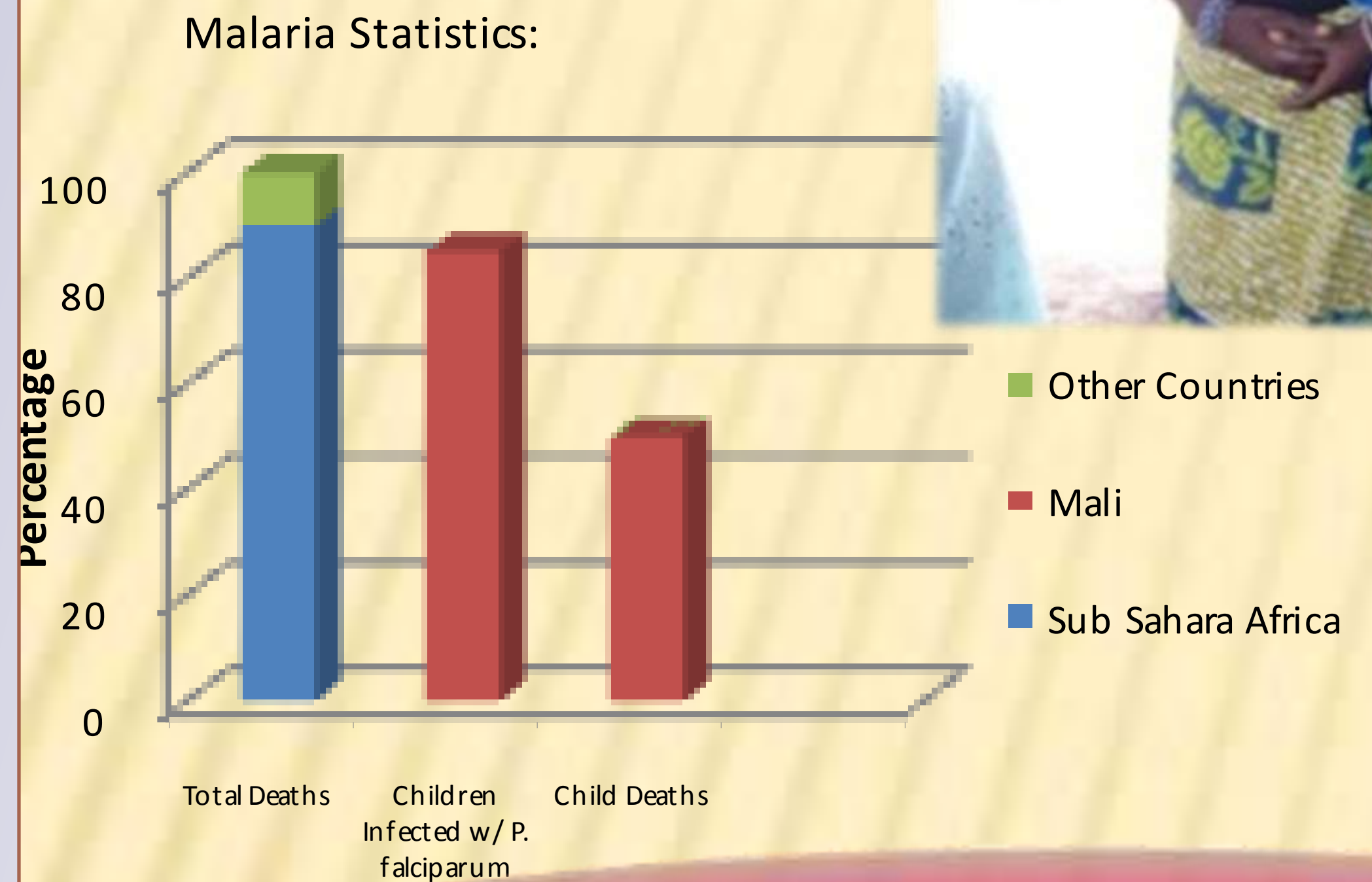


Introductory Study of Women's Roles in Holistic Management of Malaria in an Isolated, Traditional Subsistence Farming Village in Mali

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ABSTRACT: In Mali, an estimated two million malaria cases occur annually causing 50% of children deaths. Sanambele, an isolated subsistence farming village in Mali, identified malaria as their primary health concern. Village women were concerned 40% more than the men. Bed nets / medication were challenging for them to obtain. Village women expressed need for more effective malaria prevention / management. Because of their stronger response in identifying malaria as a problem and role as caretakers of at-most-risk group (children 0-5 yrs), women appear to be key players in the fight against malaria. This project explored factors such as general malaria knowledge and current treatments, social infrastructure, efficacy of existing programs, village hierarchy, women specific roles, spiritual and personal beliefs. We tested the hypothesis that older village children/teenagers would be ideal group for focus. However, because of their respected position, we found elder women are stronger candidates for training in malaria prevention and care amongst the village. Ongoing research entails ethical obligations of developed countries in contributing to malaria prevention in resource-poor countries, and creating a manual based upon a village survey, that may benefit Sanambele.



Hypothesis Tested:
 Young women in Malian villages are likely candidates for managing malaria prevention / transmission of malaria in their village because their traditional roles as African / Muslim women, also as new mothers, place them in position to be most likely recognizing early symptoms and interested in preventative measures as caretakers of infants, the most at-risk children.



RESULTS

- Prevention is essential
- Education
- Focus on elders, specifically grandmothers

Discussion:

- Hypothesis that young women should be focus because of their roles as caretakers and mothers of children was rejected. Whole community must be involved.
- Current malaria prevention focus is bednets / preventative medicine for pregnant women. Peer-refereed literature/interviews indicate malaria is a community disease, and must be fought as a community (Tiono, 2008; Bellamy, 2004; Bennett, et al., 2008; Bove & Vallenggia, 2009; Editorial, 2008; Francke & Lalou, 2009; Fraser-Hurt & Lyimo, 1998; Mathanga & Bowie, 2007; Pincock, 2008; Wakabi, 2008).
- Those more removed than mothers from at risk group must be encouraged / educated on importance of malaria eradication, connection of child deaths and sickness with village productivity (Killeen, 2007).
- Bed net / preventative medicine distribution programs are beneficial, but not final solution to malaria eradication (Fraser-Hurt & Lyimo, 1998), (Launiala & Kulmala, 2006) (Muller, et al., 2008) (MALI: Malaria cases decrease, 2004).
- Interviews / articles suggest bednets are most likely used for parents, not children (Muller, 2008; Ba 2008; Lampiotti, 1999).
- Bednet program neither well advertised nor adhered to (IRIN Africa-West Africa- Mali- Beating Malaria achievable this year gov't says, 2007). Village interviews indicated government-promised free medicines / bednets did not arrive.
- Women do not attend clinics usually until second / third trimester, or until children are very sick (Brentlinger, et al., 2007; Muller, et al., 2008; Rosato, et al., 2006; Parise, 2003). Complete course of preventative medicine is important in addition to bed net coverage for health baby delivery (Brentlinger, 2007)
- Other forms of prevention must be incorporated with Roll Back Malaria initiatives (Hommerich et al, 2007, Malaria Journal), larvae management, sanitation, bednets, repellants, preventative medicine (Hommerich et al, 2007, Malaria Journal).
- Education is essential for malaria eradication (Bellamy, 2004). Few promote breaking transmission by bednet covering those with the fever (Dunkel 2008). Mothers need to be reminded of moments to act in covering children with nets and how fast to seek medical aid (Boller et al, 2003, Bulletin of the WHO; Adeneye, 2007, World Health & Population).
- Government programs are not reliable.. Villagers need to be encouraged to be self-sufficient. Women especially need to be encouraged / supported in entrepreneurial endeavors since they likely to pay for medicine / bed nets (Castle, 1993).
- Pay special attention to older village mothers / grandmothers in malaria education. Since they hold a revered position as a village elder, education attempts must keep the specialness of their position in consideration. Traditional spiritual beliefs influence older women's health decisions (Launiala & Kulmala, 2006; Omorodion, 1993; Bâ, 1972).
- Older mothers wait longer than younger mothers to seek help for sick children (Castle, 1993) (Boller et al, 2003, Bulletin of the WHO; Adeneye, 2007, World Health and Population), and were not as familiar with government programs or policy changes.
- Grandmothers make financial decisions to pay for medical care for sick children (Castle, 1993; Dunkel et al. in review, 2007; Whitworth, et al., 2008; Anya & Raine, 2008).

Materials / Methods

- Videographic analysis of village
- Malian culture exposure and understanding
- Interview instrument development
- In-depth interviews
- Data-analysis

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