

ABSTRACT

Why Don't Women Dye For Credit? A study of the impact of social networks on urban women cloth dyers of Bamako, Mali

by

Maxine Downs¹

During the 1990s, microcredit has been increasingly referred to as an effective means of poverty reduction (Cerven & Ghazanfar 1999; Dom, 1994; Rekha, 1995; and Pankhurst, 1999). Microcredit programs provide small loans and savings opportunities to those who have been traditionally excluded from commercial financial services. Microcredit programs have also been referred to as an effective means in reducing hunger and malnutrition. At the same time, health related issues have been cited as factors that prevent poor women from participating in a microcredit program (Evans *et al.*, 1999). In West Africa, it is generally women who are the caretakers in the household. If someone becomes ill, it is the role of women to care for the sick.

In Mali, the research site for this study, there are groups of Malian women that choose not to participate in microcredit programs. This study explores two research questions: (1) How do women decide whether to participate or/not in a microcredit program; and (2) Is there a difference in women's self-perceived health status after participating in a program that combines microcredit and health/nutritional training? To answer these questions, I plan to combine qualitative and quantitative methods in identifying processes of decision-making as well as self-perceived health impact. Studying social group dynamics could be beneficial to social scientists studying individual/and or group behavior across numerous and wide-ranging contexts.

Conceivably, this will be the first baseline study of urban Malian women's assessment of their health status from their point of view. This baseline study could add to our cultural and medical understanding of how women's health and nutritional education can possibly impact and lessen the onset of disease and illness. Moreover, how health education and its impact can affect women's economic decision-making. Broadening our knowledge globally of how health and nutritional issues are intertwined with economic development efforts will make clear the need for a more integrative approach using microcredit programs in conjunction with health education training for poor women in the fight to eradicate poverty in Africa.

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For full research/trip experience read below:

Field

Trip Report Maxine Downs

June – November 2002

After initial meeting with Massa Coulibaly/G.R.E.A.T., and discussing the methodology and timeline of my research project, I began collecting names and contact information creating a population frame of all cloth dyers of Bamako. I met with local NGOs that administered microcredit programs; contacted commune officials (local district leaders) who organize local meetings in each of the 6 districts of Bamako inviting the cloth dyers of their respective districts. At such time, I introduced my research project, collected names and contact information of those dyers in attendance. Additionally, I arranged separate meetings in the homes of cloth dyers whereby they invited their cloth dyer friends that did not attend a Commune meeting in their area. This proved to be a very productive and expedient way to meet cloth dyers throughout Bamako. Additionally, I used these informal meetings to hold focus groups discussing client's experience using microcredit.

In connecting with local NGOs they gave me a list of locations for every local caisse in Bamako (informal payment centers that keep records of all their clients). It took months to going through books and records to locate cloth dyer/clients. This proved to be a good way of expanding the population frame, however, the records were incomplete (without contact information: address, phone numbers). Granted, most households do not have phones and Malians do not use addresses as a way to locate someone. However, people do have access and use the neighborhood public phone booths as their "telephone number." However, these phone booth numbers were not a part of the client's information sheet. Most recently, cloth dyers are using cell phones. However, this is recent development of the last year or so. Therefore, collecting client names through the caisses, I realized this was a potential problem. If one of the clients were selected for the survey there would be no way of contacting/finding her without going to her quartier/neighborhood using the word of mouth method (i.e. do you know a cloth dyer named so-and-so?).

Throughout the rainy season (July – September) I became ill. I contracted malaria, which reoccurred often during this period, and dramatically affected my research efforts.

After feeling better, I resumed regular meetings with Massa (once or twice a month) to discuss my progress (or lack thereof). In late November, I expressed concern that the listing (population frame) was becoming too large to manage. He suggested a more efficient way of collecting my sample. He suggested first, to focus on locating the twenty (20) participants of the health education program (CEE); then select an equal number of dyers (participants and non-participants) in microcredit programs, as well as dyers having

no experience in such programs. The respondents therefore would be equally represented from the same neighborhoods (inferring socio-economic consistency).

Additionally, the month long fasting period of Ramadan (a Muslim holiday in November) also affected my ability to work collecting data. However, I used this time to visit and observe dyers working. Malians usually buy new clothes in observance of Ramadan making holidays a busy time for cloth dyers.

December 2002 – January 2003

December and January proved to be a difficult time to work. The local NGO was preoccupied with closing out the year and planning for 2003. They had little time to assist in my research. Again, I resorted to spending most of the time interviewing and observing cloth dyers at work. Again, because of the holiday season (Christmas and New Year's Day) cloth dyers were busy. The end of January, I returned to Florida and used this opportunity to discuss my fieldwork with my dissertation committee members. I also had health issues, which delayed my return to Mali.

April to August 2003

April through June is Mali's hottest season of the year (averaging 115 degrees+). Work progressed slowly. July I located and began visiting health education programs (CEE), which helped me develop appropriate questions for the survey. At the meetings, I located senior participants of the CEE programs (participated for 12 cycles or more). The goal of selecting senior CEE participants would be to survey women with the most experience over a longer period of time. Finding enough senior participants (cloth dyers exclusively) has been difficult. Furthermore, interviewing participants with less than 6 cycles showed that women had forgotten what they learned, or they had not began incorporating what they learned into their daily routine. However, this observation is quite important (length of time in program vs incorporation phase), however this study does not focus on such issues (interesting topic for another study). I've continued meeting with Massa discussing the issue of how to locate senior participants (cloth dyers).

The rainy season is June through September. Once the rain starts, cloth dyers do not work. The women work outdoors needing the hotter weather to sufficiently dry the fabric. It's been said the heat of the sun is a crucial component in successful dyeing. Since the weather has been rainy and work as slowed down, I will go to Macina (371 km outside Bamako) and observe a village banking system (microcredit program) run by local women. It is a project supervised by CARE/Mali. I will also spend time visiting a village known historically for its women cloth dyers. All the women in the village are cloth dyers. I hope to interview and observe the women as they work. Hopefully, when I return to Bamako the rain would have lessened, and the women would have resumed meeting regularly in their CEE programs. I will then select respondents and administer the survey.