



OSUN NEWS

The Publication of The Osun Indigenes Organization (Nigeria), USA Chapter

March 2017

EDITORIAL COLUMN



OSUN HOUSE

The idea of Osun House started out of the need for The Osun Indigenes Organization (TOIOG) to have its own house where 1. Our monthly meetings and events such as end of the year party and picnics can be held; 2. Where we can host visiting dignitaries and high level officials; 3. Which can be rented out to others to generate funds and pay itself off. These are in addition to other intangible benefits such as positive imagery and a symbol of progress/leadership among its peer organizations.

The request/assignment given to members to make suggestions on what purpose the 5-acre land we acquired in Erin Osun will serve comes as a surprise and sounds ludicrous because this organization has never minced words as to its ambition of building an "Osun House" in the form of an event center. It seems we are in the abyss of a doldrum with regard to what to do with the 5 acres of land we acquired in Erin Osun.

We suggest a committee be set up to come up with a viable investment or a list of investments that the land can be used for. Such committee 1) should not include any individual that was involved in the current

Osun House Committee or anyone who was involved in the purchase of the land; 2) should consider who will manage this "overseas" investment without embezzling the funds generated therefrom considering 419 and other vices and dangers inherent in putting one's investment in the hands of our people at home. We all have heard stories of such trusts gone sour. 3) should consider that our children (Osun Ayonges) who are gradually taking over the organization from us are not total Nigerians and are not familiar with Nigerian business environment like us (their parents). Also, most of them will probably not be home folks like us and dealing with our people may not be easy or possible for them. The cascade effects of all these should be thoroughly examined with hindsight and foresight so that the promised utopia of Osun House will not become a future dystopia.

Engr. Daps Asafa
Editor, Osun News

KUDOS TO THE OSUN AYONGES

To the Osun Ayonges, thanks a bunch for your immense contribution to this edition of Osun News and we encourage you to keep the tempo. It is a totally new paradigm and the Editorial Board is excited.

Once again, thank you.
The Osun News Editorial Board.

HEALTH CORNER



Urinary Incontinence

By: Augustina Olajumoke Opeewe-Ojo, Dnp, Crnp, Msn, Anp, Gnp, Et.
Doctor of Nursing Practice: Adult and Geriatric Internal Medicine. Baltimore Washington Medical Center (BWMC) University of Maryland Medical System, Glen Burnie & ifebriage Health (LH), Baltimore, Maryland.

1 Urinary Incontinence

- Epidemiology
- Quality of Life
- Risk Factors and Causes
- Types of Urinary Incontinence
- Evaluation
- Treatment

2 Urinary Incontinence (UI) How Common

- UI affects approximately 13 million Americans, with the highest prevalence in the elderly (community and institutions)
- Although the prevalence of UI increases with age, UI should not be considered a normal part of the aging process.
- Reported prevalence rates of UI vary considerably.

3 Urinary incontinence Epidemiology

- Among the population between 15 and 64 years of age, the prevalence of UI in men ranges from 1.5 to 5 percent and in women from 10 to 30 percent
- Although UI is usually regarded as a condition affecting older multiparous women, it is also common in young, nulliparous women, particularly during physical activity

4 Urinary incontinence Epidemiology

- For non institutionalized persons older than 60 years of age, the prevalence of UI ranges from 15 to 35 percent, with women having twice the prevalence of men
- Between 25 and 30 percent of those identified as incontinent have frequent incontinence episodes, usually daily or weekly

5 Urinary incontinence Epidemiology

- Approximately 53% of the homebound elderly are incontinent
- >50%, with the majority of nursing home residents having frequent UI
It is one of the major reasons for long term institutionalization of older people
incontinence episodes, usually daily or weekly

6 Urinary incontinence Epidemiology

- A random sampling of hospitalized elderly identified 11% as having persistent UI at admission and 23% at discharge
- Among the more than 1.5 million nursing facility residents, the prevalence of UI is >50%, with the majority of nursing home residents having frequent UI
- It is one of the major reasons for long-term institutionalization of older people

7 Urinary incontinence Costs

- A recent estimate of the direct costs of caring for persons of all ages with incontinence is \$11.2 billion annually in the community and \$5.2 billion in nursing homes (based on 1994 dollars)
- This cost estimate is more than 60 percent greater than a previous estimate; an increase greater than that for the cost of services in the medical care sector

8 Urinary incontinence Quality of Life

- UI imposes a significant psychosocial impact on individuals, their families, and caregivers.
- UI results in a loss of self-esteem and a decrease in ability to maintain an independent lifestyle.
- Dependence on caregivers for activities of daily life increases as incontinence worsens.

9 Urinary incontinence

Quality of Life

- Consequently, excursions outside the home, social interaction with friends and family, and sexual activity may be restricted or avoided entirely
- UI is often undetected and underreported by hospital and nursing home personnel, masking its true extent and clinical impact and reducing the opportunity for effective management.

10 Urinary incontinence

Risk factors

- Immobility/chronic degenerative disease (Arthritis)
- Impaired cognition (Dementia)
- Medications
- Morbid obesity
- Diuretics (Water Pills)
- Smoking
- Caffeine
- Delirium
- Low fluid intake
- Environmental barriers
- High impact physical activities
- Diabetes
- Stroke

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Fecal impaction/Constipation

- High-impact physical activities
- Diabetes
- Stroke
- Fecal impaction/Constipation

11 Urinary incontinence Risk factors

- Estrogen depletion
- Pelvic muscle weakness
- Childhood nocturnal enuresis
- Race
- Pregnancy/vaginal delivery/episiotomy

12 Urinary incontinence Causes

- Conditions affecting the lower urinary tract
- Drug side effects
- Increased urine production
- Impaired ability or willingness to reach a toilet

13 Urinary incontinence

Conditions affecting the lower urinary tract

- Urinary tract infection
- Atrophic vaginitis/urethritis
- Pregnancy/vaginal delivery/episiotomy
- Post prostatectomy
- Stool impaction

14 Urinary incontinence

Drug side effects

- Diuretics
- Caffeine
- Anticholinergic agents
- Psychotropics:
 - Antidepressants
 - Antipsychotics
 - Sedatives/hypnotics/Central Nervous System depressants

15 Urinary incontinence

Drug side effects

- Narcotic analgesics: Percocet, Oxycontin
- Alpha-adrenergic blockers: Hytrin, Cadura
- Alpha-adrenergic agonists: Ephedrine, Epinephrine
- Beta-adrenergic agonists: Ventolin, Proventil
- Calcium channel blockers: Nifedipine, Norvasc
- Alcohol

16 Urinary incontinence

Increased urine production

- Metabolic (hyperglycemia, hypercalcemia as in diabetes)
- Excess fluid intake
- Volume overload
- Venous insufficiency with edema (swellings)
- Congestive heart failure

17 Urinary incontinence

Impaired ability or willingness to reach a toilet

- Delirium
- Chronic illness, injury, or restraint that interferes with mobility (Fractures, surgery)
- Psychological

18 Urinary incontinence

Types

- Urge (strong desire to urinate)
- Stress (leakage of bladder during activity due to weak muscles that control or hold urine)
- Mixed (combination of any type of incontinence)
- Overflow (leaking urine or wetting the bed at night when bladder becomes overly full with no urge to urinate)
- Functional (when a person is aware of the need to urinate, but unable to get up and get to the bathroom due physical or mental reasons)

19 Urinary incontinence

Urge Incontinence

- Involuntary loss of urine associated with a strong desire to void (urgency).
- It is usually associated with the urodynamic finding of involuntary detrusor contractions or detrusor instability (DI) i.e. unstable bladder
- Although unstable bladder can be associated with neurologic disorders, it also occurs in individuals who appear to be normal.

20 Urinary incontinence

Urge Incontinence

- The uninhibited bladder contractions associated with unstable bladder (DI) can cause UI with and without symptoms of urgency.
- It can also cause symptoms of urgency without concomitant incontinence.
- When a causative neurologic lesion is established, the DI is called detrusor hyperreflexia (DH) (Overactive or over responsive bladder reflexes).

21 Urinary incontinence

Urge Incontinence

- Stroke is associated with DH.
- Suprasacral spinal cord lesions/multiple sclerosis: DH is commonly accompanied by detrusor sphincter dyssynergia (DSD) (inappropriate contraction of the external sphincter with detrusor (bladder) contraction).
- This can result in the development of urinary retention, vesicoureteral reflux, and subsequent renal damage

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22 Urinary incontinence

Urge Incontinence

- Elderly: detrusor hyperactivity with impaired bladder contractility is common (DHIC)
 - involuntary detrusor contractions, yet must strain to empty their bladder
- rs either incompletely or completely.

23 Urinary incontinence

Urge Incontinence

- DHIC generally have symptoms of UI and an elevated Post Voiding Residual (incomplete bladder emptying), but they may also have symptoms of obstruction, stress incontinence, or overflow incontinence.

24 Urinary incontinence

Stress Incontinence (SUI)

- It presents clinically as the involuntary loss of urine during coughing, sneezing, laughing, or other physical activities that increase intra-abdominal pressure.
- SUI is defined as urine loss coincident with an increase in intra-abdominal pressure, in the absence of a detrusor contraction or an over distended bladder.

25 Urinary incontinence

Stress Incontinence

- The most common cause in women is urethral hypermobility, or significant displacement of the urethra and bladder neck during exertion (pressure)
- SUI may also be caused by an intrinsic urethral sphincter deficiency which may be due to congenital sphincter weakness in patients with myelomeningocele, epispadias, or pelvic denervation,

26 Urinary incontinence

Stress Incontinence

- It may be acquired after prostatectomy, trauma, radiation therapy, or a sacral cord lesion.
- In women, Intrinsic Sphincter Deficiency (ISD) is commonly associated with multiple incontinence surgical procedures, as well as with hypoestrogenism, aging, or both.

27 Urinary incontinence

Stress Incontinence

- In ISD the urethral sphincter is unable to generate enough resistance to retain urine in the bladder, especially during stress
- Patients with ISD often leak continuously or with minimal exertion.
- In some patients, stress incontinence results from coexisting ISD and hypermobility of the urethra and bladder neck.

28 Urinary incontinence

Overflow Incontinence

- Involuntary loss of urine associated with overdistension of the bladder
- It may have a variety of presentations, including fre-

quent or constant dribbling, or urge or stress incontinence symptoms.

- Overflow UI may be caused by an underactive or acontractile detrusor, or to bladder outlet or urethral obstruction leading to overdistension and overflow.

29 Urinary incontinence

Overflow Incontinence

- The bladder may be underactive or acontractile secondary to drugs, neurologic conditions such as diabetic neuropathy, low spinal cord injury, or radical pelvic surgery that interrupts the motor innervation of the detrusor muscle.
- The detrusor muscle may also be underactive from idiopathic causes.

30 Urinary incontinence

Overflow Incontinence

- In men, it is associated with obstruction commonly caused by BPH and, less frequently, prostatic CA or urethral stricture.
- Although an outlet obstruction is rare in women, it can occur as a complication of an anti-incontinence operation and because of severe pelvic organ prolapse.

31 Urinary incontinence

Overflow Incontinence

- In patients with suprasacral spinal cord injury or multiple sclerosis, DSD can cause obstruction when the external sphincter muscle inappropriately and involuntarily contracts rather than relaxes at the same time the detrusor contracts

32 Urinary incontinence

Functional Incontinence

- Urine loss may be caused by factors outside the lower urinary tract such as chronic impairment of physical or cognitive functioning, or both.
- This diagnosis should be one of exclusion, however, because some immobile and cognitively impaired individuals have other types and causes of UI that may respond to specific therapies.

33 Urinary incontinence

Functional Incontinence

- UI can often be improved or "cured" by improving the patient's functional status, treating other medical conditions, discontinuing certain types of medication, adjusting the hydration status, reducing environmental barriers, or all of the above -- even if a lower urinary tract abnormality is present.

34 Identifying Urinary Incontinence

- Open-ended requests such as
 - "Tell me about the problems you are having with your bladder" and
 - "Tell me about the trouble you are having holding your urine (water)"

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- If the patient responds negatively:
 - "How often do you lose urine when you don't want to?" and
 - "How often do you wear a pad or other protective device to collect your urine?"

35 Identifying Urinary Incontinence

- If UI is identified by questioning, detecting an odor, observing wetness, or by a patient complaint, and represents a problem for the patient or caregiver, evaluation should be undertaken

36 Identifying Urinary Incontinence

Basic Evaluation

- All patients with UI should undergo a basic evaluation that includes a
 - history
 - physical examination
 - measurement of postvoid residual volume
 - urinalysis.
- Risk factors that are associated with UI should be identified and attempts made to modify them.

37 Identifying Urinary Incontinence

Other tests

- Blood testing (Blood Urea Nitrogen, creatinine, glucose, and calcium) is recommended if compromised renal (kidney) function is suspected or if polyuria (urinating excessively) (in the absence of diuretics) is present.
- Urine cytology is not recommended in the routine evaluation of the incontinent patient.

38 Identifying Urinary Incontinence

Criteria for further evaluation

- Uncertain diagnosis and inability to develop a reasonable treatment plan
- Failure to respond to the patient's satisfaction to an adequate therapeutic trial, and the patient is interested in pursuing further therapy.
- Consideration of surgical intervention, particularly if previous surgery failed or the patient is a high surgical risk.

39 Identifying Urinary Incontinence

Criteria for further evaluation

- Hematuria (blood in Urine) without infection (especially in men).
- The presence of comorbid conditions:
 - incontinence associated with recurrent symptomatic UTI
 - persistent symptoms of difficult bladder emptying
 - history of previous anti-incontinence surgery or radical pelvic surgery

40 Identifying Urinary Incontinence

Criteria for further evaluation

- The presence of comorbid conditions:
 - prostate nodule, asymmetry, or other suspicion of prostate cancer
 - abnormal Post Void Residual urine
 - neurologic condition, such as multiple sclerosis and spinal cord lesions or injury

41 Identifying Urinary Incontinence

Specialized diagnostic tests

- Urodynamic tests (EKG of the bladder, similar to EKG of the heart).
- Endoscopic tests (Cystoscopy).
- Imaging tests (Bladder Scanning).

42 Treatment of Urinary Incontinence

- The three major categories of treatment are
 - Behavioral.
 - Pharmacologic.
 - Surgical.

43 Behavioral Techniques

- They decrease the frequency of UI in most individuals when provided by knowledgeable health care providers, have no reported side effects, and do not limit future treatment options.
- Behavioral therapies can be divided into
 - caregiver-dependent techniques for patients with cognitive and motor deficits those requiring active rehabilitation and education techniques.

44 Behavioral Techniques

- They are listed below in the order of those requiring passive involvement to those requiring active participation:
 - Toileting assistance -- routine/scheduled toileting, habit training, and prompted voiding.
 - Bladder retraining.
 - Pelvic muscle rehabilitation -- Pelvic muscle exercises

45 Behavioral Techniques

Pelvic Muscle Exercises

- Teaching exercises to strengthen pelvic muscles may decrease the incidence of UI.
- They are recommended for women with SUI.

46 Behavioral Techniques

Pelvic Muscle Exercises (PMEs)

- PME's are also recommended in men and women in conjunction with bladder training for urge incontinence.
- PME's may also benefit men who develop urinary incontinence following prostatectomy (Removal of the prostate)

47 Behavioral Techniques

Pelvic Muscle Exercises

- PME's, also called Kegel exercises and pelvic floor exercises, are performed to strengthen the voluntary periurethral and perivaginal muscles (i.e., voluntary urinary sphincters and levator ani) that contribute to the closing force of the urethra and to the support of the pelvic visceral structures.

48 Pharmacologic treatment

Urge Incontinence. Detrusor instability

- Anticholinergic agents: oxybutynin, dicyclomine hydrochloride, and propantheline (First Line).
- Tricyclic antidepressants: imipramine, doxepin, desipramine, and nortriptyline.

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- Oxybutynin is the anticholinergic agent of choice.
- Anticholinergic agents block contraction of the normal bladder and unstable bladder

49 Pharmacologic treatment

Stress Incontinence: Urethral Sphincter Insufficiency

- The rationale for pharmacologic therapy: high concentration of α -adrenergic receptors in the bladder neck, bladder base, and proximal urethra.
- Sympathomimetic drugs with alpha-adrenergic agonist activity presumably cause muscle contraction in these areas and thereby increase bladder outlet resistance.

50 Pharmacologic treatment

- Pharmacotherapeutic strategies include:
 - drugs with α -adrenergic agonist activity,
 - estrogen supplementation both for direct effect on urethral mucosal and periurethral tissues and for enhancement of α -adrenergic response
 - α -adrenergic-blocking drugs that may allow unopposed stimulation of α -receptor-mediated contractile muscle responses.

51 Other Pharmacological Agents

Used in the Management of UI

- Detrol (Tolterodine)
- Sanctura (Trospium)
- Levsin (Hyoscyamine)
- Enablex (Darifenacin)
- Toviaz (Fesoterodine)
- Vesicare (Solifenacin)
- Myrbetriq (Mirabegron)
- Urispas (Flavoxate)
- Botox (Onabotulinumtoxin A)
- Oxytrol Patch

52 Surgical treatment

- The decision should be made only after a good assessment that includes a clinical evaluation with confirmation of the pathophysiologic diagnosis and severity of urinary loss, a correlation of the anatomic and physiologic findings

with the surgical plan, an estimation of surgical risk, and an estimation of the impact of the proposed surgery on the patient's quality of life.

- Failed other treatment modalities

53 Surgical treatment

- Surgery is recommended for stress incontinence in men and women and may be recommended as first-line treatment for selected patients who are unable to comply with other nonsurgical therapies.
- Surgery in the management of urge incontinence is uncommon.
- Surgical treatment is considered only in highly symptomatic patients in whom nonoperative management has failed.

54 Surgical treatment

- Symptoms of overflow or incontinence secondary to urethral obstruction can be addressed with a surgical procedure to relieve the obstruction.

Intermittent catheterization or an indwelling catheter may be considered in patients obstruction

Other measures

10

addressed with a surgical procedure to relieve the obstruction.

- Intermittent catheterization or an indwelling catheter may be considered in patients who are not candidates for surgery and suffer overflow incontinence due to urethral obstruction

55 Urinary Incontinence

Other measures

- Intermittent catheterization.
- Indwelling urethral catheterization.
- Suprapubic catheters.
- External collection systems.
- Penile compression devices.
- Pelvic organ support devices (pessaries)
- Absorbent pads or garments



WHAT ABOUT INFERTILITY?

Definition : Infertility is defined as the inability to conceive after more than twelve months of regular unprotected sexual intercourse.

Eighty five percent of the general population will conceive without medical assistance in this time period. The rest fifteen percent may or may not need assistance to achieve pregnancy.

The ability to conceive decreases as maternal age increases, the number and quality of a woman's eggs decreases with time. After age 35, a woman's chance to conceive decreases rapidly. Contrary to popular belief by lay people that the cause of infertility is the same in every couple, this is far from the truth. The real truth is that infertility is due to a multitude of factors and causes may be different from couple to couple. It is also a fallacy that infertility is a "woman problem", it is a couple problem.

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Causes of infertility

- A. Homonal problem in the woman can block the release of eggs from the ovary (Ovulatory).
- B. Blockade of fallopian tubes can block the descent of the embryo from the tube into the uterus.
Blockade may be due to a previous pelvic infection, sexually transmitted diseases or other pelvic disease
- C. Tumors in the uterus like fibroids or Adenomyosis may be responsible for infertility.
- D. Problems with the ovaries like Polycystic Ovary Syndrome (PCOS) may lead to hormonal imbalance and interfere with ovulation.
- E. Endometriosis is a disease of the pelvic organs that may cause severe menstrual pain and infertility.
- F. Genetic factors which lead to chromosomal defects may be a cause of infertility and repeated first trimester miscarriages.
- G. Abnormal semen analysis in the male partner including low sperm count, problem with sperm mobility and increased abnormal sperm morphology may be a cause of infertility in many cases.
- H. Advanced reproductive age in a woman (age over 35) can be a source of infertility because of decrease in quality and quantity of eggs and infrequent ovulation.
- I. Unknown factors, many cases of infertility are due to unknown factors and many of those couples will end up achieving successful pregnancies.

Diagnosing Infertility

Several tests are usually needed in order to diagnose infertility in a couple. These tests are not the same for every couple. Tests are tailored to individual and are at the discretion of the treating specialist.

The following are the common tests that are usually ordered :

1. Pelvic ultrasound - to assess the uterus and the ovaries, to rule out tumors and cysts.
2. HSG (Hysterosalpingography) – X-ray test to assess the uterine cavity and patency of fallopian tubes.
3. Hysterosonogram – fluid is placed in the uter-

us to evaluate the cavity for the presence of abnormal growths like fibroids, polyps or scar tissue.

1. Semen analysis – To evaluate the male partner for decrease sperm count, motility and abnormal sperm forms
2. Hormonal studies – to assess the quality and number of a woman's eggs and the ability to ovulate readily.
3. Chromosomal analysis _ to assess the couple for genetic abnormalities which may be a cause of infertility and repeated miscarriages.

Treatment

Infertility treatment is based on the results of findings of diagnostic tests and is individualized to each couple with infertility. Treatment could be surgical, diagnostic (just looking), or operative like removal of fibroids, polyps, cysts, adenomyosis or other pelvic tumors or growths. Treatment could also be medical including prescription of ovulation inducing drugs like clomid. In some couples, IVF (In Vitro Fertilization) is the only choice.

Intrauterine insemination (UI) may be beneficial to some couples. IVF with donor eggs is usually recommended for women with advanced age over 40 years old. New treatment options are also available like gestational carrier (surrogacy) in women without uterus. You and your doctor will determine what is best for you.

Conclusion

Infertility is a pervasive and difficult problem for many couples who wish to have children. Infertility is due to many causes and is not "one shoe fits all". Diagnostic tests are usually needed before treatment is initiated. Emotional and psychological support is very important in the treatment of infertile couples. The good side is that many couples will achieve a successful pregnancy even without treatment.

By : Oluremi T. Ilupeju,
MD, MS, FACOG.

TOIOG END OF THE YEAR PARTY, DECEMBER 2016



SEED TIME AND HARVEST

By: Dr. Stephen Olujimi

There is a major principle or law in life that cuts across all faiths and beliefs: some call it the law of retributive justice 'Others call it the 'law of karma.' Christians call it 'Seedtime and Harvest' or the 'law of sowing and reaping.' The word of God says " As long as the earth endures, seedtime and harvest, cold and heat, summer and winter, day and night will never cease." (Genesis 8:22)

Everything we do in life is seed sowing. Time will water it and harvest will surely follow. Jesus Christ in His sermon on the mount as recorded in Matthew 5:6 said " Blessed are the merciful, for they shall be shown mercy." It simply means that the kindness and mercy you show to other people becomes seed, and in due time, you will receive the harvest.

Galatians chapter 6 verse 7 says " Do not deceive yourself, God cannot be mocked, a man reaps what he sows. The one who sows to please his sinful nature, from that nature will reap destruction. The one who sows to please the spirit, from the Spirit will reap eternal life. Let us not become weary in doing good, for at the proper time we will reap the harvest if we do not give up. Therefore as we have opportunity, let us do good to those who belong to the family of believers".

Beloved, God has given us opportunity to see another brand new year. We are product of opportunity, favor and grace of God. We are not better or smatter than the people we left behind in our villages, many of them are more educated, pray more than most of us. Hear me, Ecclesiastics 9:11 says "I returned and saw under the sun that — The race is not to the swift, Nor the battle to the strong, Nor bread to the wise, Nor riches to men of understanding, Nor favor to men of skill; But time and chance happen to them all. Therefore please stop the

blame and grumbling about those who are in need Proverbs 22:2 says "The rich and the poor have this in common, The Lord is the maker of them all." Let us look back to our community and help them. John Bunyah said "You have not lived today until you have done something for someone who can never repay you." and "There is nothing more beautiful than someone who goes out of their way to make life beautiful for others." — Mandy Hale, *The Single Woman: Life, Love, and a Dash of Sass*

The best soil to sow your Talent, Time and Treasure (money) this year is into the lives of the needy, the poor, and the destitute. You will be building up treasures for yourself in heaven according to Matthew 6: 9-20. Let us take the advantage of all the lack in people's lives as well as the end-time disasters to mount up



wealth for ourselves in heaven by helping them This will help our focus to be on our home on high, "for where your treasure is, there will your heart be also". (Matthew 6:21)

It is good and godly to do good, especially to help the poor. It is evil to turn 'Lazarus' away unattended from our door step. Proverbs 14:31 -32 says "he who oppresses the poor shows contempt for their maker, but whoever is kind to the needy honors God." "He who mocks the poor shows contempt for his maker, whoever gloats over disaster will not go unpunished." (Proverbs 17:5) " If ANYONE shuts his ears to the cry of the poor, he too will cry and will not be answered." (Proverb 21:23) .

Consider these blessing as you help the poor this year. "Blessed is he that considers the poor: the Lord will deliver him in time of trouble, the Lord will preserve him, and keep him alive; and he shall be blessed upon the earth and will not deliver him unto the will of his enemies. The lord will strengthen him upon the bed of languishing; and will make his bed in sickness." (Psalms 41:1-3).



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details, once your giving is successful, you will get a confirmation text about your Tax Deductible contribution. IT IS SAFE AND SECURE.

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Step 3: Confirm your pledge and once it is successful, you will get a confirmation text about your pledge.

Please note that your first \$30 a month Mission pledge will be charged today and monthly thereafter. To Stop just Text HELP to 202-804-0088. This contribution will show on your card statement as Faithful Stewards.

Many more blessing await you as you join me in caring for the poor and destitute this year. It is written that "he who is kind to the poor lend to the Lord, and he will reward him for what he has done." (Proverbs 19:17) The law of sowing and reaping is as sure as the day and night. I personally invite you to join me this year in caring for the needy, the poor, and the destitute. God bless you richly in Jesus' name. Amen. "He who is kind to the poor lends to the Lord, and He will reward him for what he has done." Proverbs 19:17

We at the Faithful Stewards Ministries are sowing to the lives of the needy by way of free medical mission and Training & Empowerment program. We are a non-profit Tax Exempt organization. Donating to us is very easy. We have a **very save and secure system.**

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TOIOG END OF THE YEAR PARTY, DECEMBER 2016 ...continued



LEGENDARY PRODUCER, PRESENTER & ANNOUNCER -Theresa Shobowale, Tessy Show

Having worked with some of the industries I take a pride in what I do. A natural talent for reaching out to both young and old, in the entertainment with a blend of experience, and earn a reputation amongst management.

Live TV and radio presenting.
Promotions and Marketing strategies
Sound and Visual engineering.
Location and set establishment
Live talk show

Radio Presenter/Producer

Oro Sunukun _ Rootsradiolove (2013 to present)
Arakenge -Rootsradiolove 2013 till present
Faaji Lawa- Rootsradiolove 2013 till present

Weekly Announcer

Weekdays/weekend on rootsradiolove

Summary of Qualifications

More than six year experience gained in commercial radio, news combined, well-traveled with variety of subjects. Able to quickly gain the trust of source and exclusive story ideas. Strong ability to stay calm and think on feet during equipment malfunctions.

Experience

Anchor, Presenter, Host, Producer, Writer

They are all very informative and you can learn from them because they are all true life stories.

I have some programs on www.rootsradiolove.com: TIWA NTIWA is on every Wednesday from 6-7pm Eastern Standard Time, ARA KENGE comes on every Thursday between 3:00pm - 5:00pm Eastern Standard Time, FAAJI LA WA comes on every Friday at 12pm-2pm Eastern Standard Time, and ORO SUNUKUN comes on every Saturday from 12pm-2pm Eastern Standard Time.

More so, on www.tni-radio.com I have AIYE AWA OBINRIN every Thursday from 3pm-4pm Eastern Standard Time

A bit about my background?

After my Secondary (High) school, I left for Sacred Hospital Lantoro Abeokuta, for a nursing program in 1989. After my graduation I worked in many hospitals including Oba Demola hospital in Ogun State, then I won a Visa Lottery to America in 2004. On getting to US, I attended Allied Health Institute for more Nursing experience.

I was born in Kano State, because my father was a police officer, we later relocated to Abeokuta when my daddy was transferred.
Am from Ijebu Igbo in Ogun State

Okay guys you can log on to <http://www.rootsradiolove.com> and <http://www.rootsradiolove.com> to listen to Tessy Sho radio programs from any part of the world.



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A VISION FOR THE FUTURE

Letter From the President

I am Nigerian. Both of my parents are Nigerian. My sisters are Nigerian. My nuclear and extended families are Nigerian. However, my earliest memory is not of Nigeria but of how I used to be bullied, taunted, the many names I was called, the things that were thrown at me, and formidable feelings of isolation. When I had the courage to interrogate my fellow classmates about why I could not participate in activities that made others smile and laugh, the explanation was more troubling than the treatment. I was told by my African American peers that I was not African American but African, and, further that I was the wrong type of African (because I couldn't speak fluent Yoruba). It was in those pubescent moments that I first suffered my Africanness, and it was deficient. Although I shared the same physical attributes with those that told me I was too African to interact with, too African to be included and, too African to share certain spaces, there was a difference: they represented a community I did not belong to: I was not African American.

In response I retreated to the Nigerian sub-community that was beginning to burgeon in Maryland and emerge in my parent's lives. This was a turning point for me. As my parents started to form deep friendships with families from the same tribe or village they were able to find solace in these spaces. They found others who were going through the same difficulties expressing the same struggle to cope with this new world; they found solidarity, community and a home. They become comfortable in their surroundings. And as this community strengthened so did my sense of self, place and pride. I was happy in my Africanness. That organization was The Osun Indigenes Organization (TOIOG) and what I found through its members was



community, a sense of belonging and an extended family that continue to nurture me, encourage me, support me to this day.

I am deeply indebted to TOIOG in ways that only an entrenched sentiment could express. I have spent so many birthdays, shared in so many milestones, and received so many gifts from the TOIOG

End of the Year party (the award plaque I received in 2001 in honor of my High School graduation still sits on the mantle in my study). The children of TOIOG were one of the first bonds of friendship I ever experienced. So when questions started to arise about the future of TOIOG and whether the children (now Young Professionals) of this organization would play a role in shaping its direction, I leaped at the opportunity to steer this vision for the future. The dream of our parents to see the legacy of TOIOG began in 2015 with the formation of *Osun Ayonge*.

Osun Ayonge is the Young Adult branch of TOIOG representing indigenes of the old Osun Province between the ages of 25 and 40. We conceive ourselves as a program and service intensive organization, and strive to impact the Nigerian Diaspora community for the better through our cross cultural events, workshops and activities. We currently have 30 members representing 8 US States and more than 12 professions including, Engineering, Academia, Business Administration, Consulting and Contracting,

Medicine, Pharmacy, IT, and Social Work. The mission of Osun Ayonge is threefold:

- To promote awareness of the Osun/ Yoruba people, culture and language in the United States
- To express pride in our heritage
- To develop professional, personal and social connections with others of similar backgrounds. We are a very young organization. Consequently, we are still trying to define ourselves and the role we play in making sure that Yoruba life and culture extend to those in the Nigerian Diaspora. But with the support of our parents and the leadership of TOIOG we will grow strong!

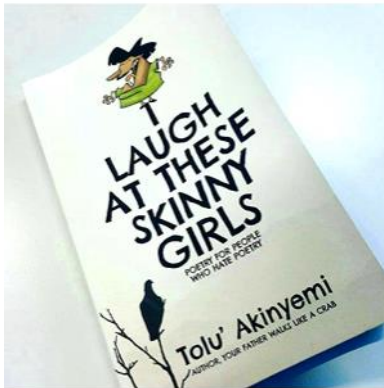
I cannot wait to see what TOIOG and Osun Ayonge will look like 5 years, 10 years, 20 years and beyond. But what I do know is that the future begins today and we are all a part of its success.

Osun Wa Gbe Wa!

Bidemi Oke, President of Osun Ayonge

“I Laugh At These Skinny Girls” Reviewed by Bidemi Oke

 poetolu



... I met Tolu Akinyemi in a way that reflects the sociocultural norms of “nowadays” as compared to the “yesteryears” my parents used to enjoy: through Instagram. I’m not sure who connected with whom first but somehow we stumbled into a friendship. Yet, I was a fan long before I was a friend and it is in this capacity that I write this piece.

It must be acknowledged that I abhor poetry. The rhythmic alliteration, the over-saturation of metaphors and the frequent allusions to things, objects, events, and times beyond the text do not complement my pedant nature and I have developed no patience for this writing style. Yet, I am writing a review of this collection of poems fully disclosing my fandom with exuberance and encomium. It is a true testament to Akinyemi’s undeniable talent.

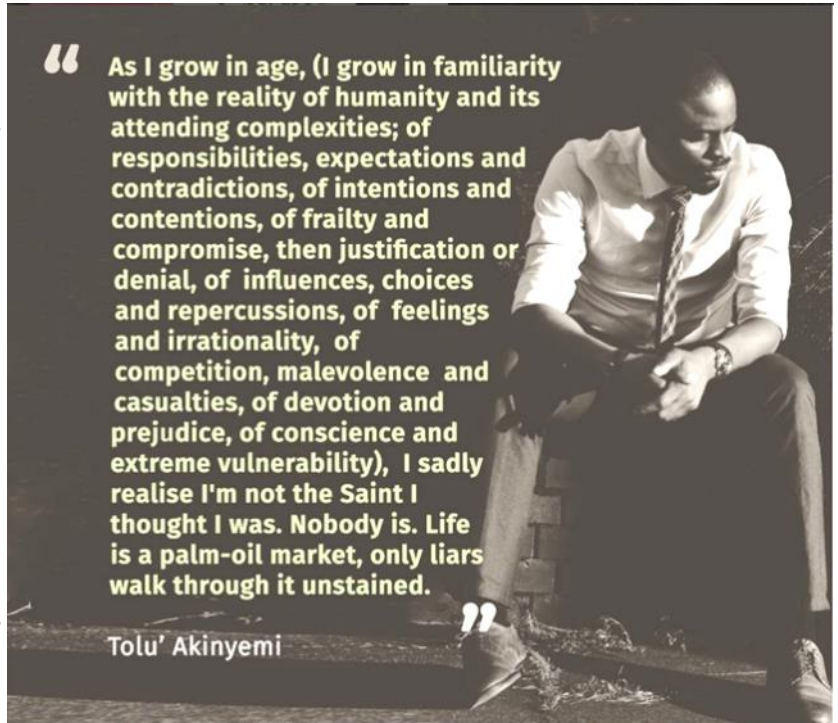
I recall bookmarking his first collection of poetry, *Your Father Walks Like a Crab*, because I found the title genuinely amusing. Knowing firsthand that a Nigerian’s favorite pastime is to abuse someone with their sharp tongue and quick wit, I could vividly imagine someone punctuating their insult by yelling “Your father walks like a crab!” immediately after their aggressor commented how they looked at them *bi Maalu!* By the time I read *I Laugh At These Skinny Girls* I had already been exposed to Akinyemi’s work through his Instagram page (@poetolu) and have found my internal voice expressed through the character of Halima (#HalimaSeries - see examples below) who has the keen ability to return a man’s pick up lines with, “Phew! You looked stupid from a distance. But you had to come here, open your mouth and confirm it!”

I am sure the ease to which I sink into his poems is due to the fact that Akinyemi writes for me. As he describes, his poems are “poetry for those who don’t like poetry.” And in this way Akinyemi’s words are liberated from the strictures of the poetic artform. Akinyemi is not a poet, he is a *storyteller*. His stories are about me, about my life and childhood, about Nigeria, about our interactions with other Africans, about my parents, their friends and their humor, about all of these things as seen through Akinyemi’s eyes.

I Laugh At These Skinny Girls is Akinyemi’s second book. I was curious to find out why Akinyemi was laughing at skinny girls and whether I should also find something amusing about them. I expected to laugh in the same way I did when I imagined someone’s father walking like a crab. I was surprised to find upon reading this poem a sober commentary on ageism. It was a reminder to those skinny girls with their “chopstick necks,” “matchstick limbs,” “toothpick waists,” and “canopy chests” that “whatever goes up, surely comes down and I can only laugh at what time will confirm.”

Akinyemi is undoubtedly working on a new book. Whatever he produces next I will be sure to be consume it with pure elation.

{Full disclosure: I am uncertain of the truth of these final words. What I do know is that an artist, like a poet, is always creating. And Akinyemi being both is writing, gathering and inventing. His eyes are vastly open and I can’t imagine that what he sees ends simply with this singular sensory experience}



Excerpts from *I Laugh At These Skinny Girls*:

ABRACADABRA

It's bedtime on a clear night
 And my bedroom blinds are raised high
 Enticing strings of silvery moonlight
 That saunter in through conniving windows.

The feeling it brings, though beautiful
 Isn't the best in the world
 Neither is falling in love, nor
 Being loved by another.

Tell me, what feeling can beat
 The magical relief a woman feels
 Finally reaching home from a bustling day
 To care-freely release from their linen jails
 The grateful captives of abracadabra?

DELIRIOUS

The heart is deceitful
 Above all things (or)
 Why should it say
 You'll be good for me
 When I'm daily dunked
 In your side-effects?

As you rob me of my mind
 I rub hair cream on my skin
 And I'm adding salt to tea.

Sometimes I sing to dead flies
 Or call your name out in my sleep.

I did you to me (that's granted)
 But why make my thinking slanted?

THE AFRIQUE CRITIQUE

The Afrique Critique is a review of all things African in New York City.

By: Bukola Oke

My Experience: So everyone knows that food tastes 10 times better when you don't have to pay. I was invited by a companion of the opposite sex. They stated that they were going to a Nigerian restaurant where I've never eaten before so I quickly put on clothes and jumped on the opportunity to eat and drink without one cent of my hard earned money being spent! I get there and check out the place: small, fairly decorated, but music blasting the latest afro beats. If you know me, you know that nothing stops me from ordering jollof with some type of meat (it's my go to dish!). My mom has set the standard for jollof rice so I know how to distinguish between superb and your bland party rice. So, I ordered my go to dish!



On a scale of "my mamas" to "party rice" I would rate this a solid "meh". The rice tasted like it was catered to oyinbos. If you're looking for seasoning to jump around in your mouth, this one wasn't it! The spice level wasn't to my liking, which the owner asked me about and I had to let him know.

About: Buka New York is one of the few restaurants that offers Nigerian based cuisine. Located at 946 Fulton

Overall Ratings: "meh!"

Price: \$



Street in Brooklyn and known for its authentic dishes, the menu provides everything from dodo, amala, to igbin (snails), which is a known delicacy in Nigeria.

Hours: Open W from 4pm – 11pm and the rest of the week from 12pm – 11pm.

Atmosphere: Great atmosphere with African music, well-travelled individuals, and good eats.

Food Ordered: Jollof rice, goat meat, and dodo.

Workers: Very nice and accommodating!

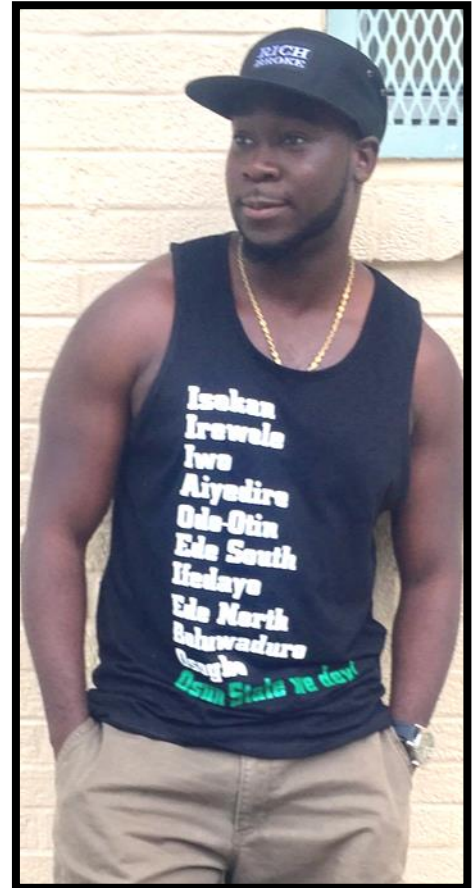
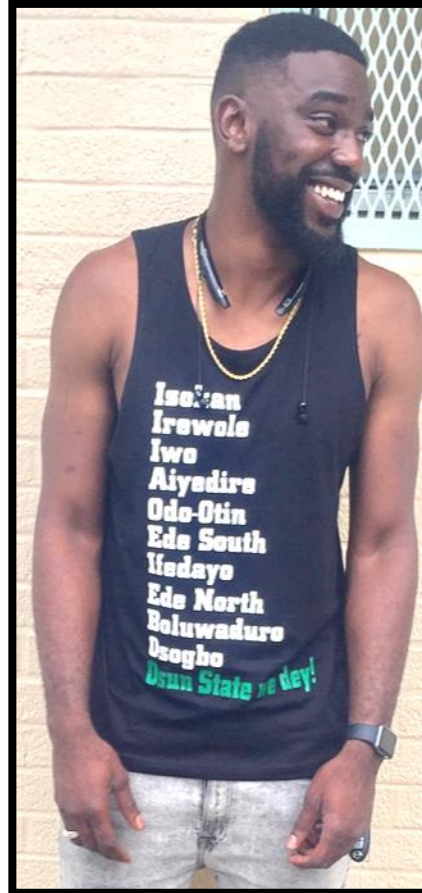
Drinks: Here, I kept it very simple and stuck to something I knew, a red wine! Can you ever go wrong?

Buka New York

946 Fulton Street, Brooklyn, NY 11238

Phone: 347.763.0619, Website: <http://www.bukanewyork.com/contact.html>

OSUN AYONGE TSHIRTS



ANOTHER LOOK AT ABORTION

Excerpt From A Policy Paper in Children & Family Policy

By: **Modupe Oke**

Abortion remains one of the most complex and controversial issues in the United States and around the world. Regardless of its legality, women have used abortion to end unintended pregnancies at every point in history and in every society. In the United States of America both federal and state governments are debating the causes, possible interventions, and policies that will help reduce or stop abortions. Arguments about this issue are split into two categories: pro-choice and pro-life. Pro-choicers favor legalizing abortion as an option for unwanted pregnancies and pro-lifers protect and advocate for the life of a fetus or embryo on the basis that a woman would be ending a human's life. Bills are currently being passed in state governments to prevent women from having an abortion after six months, mandatory funeral and burial arrangements for unborn children, prohibiting women from buying insurance that includes abortion coverage, requiring doctors to tell women they could possibly reverse the effects of a drug-induced abortion, defunding organizations that are performing abortions, and reducing resources and services for pregnant women.

Having an abortion is a traumatic event and is already a hard decision for a woman to make. As a nation we should actively seek to close the gap in the lack of education, accessibility to contraceptives, income induced restrictions on pregnancies, and the stigma assigned to women who make the decision to get an abortion. Despite the need to allow abortion to be another


medical procedure that is easily accessible to women, there is a greater need for general education for safe sex in women aged 15-44. Reducing services and resources that limit the possibility of legal abortions endangers a woman's health and forces them to wait until later in their pregnancies. This can increase the risk of complications and cause more harm than good. Bills banning abortions do not reduce the demand of abortions for teenagers, young adults, or older adults but lead many women to seek out unsafe and illegal means to end unintended pregnancies. Research shows that early education about sex to both teenagers and young adults reduces the likelihood of unplanned pregnancies and abortions.

Education of all pregnancy alternatives, contraceptives, and support systems allow mothers to safely make decisions regarding their health and the health of their babies. Without such resources women would be forced into motherhood, which can result in a terrible quality of life for both mother and child. Creating policies and passing bills that encourage education and provide comprehensive information will result in lower unintended pregnancy rates nationwide.

Sex education programs can assume a variety of different forms. The most common type of intervention is based on curriculum designed to discourage intercourse, to encourage contraceptive use, or both. Other types of programs can focus on both parents and their children. This can be implemented on a community-wide basis, or by encouraging youth development in a more holistic sense, rather than focus solely on encouraging healthy sexual behaviors.

Some Favorites from POETOLU

POETOLU.COM



SHEKERE*
TOLU AKINYEMI

@POETOLU
📷 📺 📱

Ashake* walks on the street and she causes accidents
Ashake holds you by the hand your brain loses competence
Ashake hugs you to herself and you shake like shekere she hugs you to herself and you shake like shekere you shake and you shake and you shake like shekere

Shekere* (Yoruba, Nigeria). A musical instrument consisting of a dry gourd with beads woven into nets all around it, played by shaking the gourd.

Ashake* (Yoruba, Nigeria). A female given name, which means 'chosen to be pampered'.

 [poetolu](#) 2d

HALIMA, TIME IS GOING...SNATCH FOR YOURSELF A KIND, GENTLE GODFEARING HUSBAND AS SOON AS YOU CAN


UHMM.. YOU ARE RIGHT MUMMY SOOOO WHOSE HUSBAND SHOULD I SNATCH?



@POETOLU ig & twitter

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POETOLU.COM



WIFE BEATER
TOLU AKINYEMI

@POETOLU
📷 📺 📱

Debisi married a shameless beast who pounds her like a punching bag he tans her face with heavy kicks tenders her skin with slender sticks. His disgrace came when robbers came they traded his money for generous pummelling yet he couldn't raise a fist. Wimpy man, howled like a child that day no doubt he met his match I swear I heard his woeful bleats two streets away from where I live. If it had been poor Debisi puffing and huffing he would have like Matthew Murray's locomotive. When day broke, we saw his face round and swollen like a ball but funny what we do for love It still was Debisi we saw with a tender steamy sponge tending to the stupid ball.

When you are single everything reminds you.

The mere word 'we' reminds you since it's one you never use. Your favourite dress reminds you; (you always need help with the back zip). 'Buy-one-get-one-free' reminds you everything is cheaper done in twos.

Those older acquaintances too, with questions you have no answers to like "Rita! Pretty Rita! when are we eating your wedding rice?" you drag a smile with your reply "Nosey Aunty Nosa! *tó n bé bí òyà** when do we attend your funeral" (if only you could say it out loud)



WHEN YOU ARE SINGLE

TOLU AKINYEMI
📷 📺 📱 @POETOLU

POETOLU.COM

Oh! and your Mother too with her specially annoying ways of making it the roof and floor to even the oddest dialogues. At a funeral, she reads the biography the only thing she remembers? Madam Mobola married at 21.

* Yoruba language. *Insult*. Suggests Nosa has the agility of a cone rat as she pries into people's private affairs.



@POETOLU

STEAL BOOKS NOT BAES

QUESTION OF THE DAY

"I think it usually come down to whom you've built **friendship** with overtime. The



poetolu

...

QUESTION:



"We are aware that external forces such as family and community elders pressure us in the direction of marrying another Nigerian/ Yoruba individual. What factors do you think contribute to the reason why some of us don't?"

goal is to eventually marry your friend. If you've always had friends from other cultures and you've grown comfortable with their ways of life then their is a high tendency that feelings will eventually graduate to serious relationship. Compare this to someone recommended by parents that is not as known as your longtime friend(s). This is where I think the conflict comes.but with a whisper voice (As people grow older they tend to gravitate towards people of their culture)"

- ENOCH ILUFOYE

"I am a stubborn child so I just plan to marry whoever I want to marry. Men tend to mature a little slower than women. I also think the **pressure** to marry fellow Nigerians/Yorubas are more on women than on men. In addition to the pressure they receive from their parents some women feel they want to have children before a certain age and their parents also want to have grandchildren before they reach a certain age."

- SEYI ADERINKOLA

SHORT STORIES

Girlfriends.

The color of her dress was magnetic. It wasn't just pink. No, this pink must have been pigmented by bismuth subsalicylate, making her dress the color of Pepto Bismal. I wondered why she was allowed to wear a dress that vibrant. I learned, after I had taken my seat, that some Delta Airlines' stewardesses had chosen to wear this outfit (rather than the standard uniform) to show their support of Breast Cancer Awareness Month. For the month of October all Delta Airlines flights would sell pink lemonade and pink martinis and donate all the proceeds from these purchases to the Breast Cancer Research Foundation.

"Pretzel?" Her words cut through my thoughts staling them almost immediately. But of course I wanted pretzels. I need a reason to stare at her uninterrupted, even if only for a few seconds so I could figure out this attraction, her attractiveness. It was all physical, her attractiveness. She was about 5'5 with the conservative heels she was wearing. Her frame was petite but well accentuated by the dress. It was almost assumed that she would serve first class as they usually expended women of this sort for those roles. And she understood her role. Her appearance was blatantly complicit.

"You're breathtaking, stunning!" I almost blurted out these words but caught them before and forced them down my throat.

I looked at her and then my gaze returned to me, traveling down to the fresh deposits of cat hair and lingering lint balls on my wrinkled sweater. I felt embarrassed that I left the house that way. I started to regret that package of sour patch kids I just purchased from the stand before boarding my flight and instantly wanted to improve myself. I wanted to wear dresses, watch Youtube video tutorials on

how to master the perfect eyebrow-eyelash combo. I wanted a bikini wax, heck, a Brazilian! I wanted to restart my day so that when I boarded the plane she too would aspire to improve just like she inspired me, that she would spend the majority of her flight thinking about me the way my thoughts had been consumed by her. I decided in that moment that I would register for a gym - Planet Fitness, I could afford \$10/month - lose these extra pounds I have been storing up for the winter time.

When she looked down to pick up the pretzels from the bin she was carrying I caught a glimpse of her mediocrity: age lines she attempted to smooth over with a mixture of concealer, foundation and powder; her real complexion that was at least 2 shades darker than her makeup; the wideness of her nose that overwhelmed her face; and how slightly crooked her eyelash strips and eyeliner strokes were. Or maybe what I saw was the placidity that was created by the routine of her job as a stewardess. I was immediately unimpressed and turned my back slightly to punctuate my indifference.

As soon as I decided she was no longer interesting, no longer the object of my attention, I settled into my seat and buckled in for the 1 1/2 hour flight. I felt a forceful jerk from the man beside me causing me to switch my attention to Him. After a rather unplanned yet extended meeting of our eyes a smile started to creep on our faces. He was older - much older - than me but I could feel my soul rise with his....

Part II of this story will appear in the next issue of Osun News.

**EXCERPT FROM
THE INVENTION OF
WOMEN**

By Oyeronke Oyewumi

Western Hegemony in African Studies*

...."An assessment of African studies as an interdisciplinary field will reveal that it is by and large "reactionary." Reaction, in essence, has been at once the driving force of African studies and its limitation in all its branches. It does not matter whether any particular scholar is reacting for or against the West; the point is that the West is at the center of African knowledge-production. For instance, a whole generation of African historians have reconstructed African history, complete with kings, empires, and even wars, to disprove European claims that Africans are peoples without history. In other fields, a lot of ink has been spilled (and trees felled) to refute or support assertions about whether some African peoples have states or are stateless peoples. Now, in the closing years of the twentieth century, arguably the hottest debate in African studies is whether Africans had philosophy before European contact or whether Africans are best described as "philosophyless" peoples.

Whether the discussion focusses on history or historylessness, on having a state or being stateless, it is clear that the West is the norm against which Africans continue to be measured by others and often by themselves. The questions that inform research are developed in the West, and the operative theories and concepts are derived from Western experiences. African experiences rarely inform theory in any field of study; at best such experiences are exceptionalized. Consequently African studies continues to be "Westocentric," a term that reaches beyond "Eurocentric" to include North America. The presence of Africans in the academy is important in and of itself and has made possible some important changes. However, it has not

brought about fundamental changes - despite the sociology-of-knowledge thesis and the politics of identity. That the Euro-American scholar is Westocentric needs no comment. But what accounts for the persistent Westocentricity of a lot of African scholarship?

This question is posed against the background of a debate among African scholars about the inability of many studies conducted by Africans to grapple with the real issues facing African countries. A number of African thinkers have tried to explain why many studies conducted by Africans fail to deal with those issues. The argument has been put forward that many writings by Africans are too focused on exhibiting Africa as different from Europe, instead of dealing with those real issues. Africa is undoubtedly in the midst of a crisis of global proportions, and this fact has lent an urgency to self-examination by African intellectuals. I shall call one group of scholars the antinativists because of their very critical stance toward any espousals of an African culture.

The other group, who entertain a notion of an African way of being, are referred to as nativist in their orientation. For the antinativist, the problem of the avoidance of central issues stems from the fact that many African thinkers are cultural nationalists; the charge is that these thinkers are unwilling to acknowledge Africa's failures and European technological superiority and thus focus simply on how different Africa is from the West. The antinativist argue further that the nativists set themselves apart from the West in order to shore up their self-esteem. [...]

[...] In this article, "In Praise of Alienation," [Abiola] Irele suggests that African intellectuals are unduly holding on to their culture. Is solution is to accept Africa's defeat and "alienation" and embrace Europe in all its grandeur and scientific capacity. Only then will aurica have the modern tools to confront its predicament. While no one can deny the myriad problems facing Africa today and the need for leadership, intellectual

and otherwise, critical thinkers like Irele have misdiagnosed the source of Africa's problem. The solution they proffer, therefore, is suspect. The foundation of Africa's problem is its close identification with Europe, which is the source and the rationale for continued Western dominance of African peoples and African thought.

My point here, then, is that African thought (from Blyden to Senghor; through Kagame, Mbiti, and Idowu; to Irele, Hountondji, Bodunrin, Oruka and Wiredu), whether nativist or anitnativist, has always focused not on *difference* from the West but on *sameness* with the West. It is precisely because African intellectuals accept and identify so much with European thinking that they have created African versions of Western things. They seem to think that the Europeans have discovered the way the world works and have laid the foundations of thought, all that Africans need to do is to add their own "burnt" bricks on top of the foundation. Senghorian negritude, for example (one of the earliest modern African intellectual movements), far from being an exercise in difference, is actually a result of Senghor's acceptance of European categories of essence, race, and reason and the linkages among the three. Senghor asserts that since Africans are a race like Europeans, they must have their own brand of essence. The fact that these are European-derived categories is not given enough consideration. Body- or race-reasoning, after all, is not rational; it is not rational or reasonable to declare somebody a criminal just by looking at his face, something racists do relentlessly. Stanislaus Adotevi is correct when he writes that "negritude is the last-born child of an ideology of domination....It is the *black way of being white*."

The problem of importing Western concepts and categories into African studies and societies takes a decisive turn in the work of a number of African feminist scholars. I find this development particularly unfortunate because of this new generation of scholars

has the potential to radically transform African studies, which has by and large mirrored the androcentrism of its European origins. Using all sorts of Western models, writers like Tola Pearce and Molaria Ogundipe-Leslie have characterized Yoruba society as patriarchal. Their mastery of Marxism, feminism, and structuralism is dazzling, but their understanding of Yoruba culture is seriously lacking. Samuel Johnson, a pioneering Yoruba intellectual, wrote of late nineteenth century Yorubaland that "educated natives of Yoruba are well acquainted with the history of England and with that of Rome and Greece, but of the history of their own country they know nothing whatever!" More than a century later, Johnson's lament remains relevant. More recently, philosopher and art historian Nkiru Nzegwu clearly framed the problem by asserting that when a number of African feminist scholars used to characterize indigenous society "as implicitly patriarchal, the question of the legitimacy of patriarchy as a valid transcultural category of analysis was never raised...The problem of evaluating Igbo and Yoruba cultures on the bases of their cultural other (the West) is that African societies are misrepresented without first presenting their positions." [...]

** Oyewumi, Oyeronke. (1997) *The Invention of Women: Making African Sense of Western Gender Discourse*. University of Minnesota Press

AYONGE SPOTLIGHT

Yewande Adeyemi and the Women of Kairos

Women of Kairos

Redeemed, Restored, Renewed!

[About](#) [Programs](#) [Start a group](#) [Events](#) [Conference](#) [Get Involved](#) [Donate](#) [Connect](#) [Media](#)

Kairos Moment - The Beginning

In 2012, during a season of transition and change, the Lord spoke the words "Divine Appointments" ... leading to the word "Kairos". Kairos is a Greek word meaning "the moment when everything happens or the appointed time!" Through many life experiences, healing from brokenness, restoration from past hurts and finding identity in Christ, Women of Kairos, was birthed. I was burdened to develop a non profit organization to help women walk into the destiny and call of God for their lives! - Yewande Adeyemi, Founder & Director - Women of Kairos

Founder - Yewande Adeyemi

Yewande is a lover of Jesus Christ and has a heart for helping people become who they were created to be. Yewande is an Executive General Manager for a fortune 10 company. She is certified as a Master Black Belt and Lean Six Sigma. She has received various business awards, including an Icon Award and Chairman's Circle. Yewande is a head coach of the young adult ministry at her church in Norcross, GA which serves over 700 young adults weekly. She volunteers with various organizations including those focused on helping women in Science Technology Engineering and Mathematics (STEM) programs and developing the next generation of leaders. Yewande holds a Bachelor's of Science degree in Electrical Engineering and Masters of Science degree in Industrial Engineering from the University of Pittsburgh.



Connect with Women of Kairos!

Contact Information

P.O. Box 813762 Smyrna, GA 30080 | wokglobal@gmail.com



😂 JOKE OF THE DAY 😂

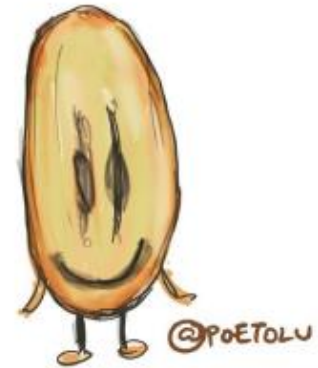


poetolu

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YOU ARE ANNOYED YOU LEFT SCHOOL 6 YEARS AGO BUT PEOPLE STILL THINK YOU ARE A STUDENT? DON'T BE SILLY!...PEOPLE SEE SOME OF YOUR OLD CLASSMATES AND THINK THEY'RE ALREADY PARENTS OF STUDENTS IN THE UNIVERSITY.

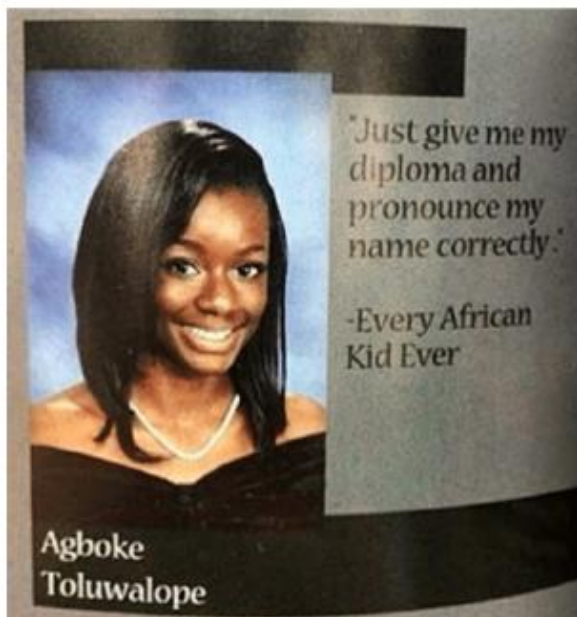


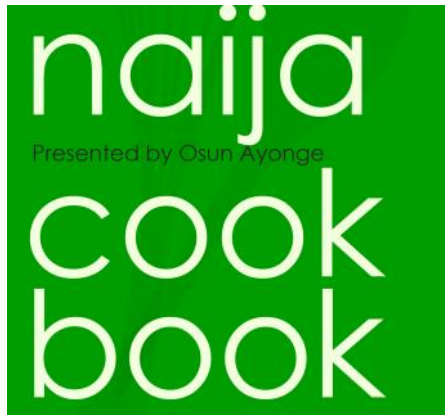
UNLESS YOUR NAME IS DODO, STOP TRYING TO PLEASE EVERYONE!



poetolu

...





This past spring, Mommy Adeniji and Mommy Afolabi opened their homes and invited the Osun Ayonge to learn how to cook delicious Nigerian cuisine. Mommy Adeniji taught the Osun Ayonge the secrets of making Egusi stew, while Mommy Afolabi taught the Ayonges how to make Efo Riro and Puff Puff. The Ayonges created a cookbook and will add onto it as more cooking classes are held. We are looking forward to the next class with Mommy Olajide on how to



How to Cook Egusi Soup

Prep Time — 30 Min
Cook Time — 15 Min
Serves - 19 — 15

things you need

2 packets (8 oz.)

Melon seeds (Egusi)

1 bag (2 lbs.)

Frozen collard greens

1 bag (3 lbs.)

rozen spinach

3

Red bell pepper

1 pc (red)

Red habanero pepper (atarado)

1/2

Red onion

4 small plum

Tomato fruit

1/2 cup Iru

Iru (Locust beans)

1 can (8-oz)

Tomato paste

To taste

Seasoned salt

1 cup

Vegetable oil

1 cube

Chicken flavored bullion cube (Maggi)

1/2 cup (optional)

Dried shrimp

1/2 cup (optional)

Dried fish

1/2 pound (optional)

Ox tail (cooked)

1/2 pound (optional)

Cow foot (cooked)

Here's How to Cook Egusi Soup

1. Wash hand thoroughly before cooking . Wash pots and utensils .
2. Blend pepper, atarado, onion, tomato together with 2 cups water
3. Place dry cooking pot on stove
4. Put oil in pot, wait 5 minutes to heat up
5. Add blended mix to oil. Let it cook for 30 minutes
6. Add tomato paste and season salt. Stir soup occasionally. Add 1 cup water.
7. Blend melon seeds with 1/4 of the onion. If using Iru, blend with melon seed and onion.
8. Add dry fish, ox tail, cow foot, and dried shrimp to soup if you wish to use
9. Place blended egusi in the middle of the soup. Add 1/2 cup of water. Cook for 15 minutes
10. While soup is on the stove, wash collard greens and spinach thoroughly. Squeeze water out of greens and place in egusi soup.
11. Stir and cover soup. Let cook for 10 minutes.
12. Add chicken bullion cube to taste.
13. Mix all greens together with stew





OSUN AYONGE 2017 CALENDAR (proposed)

Month	Event	Frequency
Jan		
Feb	General Body Mtg	-
Mar	Cooking class	Quarterly
Apr	Spring Volunteer	Bi-annual
May	Cooking class	Quarterly
Jun	General Body Mtg	-
Jul	Cooking class	Quarterly
Aug	Summer Picnic	Annual
Sep	General Body Mtg	-
Oct	Jollof Rice Cookoff Cooking Class	Annual Quarterly
Nov	Fall Volunteer	Bi-annual
Dec	Holiday Soiree	Annual

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