

**GENDER DYNAMICS IN MALARIA AND ITS CONTROL AMONG
PASTORAL AND AGRO-PASTORAL COMMUNITIES IN NYABUSHOZI
COUNTY, KIRUHURA DISTRICT**

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Abstract

Gender differences tend to determine human infection and responses towards malaria and its control in various societies. This study was undertaken to assess the gender dynamics in the prevalence and control of malaria among pastoral and agro-pastoral communities in Nyabushozi County, Kiruhura District. Specifically, the study focused on malaria prevalence; communities' knowledge of the causes and symptoms of malaria; preventive and treatment mechanisms; differences in roles and access to and control over mosquito nets, livestock and livestock products as the vital resources in malaria control. A semi-structured household questionnaire and in-depth interviews (IDIs) were used to collect data from 478 households from eight villages taken as clusters, with representation of nomadic, transitional and settled pastoral communities. Blood samples were picked from

individuals in the households in both the dry and seasons and the slides taken to the laboratory for microscopic examination of malaria parasites.

The results showed that there were no significant differences in prevalence of malaria among males and females of the three pastoral communities in the dry and rainy seasons (X^2 , $p > 0.05$). However, the males were more likely to contract malaria in both seasons than the females (OR 1.25 for nomadic and also transitional pastoralists; OR 1.21 for transitional OR 1.10 for settled). In both the rainy and dry seasons, cases of malaria were found to be highest under fives (104/464; 22.4% Vs. 122/416; 29.3% respectively).

All the men and women of the three pastoral farmer groups knew that malaria is caused by mosquitoes (14/34; 41% vs. 9/16; 56.2%, 75/161; 46.6% vs. 79/167; 47.3% and 122/275; 44.4% vs. 147/345; 42.6% of the responses for nomadic, transitional and settled men and women respectively) but also wrongly believed

that they could contract malaria through drinking dirty water, raw milk and eating raw fruits among other misconceptions. The farmers also correctly mentioned the symptoms of malaria.

Although unconventional malaria preventive methods like washing hands before eating, eating mature fruits and lighting houses were mentioned alongside the popular mosquito nets by the men and women of the all the farmer groups, there was no significant difference in knowledge of preventive measures for malaria (χ^2 , $p > 0.05$). There was a high preference for the private village clinics as sources of malaria treatment by all farmer groups (38.3%, 38.9% and 36.5% of the responses for nomads, transitional and settled farmers respectively) because they were closer to the farmers' households. There were significant differences in decision making for treatment at the treatment centers in each of the three farmer groups (χ^2 , $p < 0.05$), with decisions for treatment at modern health centers mainly made by men,

and the women, as primary health care givers, more inclined to herbal medicine.

Women and girls were most burdened in terms of tasks, due to their involvement in all the reproductive and productive tasks, and this made them more likely to suffer most of the consequences of malaria. The timing of some activities by the men (grazing and milking between 6a.m – 11am in the morning and between 4pm – 7pm in the evenings) exposed them more to the malaria-transmitting mosquitoes.

Overall, 222 (47.8%) of all the pastoral and agro-pastoral households had mosquito nets (9/23; 39.1% for nomads, 61/159; 38.4% transitional and 152/282; 53.9% settled) , most of which were not treated (none among the nomads, 18/61; 29.5% transitional and 40/152; 53.9% for the settled). The nets were used by men, women, boys and girls among the nomadic pastoralists, but the adult men and women used them most among the transitional and settled pastoralists at the expense of the more malaria-prone under fives. Men made most of the decisions on who would use the nets. The cultural setting enabled men to own and control more

economically viable resources like cattle and milk and left women with the less profitable ones like ghee. This differentiation in ownership and control brought in fewer financial resources for the women and consequently reduced their purchasing power on malaria treatment.

The study concludes that pastoral and agro pastoral men and women's prevalence and knowledge of malaria is similar, but the gendered patterns of tasks and resource ownership ignore the crucial roles that women may play in fighting malaria. The study recommends, inter-alia, that women and men of all the three farmer groups be sensitized on the rightful causes, symptoms and preventive measures of malaria. There is a need to improve on the quality of services provided by health personnel at government health centers. The farming communities should be informed on the importance of sharing household roles to offload the overburdened women and the risks of grazing and milking at night or very early in the

morning. The socio-economic status of the women should be uplifted by improving their access to and control over vital resources like livestock and its products so as to enable them contribute to malaria control at both the household and community levels.