

Gender Roles, Caregivers' Perception of Barriers and Benefits of Male Involvement in Malaria Management Among Under-Five Children in Nigeria

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Introduction

Malaria in children remains a significant global public health burden. According to UNICEF data, in 2019, two hundred and twenty-nine (229) million cases of malaria episodes were recorded globally which led to the death of 409,000 people, with 67 per cent (274,000) among under-five children. This was a result of the daily death toll of about 750 under-five children. Malaria infections and the costs of their treatment have restrained resources and plunged families deeper into poverty.

Africa still carries on its shoulders over 80% of the burden of malaria globally. Out of this figure, Nigeria alone accounts for about 25 per cent (World Health Organization, 2019). The World Health Organization in 2018 reported that every year in Nigeria, about 57 million cases of malaria are reported while nearly 100,000 deaths occur due to malaria. Similarly, Nigeria was among the eleven (11) countries with a heavy burden of malaria in the world, in 2018 accounting for 25% of cases and 24% of deaths (WHO, 2019). Although malaria can be prevented, treated and cured, it remains an endemic disease in Nigeria and also remains a major source of public health challenges among under-five children and pregnant women who are more vulnerable to malaria.

It is a known fact that children are highly dependent on their caregivers who could be parents or guardians for sustainability. The implication is that their vulnerability to infection is mostly dependent on the health-seeking behaviour of their caregivers. In other words, no matter how much efforts are put into malaria prevention strategies, if conscious steps are not taken to ensure the improvement of the health-seeking behaviour of parents and guardians, all efforts aimed at preventing or reducing the rate of malaria infection among under-five children will be less effective or futile. This is one area that research needs to focus on to ensure that the various local

and international efforts aimed at reducing high malaria incidence and high prevalence of child mortality do not go down the drain.

There are quite a number of gender norms in society and at the community level which undermine power relations as they affect healthcare at home. Pregnancies are usually perceived as the sole responsibility of women; hence women are left alone to bear the brunt. Also, some men feel that their masculinity becomes weakened if they accompany their spouse to antenatal visits. Even at the health facilities, some men do not accord respect to men who accompany their partners and some are very unwelcoming to such men and see them as weaklings. The pertinent question this current research intends to explore is what are the barriers and benefits of male involvement in the treatment and prevention of malaria among under-five children in Nigeria. However, malaria prevention and treatment efforts may not yield the desired positive result if men are not actively involved in matters relating to the health of members of the household. The success or otherwise of the implementation of malaria prevention and treatment recommendations will certainly be based on the household head in the home, male involvement and women's autonomy. Although women are natural caregivers, especially to under-five children in the home, their autonomy or otherwise would be hampered if they are not in a position to make decisions concerning health-seeking at home.

Research Objectives

The specific objectives of the study were to:

- i. investigate the involvement of the male gender in the prevention, treatment and management of malaria among under-five children in Nigeria;
- ii. assess the level of awareness and knowledge of malaria prevention recommendations among caregivers in Nigeria; and
- iii. explore the perceptions of under-five caregivers on perceived barriers and benefits of male involvement in malaria prevention, treatment and management of under-five children in Nigeria.

Theoretical Framework

This study is anchored on the social and gender norms theoretical foundations of the Gender Power theory (Connell, 1987; Connell, 1990). This is adopted to explain how existing gender and social norms directly or indirectly modify the health-seeking behaviour of caregivers for under-five children in Nigeria. Social norms are explained as informal rules that shape appropriate behaviour in a given context and vary across time, place and population (Cislaghi & Haise, 2018). People comply with norms for various reasons, including the desire to be accepted by their community, family and peers and also the fear of social disapproval and rejection if they fail to comply with the norm. In this current study, gender norms are the widely accepted social rules about roles, behaviour, status and power associated with being a man or considered masculine or being a woman or considered feminine in a given culture (Kagesten et al., 2016).

This theory is relevant to this study with regard to how individuals perceive patriarchal values and norms which are instrumental to decision-making autonomy at the household level on health-seeking for under-five children. This presupposes that individuals act based on the meaning attached to gender and social norms in their local settings regarding their decision to seek health care for febrile children. The main hypothesis in this study is that a couple's decision on health care for under-five children is couched in their views on what gender roles are and their perspectives on whether or not to take action when children are exposed to malaria episodes are very much determined by the social norms in their context, in patriarchal gender norms around women's decision-making autonomy, male involvement in household well-being and sex of household headship.

Methodology

This study employs a qualitative approach. With the qualitative design, a multistage sampling design was employed to reach the participants. The study areas were purposively selected based on high (North-West) and low (South-West) malaria incidence for under-five children in Nigeria. Kebbi and Osun States were considered because they have the highest malaria incidence in the zones. Two local governments were randomly selected from each of the two states and stratified into rural and urban communities. One primary healthcare centre in the rural community and one tertiary health facility were considered for the hospital-based in-depth interviews while Focus Group Discussions (FGDs) were considered among married women and their husbands. The interviews were disaggregated by sex and age. Women of the ages of 15-24 years and 25-49 years

were interviewed separately. Also, there were different focus group discussions for men and women at the community level. In all, four (4) focus group discussions were conducted in both the rural and urban areas in Kebbi State comprising two (2) each in the rural area (1 male FGD and 1 female FGD). Four FGDs were conducted in the urban areas in Kebbi State, with one male and one female group. At the health facilities, ten women that comprise five in the rural and five in the urban settings were considered for in-depth interviews. The same process was replicated in Osun State and this gave a total of eight (8) FGDs and twenty (20) In-depth Interviews (IDIs) in all. Participants were reached in health facilities and communities in both rural and urban areas to avoid selection bias. Women who had had at least a live birth in the last five years preceding the survey were considered for the interviews and discussions. The qualitative data were analysed using thematic-content analysis.

Expected Results

The data is expected to reveal the roles of gender in home management as well as the perceptions of the caregivers of under-five children about the barriers and challenges that come with the involvement of the male gender in efforts aimed at preventing, treating and managing malaria among under-five children which is a major developmental issue in Nigeria. Male involvement clearly has its benefits as well as challenges. In a patriarchal society like Nigeria, the role of the male gender cannot be overemphasized in home management. The head of the home has a main say and determines the health-seeking behaviour especially as it relates to malaria prevention, treatment and management.

References

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