

Women, Children, Health & Religion

A Bibliographical Sampler

This bibliography provides a brief selection of recent research on maternal-child health as it may be useful to professionals in faith-based settings who are working in the areas related to gender disparities, poverty, and social justice. Occasional annotations within the list were prepared mindful of its potential use by professionals whose work bridges health and religion, such as, for example, in family and pastoral counseling, faith-based health activism, and the study of religion as it relates to health and gender disparities.

For additional resources that connect religion and health, visit:

<https://ptochotrophia.wordpress.com/teaching-tools-2/select-readings/>
<https://ptochotrophia.wordpress.com/jottings/>
<http://www.povertystudies.org/Syllabi.htm>

Agency for Healthcare Research and Quality (AHRQ). *Chartbook on Women's Health Care: National Healthcare Quality and Disparities Report*. Washington, DC: U.S. Dept. of Health & Human Services, 2014. Download links and additional information and resources at <http://www.ahrq.gov/research/findings/nhqrd/2014chartbooks/womenhealth/index.html>.

Alkema L. et al. "Global, regional, and National Levels and Trends in Maternal Mortality Between 1990 and 2015, with Scenario-Based Projections to 2030: A Systematic Analysis by the UN Maternal Mortality Estimation Inter-Agency Group. *The Lancet* 387/10017 (Jan. 30, 2016): 462-75. doi: 10.1016/S0140-6736(15)00838-7. For the longer report this article refers to, see: *Trends in Maternal Mortality: 1990 to 2015: Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division*. Geneva: World Health Organization, 2015. http://apps.who.int/iris/bitstream/10665/194254/1/9789241565141_eng.pdf.

Of note: The Sustainable Development Goal (SDG) for 2030 aims for a global maternal mortality rate below 70 women per 100,000 women; Current rates in central and sub-Saharan Africa range around 500-999/100,000. To view all global MMR rates see online: <http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/>.

Almendreaia, A., "The US is the Only Developed Nation with a Rising Maternal Mortality Rate," *Huffington Post*, May 19, 2014. http://www.huffingtonpost.com/2014/05/19/us-maternal-mortality-rate_n_5340648.html. Note this quote within the article from T.R. Reid (author of *The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care*): "Thousands of times every month in the USA, women show up at an emergency room 9 months pregnant, 7 cm. dilated and they've never had a prenatal visit. These are the women and babies we lose after childbirth."

Barnes, Linda L. “New Geographies of Religion and Healing: States of the Field.” *Practical Matters* 2011 (4):1-82. <http://practicalmattersjournal.org/2011/03/01/new-geographies-of-religion-and-healing/>.

Berkley Center for Religion, Peace & World Affairs at Georgetown University: The Center has a project on “Women, Religion, and the Family,” with multiple links to relevant materials. Together with the World Faiths Development Dialogue, they are looking at issues such as marriage, women’s leadership in faith communities, sexual violence, and health issues. Learn more at <http://berkeleycenter.georgetown.edu/projects/women-religion-and-the-family>.

Bhutta Z.A. et al., “Can Available Interventions End Preventable Deaths in Mothers, Newborn Babies, and Stillbirths, and at What Cost?” paper 3 in “Every Newborn” series, *The Lancet* 2014 (384):347-70; [http://dx.doi.org/10.1016/S0140-6736\(14\)60792-3](http://dx.doi.org/10.1016/S0140-6736(14)60792-3). Learn more about the series at <http://www.thelancet.com/series/everynewborn>.

Caruso, B.A., et al., “Gender Disparities in Water, Sanitation, and Global Health” (letter to the editor), *The Lancet* 2015 (386/9994, August 15, 2015): 650-651. Brief (2-page) correspondence with linkable references.

Centers for Disease Control and Prevention (CDC). *CDC Health Disparities & Inequalities Report (CHDIR) – United States, 2013*. Atlanta: CDC, 2013. Download links and additional information and related resources at <http://www.cdc.gov/minorityhealth/chdireport.html>.

Coleman-Jensen A., et al. *Household Food Security in the United States in 2014*. Economic Research Report 194. Washington, DC: USDA, 2015. <http://www.ers.usda.gov/publications/err-economic-research-report/err194.aspx>.

Das, Veena, *Affliction: Health, Disease, Poverty*. New York: Fordham University Press, 2015. An anthropologist looks at people’s lives, attitudes, and practices in low-income neighborhoods in New Delhi. She discusses how suffering is assimilated within what people think is “normal,” absorbed into the everyday and how it shapes and scars lives. The research took place under the funding and auspices of the Institute for Socio-Economic Research in Development and Democracy (ISERDD); ISERDD does research on urban poverty and also offers medical and educational assistance to poor families in Delhi with a focus on issues of interest to the local community.

DeSalvo, Louise. *Writing as a Way of Healing: How Telling Our Stories Transforms Our Lives*. New York: HarperCollins, 1999. A creative writer and writing teacher tells stories from her own life and her writing classes to show how anyone can use writing as a way to heal the emotional and physical wounds that are an inevitable part of life. Writing should never be a substitute for medical care, and not all writing is healthy. The book includes practical techniques and valuable advice that can inspire and guide individuals and classes, whether we write in private or public.

Edin Kathryn J. and H. Luke Shaefer. *\$2.00 a Day: Living on Almost Nothing in America*. Boston: Houghton Mifflin, 2015. While this study applies to all very poor families across the US, the

brunt of poverty falls to women and children. Here are some of their stories. For a study on men's attitude toward their children in settings of extreme poverty in urban America, see Kathryn Edin and Timothy J. Nelson, *Doing the Best I Can: Fatherhood in the Inner City* (Berkeley: University of California Press, 2013). Edin is a sociologist at Johns Hopkins whose work on gender and urban poverty was profoundly shaped by her religious upbringing (see interview by Stephanie Mencimer, "What if Everything You Knew About Poverty Was Wrong?" *MotherJones*, March/April 2014, <http://www.motherjones.com/politics/2014/03/kathryn-edin-poverty-research-fatherhood>).

Gakidou E. et al. "Increased Educational Attainment and Its Effect on Child Mortality in 175 Countries Between 1970 and 2009: A Systematic Analysis," *The Lancet* 2010 (376):959-74. From page 969: "Globally about half the reduction in child mortality during the past four decades can be attributed to improvements in educational attainment in young women."

Gender and EFA 2000-2015: Achievements and Challenges: Gender Summary (Education for All [EFA] Global Monitoring Report 2015. UNESCO, EFA, and UN Girls' Education Initiative, 2015. <http://unesdoc.unesco.org/images/0023/002348/234809E.pdf>.

Gender and Food Security: Towards Gender-Just Food and Nutrition Security. Overview Report. Bridge 2014. Brighton (UK): Institute of Development Studies, 2014. <http://www.bridge.ids.ac.uk/bridge-publications/cutting-edge-packs/gender-and-food-security>.

Grantham-McGregor S. et al., "Developmental Potential in the First 5 Years for Children in Developing Countries," *The Lancet* 2007 (369): 60-70. "Poverty is associated with inadequate food, and poor sanitation and hygiene that lead to increased infections and stunting in children. Poverty is also associated with poor maternal education, increased maternal stress and depression, and inadequate stimulation in the home. Poor development on enrollment leads to poor school achievement, which is further exacerbated by inadequate schools and poor family support due to economic stress, and little knowledge and appreciation of the benefits of education." (p. 62)

Holman S., Shayegan L. (in collaboration with R. Cash, MD, MPH). "Toilets and sanitation at the Kumbh Mela," Boston: Harvard Global Health Institute, 2014. [Teaching case] While this case is not directly related to gender, it highlights water-sanitation issues at a religious festival that are key concerns for gender equity and global health. Free online download available at http://caseresources.hsph.harvard.edu/files/case/files/2013_kumbh_mela.pdf?m=1431018947.

Holman, S.R. *Beholden: Religion, Global Health, and Human Rights*. New York: Oxford University Press, 2015. Uses story to explore the difficult social—and global—connections between issues of faith, health, and human rights. Includes examples related specifically to women's health.

Holman, S.R. "Poverty and the Gendering of Empathy," Chapter 5 in *God Knows There's Need: Christian Responses to Poverty*. New York: Oxford University Press, 2009, pp. 91-115.

Idler, E., ed. *Religion as a Social Determinant of Public Health* (NY: Oxford University Press, 2014). Chapters that explicitly consider women's health include: Chapter 4 ("Veiling in Islam: A

Western Feminist Outsider's Perspective," by Kathryn M. Yount), Chapter 16 ("Anthony Comstock: A Religious Fundamentalist's Negative Impact on Reproductive Health," by Lynn Hogue and Carol Hogue), and Chapter 17 ("Religion and Reproductive Health," by Laurie M. Gaydos and Patricia Z. Page),

Interrogating the Silence: Religious Leaders' Attitudes Toward Sexual and Gender-Based Violence: Final Report, October 2015. Harvard Divinity School Science, Religion and Culture Program in collaboration with IMAWorldHealth and WeWillSpeakOut.US.

http://projects.iq.harvard.edu/files/srcp/files/rla-sgbv_final_report.pdf?m=1443440943. This report describes the results of a year-long qualitative study on religious leaders' understandings and responses to issues of sexual and gender-based violence.

Khan Y. and Z.A. Bhutto. "Nutritional Deficiencies in the Developing World: Current Status and Opportunities for Intervention." *Pediatric Clinics of North America* 57 (2010): 1409-1441.

Langer, A. et al. "Women and Health: The Key for Sustainable Development." Report of the Lancet Commission on Women and Health. *The Lancet* 386/9999 (June 5, 2015): 1165-1210. <http://www.thelancet.com/commissions/women-health-2015>.

LeVine R.A. et al. *Literacy and Mothering: How Women's Schooling Changes the Lives of the World's Children*. New York: Oxford University Press, 2012. See especially chapter 8, "Mothers as Pupils in Health Care Settings." Learn more about the book in a *Harvard Education Magazine* 2012 review by Lory Hough at <https://www.gse.harvard.edu/news/ed/12/09/illiteracy>.

Liu L. et al. "Global, regional, and national causes of child mortality: An Updated Systematic Analysis for 2010 with Time Trends Since 2000," *The Lancet* 379 (2012):2151-2161.

MacDorman Marian F. and T.J. Mathews. "Understanding Racial and Ethnic Disparities in U.S. Infant Mortality Rates." NCHS Data Brief 74; U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, September 2011. <http://www.cdc.gov/nchs/data/databriefs/db74.htm>.

"Maternal and Child Undernutrition" series. *The Lancet*, <http://www.thelancet.com/series/maternal-and-child-undernutrition>.

Murthy, Padmina and Clyde Lanford Smith, eds. *Women's Global Health and Human Rights*. Boston: Jones & Bartlett 2010. Substantial reader containing lots of short articles on a range of issues that affect women's health around the world.

Seager J. *Sex-Disaggregated Indicators for Water Assessment, Monitoring and Reporting*. Gender and Water Series Technical Paper; New York: United Nations World Water Assessment Programme, 2015. <http://unesdoc.unesco.org/images/0023/002340/234082e.pdf>.

Sen G. and Östlin P. "Gender Inequity in Health: Why It Exists and How We Can Change It," *Global Public Health* 3/S1 (2008): 1-12. A brief summary of key points in the authors' 2007 report,

published as a leading editorial in a special journal issue on gender inequity.
<http://www.ncbi.nlm.nih.gov/pubmed/19288339>.

Sen G. and Östlin P. for the Women and Gender Equity Knowledge Network, *Unequal Unfair, Ineffective and Inefficient: Gender Inequity in Health: Why It Exists and How We Can Change It*. Final Report to the WHO Commission on Social Determinants of Health, Geneva, September 2007.
http://www.who.int/social_determinants/resources/csdh_media/wgekn_final_report_07.pdf.

Survive, Thrive, Transform: The Global Strategy for Women's Children's, and Adolescents' Health (2016-2030) (New York: United Nations/Every Woman Every Child, 2015). <http://who.int/life-course/partners/global-strategy/globalstrategyreport2016-2030-lowres.pdf>. Full of colorful lists, statistics, and charts itemizing evidence-based interventions to improve maternal-child health throughout the life course, including those that enable the health system environment, multisector enablers, and health system policies and interventions.

Thomas, L., et al., *Let us Embrace: The Role & Significance of a Faith-Based Initiative in HIV and AIDS Work*. ARHAP Research Report: Masangane Case Study (Eastern Cape, South Africa). Cape Town: African Religious Health Assets Programme, research for the project funded by the Vesper Society, 2006. This was the inaugural research report of the African Religious Health Assets Programme. The report is an evaluation and assessment of a faith-based initiative that supported persons affected by HIV/AIDS in a very poor and remote area in South Africa just prior to/in the early days of anti-retroviral access. While the report does not explicitly focus on gender disparities, it is relevant here given its substantial details on: women in religious leadership and health care, maternal-child health issues in a resource-poor setting during the HIV/AIDS epidemic, and the fact that while funding access was aided by colleagues with global funding connections, the project itself was almost entirely conceived and carried out by the local community addressing needs specific to the local community. The report may be downloaded from the Academia.edu website of James Cochrane, Professor Emeritus of Religious Studies at the University of Cape Town, at https://www.academia.edu/665928/_Let_us_Embrace_The_Role_and_Significance_of_a_Faith-based_Initiative_in_HIV_and_AIDS_Work.

Thomas R. et al. "Assessing the Impact of a Human Rights-Based Approach Across a Spectrum of Change for Women's, Children's, and Adolescents' Health," *Health and Human Rights Journal* 17 (2015): 11-20. https://cdn2.sph.harvard.edu/wp-content/uploads/sites/13/2015/12/Thomas_17.2_Jan21.pdf. This article is one in a special December 2015 issue of *Health and Human Rights Journal* on the theme, "Evidence of the Impact of Human Rights-Based Approaches to Health."

Tomkins A. et al. "Controversies in Faith and Health Care," *The Lancet* 386/10005 (October 31, 2015): 1776-1785. DOI: [http://dx.doi.org/10.1016/S0140-6736\(15\)60252-5](http://dx.doi.org/10.1016/S0140-6736(15)60252-5).

This article is the second in a three-part *Lancet* series on "Faith-based Health-care," first published online on July 6 and 7, 2015. From the abstract: "Faith-linked controversies include family planning, child protection (especially child marriage, female genital mutilation, and immunisation), stigma and harm reduction, violence against women, sexual and reproductive

health and HIV, gender, end-of-life issues, and faith activities including prayer. Buddhism, Christianity, Hinduism, Islam, Judaism, and traditional beliefs have similarities and differences in their viewpoints. Improved understanding by health-care providers of the heterogeneity of viewpoints, both within and between faiths, and their effect on health care is important for clinical medicine, public-health programmes, and health-care policy. Increased appreciation in faith leaders of the effect of their teachings on health care is also crucial. This Series paper outlines some faith-related controversies, describes how they influence health-care provision and uptake, and identifies opportunities for research and increased interaction between faith leaders and health-care providers to improve health care.”

van der Kolk, Bessel, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. New York: Penguin Books, 2014.

In this book a psychiatrist uses modern neuroscience to show how trauma physically affects the body and how therapeutic and alternative treatments can help trauma victims gain control and rewire their brains to rebuild their lives. Not specifically about women’s health but includes many useful stories and examples, including tools for gaining self-awareness and mindfulness, including writing, theater, and the arts. The book, full of easy-to-read stories, is itself a work of art.

West, Keith P., Jr. “Protein-Energy Malnutrition (PEM) and Undernutrition: Causes, Consequences, Interactions and Global Trends,” Slide presentation, Johns Hopkins Bloomberg School of Public Health, 2006. <http://ocw.jhsph.edu/courses/InternationalNutrition/PDFs/Lecture2.pdf>.

Williams, Terry Tempest. *When Women were Birds: Fifty-Four Variations on Voice*. New York: Picador, 2012.

The author is an environmentalist, a feminist, and a Mormon. This book is a memoir of how she struggled with the silence and silencing of women in her religious tradition, through her mother’s empty journals and her own reflections on women’s personal voice, including the role of disease and healing in women’s choices to speak (or not). Thoughtful, poetic, and challenging.

Yamin, A.E. and D.P. Maine. “Maternal Mortality as a Human Rights Issue: Measuring Compliance with International Treaty Obligations,” *Human Rights Quarterly* 21.3 (1999): 563-607. A valuable summary of why maternal mortality is relevant to international law. Tragically, many of the gaps the authors identified in 1999 persist.

True Story: A bright little girl in a Catholic grade school found herself assigned to a lower-level math class one year. Her mother learned of this and asked the teacher why. The teacher told her that even though her daughter had actually tested well enough for a higher level math class, the classroom didn’t have enough chairs. The teacher had decided that because this little girl was so sweet, she wouldn’t mind being moved to the lower-level class. Thanks to the mother’s intervention, the teacher changed her mind and they found another chair so the girl could be part of the advanced math class. **Who was the little girl?** (Answer: Melinda Gates) Source: “Melinda Gates: The Advocate”, in feature on “Women of the Year 2013”, *Glamour*, December 2013, p. 218.