

The President's Malaria Initiative (PMI) and Gender

Gender plays a role in the success of many public health programs. Biological differences between men and women can affect vulnerability to certain infectious diseases, while gender norms, cultural practices, and behaviors can strongly influence disease prevention and care-seeking, as well as access to treatment.

With regard to malaria, the risk of becoming infected with *Plasmodium* is similar among adult men and women exposed to the same environmental conditions, but pregnant women, particularly those in their first pregnancy, are more susceptible to developing malaria due to decreased immunity during pregnancy. In all PMI focus countries, pregnant women are the primary adult target group for prevention efforts because of the increased risk of maternal anemia, premature delivery, low birth-weight infants, and stillbirth.

Gender differences, however, often play a role in access to prevention and treatment. In many cultures, men tend to endure discomfort, leading to delays in seeking medical care and subsequent reporting, while women may delay seeking care due to the lack of control of financial resources, as well as household duties which result in less time available to travel to a clinic. In many malarious areas, certain gender-specific occupations may increase exposure to malaria vectors. For example, in areas where forest-dwelling malaria vectors are common, men entering the forest for logging or gem mining may place themselves at greater risk.

PMI, along with in-country partners, focuses on reducing gender-related vulnerability through:

- Providing free or highly-subsidized insecticide-treated mosquito nets (ITNs) to pregnant women through campaigns as well as routine antenatal services;
- Implementation of behavior change communication (BCC) activities to ensure that the most vulnerable groups are sleeping under ITNs every night. In countries where male household members may make decisions about use of ITNs, and where men control the finances, it is critical that men understand the importance of prioritizing ITN use by pregnant women and young children (if universal coverage for all household members has not yet been achieved);
- Recruitment and training of non-pregnant women for indoor residual spraying (IRS) campaigns, according to national guidelines, which can generate income and social capital for women in their communities;
- Supporting intermittent preventive treatment for pregnant women (IPTp), administering at least two doses of the drug sulfadoxine-pyrimethamine (SP) to women during their second and third trimesters and carrying out activities to encourage women to seek antenatal care services as early as possible. Costing only 10 to 12 cents per treatment, IPTp reduces the frequency of maternal anemia, malaria infection of the placenta, and low birth-weight infants;
- Ensuring that national malaria treatment guidelines specifically address the treatment of clinical malaria during pregnancy, and that appropriate drugs for treatment are available at all health facilities; and
- Analysis of data from household surveys and health management information systems (HMIS) to assess potential gender differences in risk of *Plasmodium* infection and clinical malaria, as well as access to malaria prevention and treatment.

PMI is dedicated to reducing malaria-related deaths by 50% in its 15 focus countries. Success can only be achieved through programs that address potentially gender-sensitive issues. PMI supports an integrated strategy which reflects the particular context in each of its fifteen focus countries to ensure access to proper malaria prevention and treatment for all persons at risk.