

GENDER AND MALARIA

INTRODUCTION

Roll Back Malaria's *Action and Investment to Defeat Malaria, 2016–2030* illustrates the links between malaria and gender equality in the SDGs. Gender, society, culture and religion all combine to influence the environments where people live, their options for earning a living, and (indirectly) their exposure to malaria and ability to access basic services.¹

Women's work in agriculture or their household responsibilities such as cooking the evening meal outdoors or waking up before sunrise to fetch water may also put them at great risk of malaria infection. Similarly, men who work outdoors in forestry, fishing, mining, or ranching are at a greater occupational risk of contracting malaria if this work occurs during peak biting times. In some pastoral societies, boys and young men leave their homes to watch over livestock as they graze. These boys and young men have very little, if any, protection from malarial mosquitoes and are often far away from treatment facilities should they fall ill.

Beyond issues of geographical distance, the unequal balance of power between men and women in households can also make it hard for women to access health and malaria services. This is particularly the case for poor women and their children who continue to bear the brunt of malaria's morbidity and mortality.²

Insecticide-treated net (ITN) use is also subject to gender norms. Acceptability and use of ITNs are strongly linked to culturally-accepted sleeping patterns, in which gender plays an important role in who uses the nets. In some instances, young children sleep with their mother and are therefore, protected by her net if she has one. Or, if a household only has one net, priority may be given to the male head

of household as he is often considered the primary breadwinner.³

Most caregiving in the home is provided by female household members: mothers, aunts, grandmothers and older female siblings. Reducing malaria frees women and school-age girls from the burden of caring for family members when they fall sick.⁴ In addition to time lost by being sick themselves, caregivers invest at least an additional two days for every malaria episode in any one of their children or younger siblings.⁵ In high-transmission settings where children suffer from malaria frequently and family size is large, this can take up a significant amount of time. Less malaria therefore increases the likelihood that women and school-age girls can complete school, enter and remain in the workforce, or participate in public decision-making. This holds the key to making women's voices heard as they seek to claim their right to health care, and to stand up against unlawful eviction when land is redeveloped.

In addition, increased schooling in mothers is an important factor in ensuring children access malaria prevention and treatment services⁶, and it is important that work continues to reduce the gender gap in schools around the world.⁷

It is critical that we pay attention to gender differences in the fight against malaria. When civil society involvement in health and malaria is promoted, representation should be balanced in terms of gender

1 World Health Organization & Roll Back Malaria. Gender, health and malaria (2007). <http://www.who.int/gender/documents/gender_health_malaria.pdf?ua=1>

2 Arrow, K. J., Dasgupta, P., Goulder, L. H., Mumford, K. J. & Oleson, K. Sustainability and the measurement of wealth. *Environ. Dev. Econ.* 17, 317–353 (2012).

3 Tolhurst, R and Nyongator, FK. (2005) "Looking within the household: gender roles and responses to malaria in Ghana". *Trans R Soc Trop Med Hyg.* Oct 5, 2005

4 McFarland, D. A. Systematic review: household economic burden of malaria. Rollins School of Public Health and Bethesda MD: Abt Associates Inc. (2012).

5 Asenso-Okyere, W. K. & Dzator, J. A. Household cost of seeking malaria care. A retrospective study of two districts in Ghana. *Soc. Sci. Med.* 1982 45, 659–667 (1997).

6 Levine RA, Rowe ML. Maternal literacy and child health in less-developed countries: evidence, processes, and limitations. *J Dev Behav Pediatr* 2009; 30: 340–49.

7 Gakidou E et al Increased educational attainment and its effect on child mortality in 175 countries between 1970 and 2009: a systematic analysis, *Lancet* 2010; 376: 959–74

and ethnicity. It is also crucial that we share best practices on how to engage communities, and involve people and communities more effectively in social behaviour change communication and the design of malaria interventions and innovations.

Identifying and amplifying the voices of those affected by malaria – in particular the voices of the most vulnerable – is also essential. At the same time, more gender-based research is needed to strengthen the body of evidence on how to overcome gender bias in the fight against malaria.

On World Malaria Day 2015 (April 25), the MEASURE evaluation project⁸ encouraged “all public health workers and decision-makers to consider the impact of gender on treating one of the world’s worst killers and to make the commitment to increase and improve gender-related data collection to assist in strategy and planning for effective malaria prevention and response.”

CASE STUDIES

Gender roles and perceptions of malaria risk in agricultural communities of Mwea division in central Kenya⁹

In this study, researchers examined gender differences in the perception of high malaria risk in women and factors associated with a high number of malaria episodes in the Mwea Division of Central **Kenya**. Most women informants believed that their high malaria risk was related to exposure linked to their role in the agricultural fields and to their household responsibilities. This article concludes that gender-based research can make a significant contribution to the development of effective and sustainable malaria reduction strategies targeting very vulnerable groups.

Peer education programme in the Gambia

In the **Gambia**, peer educators have encouraged men (household heads) to become involved in community health discussions, by using short dramas to attract them. The discussions help to show men the critical role that they can play in supporting women both morally and financially to go for intermittent preventive treatment of malaria in pregnancy, insecticide-treated nets (ITN) and other malaria prevention measures. Given that patriarchy and polygamy are prevalent in the target communities, such initiatives and interventions are essential. Evaluation showed that ITN usage increased threefold in the Youna area where this was implemented.¹⁰

8 MEASURE Evaluation: <http://www.cpc.unc.edu/measure/>

9 Okubatsion Woldu D and Teka Haile Z. Gender roles and perceptions of malaria risk in agricultural communities of Mwea division in central Kenya. *Women and Health*. 2015; 55: 2.

10 Guide to Gender and Malaria Resources from Kvinnoforum and RBM as part of the project Raising Women’s Voices on Malaria funded by the Swedish International Development Cooperation Agency (Sida).

