sexual division of the work. As a matter of



course in this economy, men and women undertake differentiated activities, in ways that perpetuates the sexual division of work in the home.

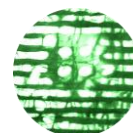
These women, especially in the rural areas, have been able to survive thanks to their own initiatives, and those of the mutual aid systems. It was abundantly evident in the course of this research that the leisure activities are also a space of creation of social capital. This work has analysed the *Abota* groups and the Mandjuandadi groups as mutual aid mechanisms. The practices utilized by the women in these groups are also the principal way to guarantee their and their family access to the health services.

Abota is a saving group similar to others in the African space, such as kixikila groups in Angola, Xitique groups in Mozambique or Toto-caixa groups in Cape Verde. Formed and managed by the women themselves, this mechanism has revealed to be one of the most significant methods of mutual aid. The commitment to the group “compels” them to put aside a determinate amount, which would be otherwise spent in everyday expenditures. For these women regular financial institutions seems inaccessible for quite a few reasons:

- They doesn’t have valuable assets, which may be offered to these institutions as a guarantee of credit;
- They don’t have enough information about the existence and purpose of the credit programs from financial institutions outside of their communities;
- Some of these women do not possess official documents to give them affordance to the formal sector
- Some of them cannot read or fill the necessary documentation to ask for a loan.

In a previously investigation in Angola regarding the savings groups, some of the interviewers appointed “the fear of assuming an obligation to financial institutions” as another reason to get bank credit. This information does not appear in the Guinea-Bissau field research.

Abota groups constitute an alternative to formal credit, and operate based on two complementary justifications, financial and collaboration. The order of reception of funds can be modified any time by the beneficiaries. They decide, at any given moment, if someone else has a more pressing need for money. It does not perform as a loan, there isn’t any interest to be repaid nor any others taxes or expenses. It is important to underline that any change made in the sequence for receiving money is not compulsory and must be



approved by the group. Another type of assistance provided by the *Abota* is the members assistance to help some other member who is passing by a hard period to paying his part. However, if any member is incapable of making all repayments until the end of the cycle, she/he will be excluded from the group.

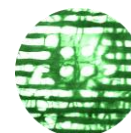
The *Abota* operates as an informal instrument of social protection, since the savings made by the group are regularly used to pay for domestic expenses, when they are unable to work due to medical reasons. It can also be used to buy medicines, pay for doctor's consultations, and meet the expenses of children's school tuitions and school gear.

The Mandjuandadi groups

"Mandjuandadi is very nice, playing (as a child) if you are under stress, the Play will take out all the stress". Those are the words of the Queen of Mandjuandadi group named Thossan. Mainly women form these groups; most of them are the same age. The main purpose of the reunion is to get together, to sing, to dance and to play instruments. According to Semedo (2010:38) these groups are originally formed under the colonial rule as a form to resist to the cultural politics of the Portuguese – These groups was a free space to continue to sing, dance and play according to the Guinean manner. The songs also express the familiar and social tension.

In the field researcher we contact several Mandjuandadi groups (the number of members varies between 20 and 60). We contact groups with members from different neighbourhoods and even, with members in different cities and Countries. The women play different roles in the groups (they sing, dance, play instruments). Men assume specific roles (most of them plays drums). The hierarchy structure in the groups is very strong, with different titles and status. In general, the main figures are: the queen – the groups' founder or the older one; The king – Chosen between the members of the group; The Mother – The older one, responsible for listen the problems of the members and give advisers. She also, with the queen, is responsible to think about the problems of the groups. The groups count with others characters such as the Godmother, the Godfather, the accountant. The groups are open to receive new members. The candidates should prove themselves trustful. The process also involves leisure activities in a reunion hosted by the candidate in their home.

All the groups charge their members. Usually the member must pay the contribution during the meetings. The tax is small (50/100 CFA per week) but important to the group survival. The groups use the tax money to buy the uniforms, pay for transportations to events and support the members and their families to overcome health problems. All the groups inform that they not received any kind of support for any NGOs or for the government. Some

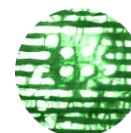


groups try to increase the funds playing in events. The most usual is the “toca-choro” (funerals) or during the political campaigns.

This text is still a work in progress. The project is in final stage, analysing and systematizing the collected data. As was previously indicated, the main purpose of this investigation was enlighten the role of self-help women organizations, emphasizing on the access of women and their families to health care. Each group developed their own strategies to support their members. In general, they informed:

- Regular visits to the hospitalized members. As the hospitals in Guinea Bissau do not provide alimentation to the patients, this visits are vital hospitalize person.
- In case of birth they support with several products that could be used or traded (such as baby oil, diapers, soaps, cloths)
- In case of death in the family of the member, they adopt a traditional practice named “dinheiro de vela” or candle Money. The money is in general used to the funeral expenses.
- As pointed before, in some groups, are usual to collect Money between the members to support in case of sickness of a member or a familiar (about 150 CFA for each member). The other possibility is getting a loan with the group accountant. In this case, the member is charged with interests, there is a conjugation of the financial logic with the trust logic.

Inequality of opportunities, social inequality and discrimination against women undertake the development of the whole social environment; due to the women’s weight at social and economic levels. Due to the weakness in the economic area, the provision of health services is not a priority for the Guinean government. The participation in the groups is an important mechanism for building social cohesion and overcoming the lack of state social services. In the case of Mandjandadis, although the main objective of the participation is to create a recreational space, given the weakness of the health system and the low capacity of the state to support costs, belonging to this group is critical to have access to health services for members and their families.





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