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Child fostering and children's nutritional outcomes in rural Mali: The role of female status in directing child transfers

Sarah E. Castle

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Abstract

Research in West Africa has begun to document the phenomenon of child fostering although little attention has focussed on other types of non-maternal child care arrangements and their impact on child health. Evidence from a sample of 77 weaned children under five in rural Mali found that over one third (35%) of children were not the prime responsibility of both their biological parents. Nineteen per cent ($N = 15$) of the sample were formally fostered children, known as *sukaabì,,e bambaabì,,e*, who lived neither with their biological mothers nor with their biological fathers. Others lived under flexible or semi-permanent non-maternal care arrangements both within and outside the agnatic family. Factors precipitating fostering are outlined and are divided into: (i) those under which the child is fostered away from its biological family through force of circumstance; and (ii) those under which the child is actively requested by its foster

mother. Rather than fostering providing a universal option for over-burdened mothers with too many or too closely-spaced children, the field evidence shows that the movement of children within and between households is rigorously controlled by the female social hierarchy. Children are transferred in a uni-directional fashion from the care of their low status biological mothers to high status foster mothers. Their transfer serves to visibly reinforce socio-political power differentials between these women who are at different stages of the female life-cycle and in different sets of household circumstances. Economic factors are not associated with the decision to keep the child or to foster it away, but do appear to determine whether the children living under non-maternal care are fostered out under a structured or unstructured fostering arrangement. Contrary to findings in other West African settings, fostering *per se* has little impact on children's nutritional outcomes as measured by their weight-for-age *Z*-Scores, probably because the use of surrogate or sibling caretakers is common in this environment even for children who are the full responsibility of their biological mothers. The context of the fostering, however, does influence fostered children's nutritional status. Those children who were requested by their foster mothers had better nutritional outcomes than those who were fostered in by force of circumstance. It is concluded that the concept of 'maternal and child health' and the 'maternal-child' dyad around which both health interventions and demographic evaluations are centred, may not always be appropriate in areas of high fostering prevalence.



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Keywords

child fostering; women's status; women's health; Fulani

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