A CALL TO PRAYER AND SELF-DENIAL 2017
MATERNAL AND CHILD HEALTH

By Donna Akuamoah
Preparation

Prayerfully read through this program, thinking about what the women of your group need to know to have a better relationship with God and participate in God's mission, as well as ways to make this time together meaningful for everyone attending the gathering.

BEFORE THE PROGRAM

Request that all participants read Exodus 1:6–2:10 before the program.

MATERIALS

Gather the following items to use during the program:

• Make one copy of the article “Days for Girls . . . Sewn with Love” in this program.
• Make two copies of the article “From Sanitary Pads to Gender Parity” found in the Appendix.
• Notepad and pen to jot down action ideas from the group.
• United Methodist Women Bible.

PARTICIPANTS

Before the meeting ask individual women to help with the following roles:

• Summarize Exodus 1:6–2:10 for the group.
• Lead the Bible reflection.
• Lead the Read and Learn section (two readers).
• Read the Call to Action/Commitment section (two additional readers).

ROOM SETUP

Sit in a circle or semicircle if possible to make it more comfortable for participants to engage and interact with each other.
Opening

PRAYER

Loving God who created men and women, who came that all may have life and have it abundantly. Please give us courage to stand up for the health needs of women and children around the world who are often the most vulnerable people in societies. Help us create a safe space for women and children in our communities. Give us endurance to follow through on our action plans. Amen.

Bible Study and Reflection

Ask a participant to summarize the scripture reading, then read the biblical reflection aloud.

SUMMARIZE EXODUS 1:6–2:10

In 2017, the offering received from the Call to Prayer and Self-Denial will support partners that provide programs and advocate for the health of mothers and their children. Programs may include prenatal and postpartum care, mental health, family planning, cancer screening and access to feminine hygiene products. Let us read and reflect on the following true stories of women who lack health services today:

Jane*, 33, is a pregnant undocumented immigrant living in Sweden with her husband and two children. They moved from their home country Morocco a year ago because of economic hardship. They traveled to Sweden on a visitor's visa, which has since expired. Neither Jane nor her husband speaks Swedish. They rent the living room of an apartment where they live in cramped conditions. Their landlord is always threatening to throw them out for late payment of rent, which further stresses Jane. She has never been to a hospital in Sweden for fear of being deported. At eight months pregnant, she begins to experience shortness of breath and severe headaches. Her husband takes her to the doctor who tells her she has high blood pressure. The doctor gives her medication and安排s a follow-up. On the way home, Jane collapses at the train station. Her husband dials the police for help but the language barrier makes it difficult to communicate. An onlooker explains the situation to the police on the phone. By the time the police arrive, Jane is dead. They rush her body to the hospital to try and save the baby, who is losing oxygen rapidly. The baby is born with severe brain damage and dies a few hours later.

Jane’s mother is also an undocumented immigrant, but in the United States. She came on a visitor's visa and overstayed to work and support two of Jane’s siblings, who are in college in Morocco. She is devastated by her daughter’s death, but she is unable to attend the funeral in Sweden. If she leaves the United States, she will be permanently barred from returning.
In Exodus Chapter 1, a new king arises who spreads fear of foreigners in Egypt. He warns that Israelites are multiplying and can harm locals. He is aware that the fastest way to control their population is to target mothers and children, so he requires midwives to kill all Israelite newborn sons. Moses’ mother, an Israelite, gives birth. We do not know if she obtained health care for her birth. When she can no longer hide her son, she sets him afloat on a river. Pharaoh’s daughter finds Moses and shows compassion. She inadvertently hires Moses’ mother as a wet nurse. She pays wages to Moses’ mother, helping both mother and baby to thrive.

Jane’s situation was no different from Moses’ mother. They both lived in countries where immigration restrictions made it hard to survive. They both feared health services due to distrust of authorities. Unlike Moses’ story, Jane and her baby did not survive. Moses’ story happened almost 4,000 years ago; Jane and her baby died in 2015.

*Name and identifying information have been changed.

REFLECT

Discuss the following as a group:

- There are more than 11 million undocumented immigrants in the United States today. Many are pregnant women/mothers without health care. How can United Methodist Women find and support such women?
- How does God call us to react to government policies that harm mothers and children?

Read and Learn

Reader 1: Some of you may remember your first period. The first time you woke to find a bloodstain on your bed or saw blood in your pants. How did you obtain your first sanitary pad? Did a parent buy one for you? Imagine how different your life would be if you didn’t have access to sanitary pads. Would you be able to go to school? Would you be able to earn an income? Did you know that millions of girls around the world miss up to two months of school each year or drop out because they can’t afford or access sanitary pads? In the absence of these hygiene products, some girls use unsanitary items such as tree bark, soil and cow dung, leading to indignities, infection and even exploitation.

Let’s read the story of extreme measures one young girl in Kenya took during her period to avoid missing school in this story, “From Sanitary Pads to Gender Parity,” found in the Appendix.

Reader 1: Reads up to the subhead “Missing Link.”
Reader 2: Reads the remainder of the story.
A Story of Our Work

Days for Girls changes lives by providing handmade feminine hygiene products.

SHARE AND RESPOND TO THE STORY

Days for Girls . . . Sewn with Love


The United Methodist Women of Epworth United Methodist Church in Durham, North Carolina, joined Days for Girls, an international project that believes that the poverty cycle can be broken when girls stay in school. It is estimated that a girl can miss up to two months of school a year due to a lack of quality sustainable feminine hygiene supplies. Girls who stay in school are less likely to marry early or to die in childbirth; they are more likely to train or educate their families.

Every girl in the world deserves an education, safety and dignity. Days for Girls furthers this goal by helping girls who would otherwise go without access to quality sustainable feminine hygiene and awareness. What if a girl, without access to sanitary supplies, would not go to school or work, and would go days without leaving the house? The mission of this local United Methodist Women project is to create a more dignified, free and educated world through access to feminine hygiene products.

We meet every two weeks to sew kits that contain high-quality shields that are effective and useful for girls. Every washable feminine hygiene kit gives back up to six months of dignified living in three years of use based on five lost school days a month. That is 180 days of education, health safety and dignity. These kits change a girl’s life in so many ways. Time goes into making every kit and quality matters! If they are not made well they will not work well nor last.

When completed in February 2016, we will have at least 50 kits for distribution in the rural mountain villages of Delatte, Fond Doux and Planton, Haiti. This adds up to life-changing days for girls and women. Directions for the kits can be found at www.daysforgirls.org.

RESPOND TO THE STORY

After listening to the article, spend five minutes discussing reactions to the reading in small groups of two or three people.

- Did you learn anything new?
- Could there be girls in the United States who miss school or work because they cannot afford sanitary pads?
- Did you know some prisons in the United States don’t provide free sanitary pads? Research these policies when you have the time.
Call to Action/Commitment

**Reader 3:** Each year, nearly a quarter of a million women die worldwide from preventable causes related to pregnancy and childbirth. Some 19,000 children die every day from treatable diseases such as diarrhea and tuberculosis. The Millennium Development Goals (MDG) related to women and children’s health saw the least progress in the last 15 years.

Health care for women and children has been at the heart of United Methodist Women since the organization was founded in the 1800s. Our foremothers made the choice to act to save women’s lives. They chose to build hospitals and clinics, to train women and girls to serve as doctors and nurses and to send missionaries to initiate the work.

Today, United Methodist Women continues to support the health and family needs of women and children around the globe. Despite these efforts, maternal and child mortality remains a significant global challenge. Maternal and child health is a mission priority for 2016–2019.

In 2017, the Call to Prayer and Self-Denial offering will support partners that offer programs and advocate for the health of mothers and their children. Programs may include but are not limited to:

- Prenatal and postpartum care.
- Reproductive health: family planning, cancer screening, healthy childbirth classes.
- Access to health care.
- Educational opportunities in medical fields.
- Child protection.
- Crisis ministries for women who are victims of violence at home or during periods of war and conflicts.
- Advocacy for equity in law and services for women and children.
- Informal educational workshops on healthy living for teens at risk, lactating mothers who are HIV-positive, mothers who need information on nutrition, and basic health, hygiene and disease prevention.
- Trauma and mental health counseling.
- Advocacy and education around the impact of the environment on maternal and child health.

We have read true stories of women and girls who find it hard to meet their reproductive health needs. Let us remember the women and children who cannot access health today because of gender, nationality, economic conditions, cultural norms or government policies.
If you have time during your program, consider one of the following options:

1. Help sew washable feminine hygiene kits: Days for Girls is an award-winning nonprofit that sews washable sanitary pads and assembles hygiene kits for girls in more than 85 countries. You can help sew, assemble or distribute kits. Learn more at daysforgirls.org or contact dakuamoah@unitedmethodistwomen.org for more information.
   Pass around the article “Days for Girls . . . Sewn with Love” to provide more information.

2. Partner with a National Mission Institution/community organization: Invade a speaker from a National Mission Institution or a local organization to find out how you can support maternal and child health needs, with a focus on high-priority zip codes. To find your nearest organization visit: www.unitedmethodistwomen.org/donate/national-mission-institutions/listing.

Offering
Let us bring our offerings to the altar.

Reader 4: The Call to Prayer and Self-Denial is an annual observance during which members and friends reflect on the gospel of Christ, pray together and make an offering to mission with women, children and youth in response to God’s love and grace.

In 2017, the offering for the Call to Prayer and Self-Denial observance will fund programs and partners that support women and children’s health. You can also go to www.unitedmethodistwomen.org to give.

One hundred percent of the offering will go directly to partners engaged in programs and advocacy to benefit women and children.

Closing Prayer
O God, the giver of life for all. We come to you with a fresh understanding of women and children who are suffering because of lack of support for their health and well-being. There are some who are denied health care; there are others who are far away from help. But we know that no one is outside your reach for an abundant life and wholeness. Thank you for challenging us and giving us the opportunity to participate in your work in the world. May our offering, given sacrificially in your name, bring health to mothers and children around the globe.

We pray in Christ’s name. Amen.

Donna Akuamaoh is United Methodist Women’s international ministry executive for maternal and child health.
From Sanitary Pads to Gender Parity

It is the small details in life that allow or impede girls from reaching their full potential.

By Dr. Joachim Osur from *Daily Nation*, January 3, 2014.
Used with permission.

The whole of the genital area was red and swollen, and looked indicative of a neglected wound that was older than 24 hours. The girl was screaming in pain. “I did not know that the hot ash could do this. I am dying, please help me,” she wailed.

This happened in my village. I had gone to take a break from the hullabaloo of city life. My neighbors learned that I was around and, as is the norm, came to seek medical advice. The girl was brought in on a homemade stretcher. She had severe pain in her genital area and couldn’t walk. I took her and her mother to a private room and examined her.

“My daughter likes school,” the mother started. “Unfortunately, she has to miss classes each month for up to four days when she has her monthly periods.”

**EXTREME MEASURE**

She explained that she was a widow with six children to feed. She found it impossible to buy sanitary pads for her daughter every month. It was a struggle buying one meal for the family each day; buying sanitary pads was just out of the question. The only solution was to have the girl stay home every month until the bleeding was over.

“I use soil or cow dung to clean off the blood,” the girl explained. “I find it hard using them in school and so most months I just stay home until the bleeding is over.”

This time round, she had been worried because examinations were coming in a few days and she was afraid she was going to miss them. Her friends advised her to use hot ash to dry off the blood faster. She collected hot ash from the jiko, lay on her back and poured it all over her vaginal area. The area swelled immediately. It had been two days since and it was getting worse.

“I think the mistake I made was to use very hot ash. I will be more careful next time,’ she said remorsefully.
“There are organizations that have been giving pads to school girls, have they not reached your school?” I asked. Her mother looked me straight in the eye, a tear dropping down her cheek. It looked like something had pierced her heart. Perhaps my question was a little too harsh.

“They gave her a pack of pads three months ago, but she has no panty and so cannot use them.” Oops! I always assumed that most girls could afford panties but not sanitary pads. So here we were.

There was need to clean the affected area and give a painkiller and give antibiotics. The girl could not walk and it was important to take her in hospital for good care. This was despite the fact that her mother was a poor widow, the hospital was more than 50 kilometers away, and even if she was to reach there, she would be required to pay some money before being treated.

MISSING LINK

I was reminded of the hype around gender parity in Kenya and the affirmative action requiring that at least a third of employees in an organization be of either gender. I wondered if there was a missing link in all this. Was it not the small things in life, such as lack of panties and pads, which really determined if a girl would spend time in school and concentrate on her studies and compete equally with boys? Boys were busy preparing for exams and here we were, this girl suffering consequences of the natural processes of being female.

I offered to drive her to hospital. “And will you kindly bring her back?” requested her mother. “I cannot afford her transport back from there.”

The girl spent two weeks in the hospital. Her wound needed frequent cleaning for the infection to clear and for healing to happen. She was also put on intravenous antibiotics and painkillers. As promised, I went back to hospital to pick her up and take her back to the village.

“Thank you for the help, sir, I will not repeat the mistake,” she said. “I have missed exams though and they may not allow me to proceed to the next class.”

As I paid her hospital bill, I wondered if this was the beginning rather than the end of this girl’s problems. Because of natural physiological makeup and processes, girls require special attention yet communities like those from my village do not seem to realize this. This puts them at a permanent disadvantage in life. I bought her a set of panties and pads and asked the nurse to demonstrate to her how to use them. How I wished that affirmative action would start at primary school level to ensure equal opportunities for both girls and boys.