

# Gender Analysis Matrix

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Gender Analysis on vulnerability of Sudanese females at different age to Malaria in different areas of Sudan.

<b>Factors that influence health outcomes:</b> <i>Health related considerations</i>	<b>Factors that influence health outcomes:</b> <b>Gender related considerations</b>		
	<b>Biological factors</b>	<b>Socio-cultural factors</b>	<b>Access to, and control over, resources</b>
Risk factors and vulnerability	<p>Most vulnerable groups are pregnant women and under five. Any intervention should put special consideration on the above two groups.</p> <p>Malaria during pregnancy is one of the major causes of maternal morbidity and adverse birth outcomes. We need to increase coverage of IPT( intermittent preventive treatment) in antenatal</p>	<p>In areas like Gezira, gender based division of labor make exposure among men and women different. Men are farmers and spend most of their time in the field. This makes them more vulnerable than females who generally stay at home and so are more protected.</p> <p>In Darfur, Women go to the fields and farm making them more vulnerable.</p> <p>In South, Women wake up early, cue for water, and do most of the daily chores. Cultural norms oblige women to serve men. Men think they paid to marry that woman and so she should perform all the chores.</p>	<p>In Darfur state, due to conflict reasons, women and children especially are more constrained when it comes to accessing resources. Malnutrition is widespread and there is a higher risk of infection including malaria. Women are at increased risk of gender-based violence in these areas which further restricts their mobility and access to education and services.</p> <p>Women bear all home responsibilities and so may not</p>

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	<p>clinics.</p> <ul style="list-style-type: none"> <li>-improve practices of health care workers.</li> <li>-motivation of women and their perception of malaria complications during pregnancy.</li> </ul>	<p>Sleeping patterns (outdoor or indoor) differ between rural and urban areas in Sudan. In Rural areas people are more likely to sleep outdoors and so are at higher risk of being exposed to mosquitoes.</p> <p>Dress codes determined by gender norms may affect skin exposure. Women in general due to religious and cultural reasons are covered up from head to toe so are less exposed to mosquito bites. In the South where women are men are less covered because religious and cultural context is different are more exposed.</p> <p>In north Sudan, ITN are prioritized for women and mothers with babies. Men will be left out. Culture obliges males to be responsible for his family and so will not sleep in ITN and leave his daughter</p>	<p>have time to access information on preventing malaria.</p> <p>Literacy rates among women in Sudan are very low.</p> <p>This could be barriers for accessing information material.</p> <p>-Social network among women in Sudan is very important. Women could receive information about malaria from her neighbors and relatives.</p>

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		<p>and sister out.</p> <p>In Eastern Sudan the situation is different males are dominant and can use ITN leaving children and females out.</p> <p>In south, Use of ITN is connected with females. They think of ITN as a white house that can be built in one day. Newly wedded have to have ITN although in the summer they sleep outside. If women gave birth they also use ITN. Males wont sleep under ITN</p> <p>Masculinity norms prevent men from using ITN as they think they don't need it or other males will laugh at him.</p> <p>Educational programs are mostly attended by females. Males should also be targeted with special messages as they tend to neglect signs and symptoms and not attend community based prevention programs.</p>	

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Access and use of health services	Pregnant women may have difficulty walking long distances to access care. Disabled and older men and women may also have difficulty in this regard.	<p>Women may not be able to access health service because of their obligations and responsibilities at home (cooking, cleaning and taking care of children) and cannot leave their children alone at home and may not even have time to use health service. This may be complicated by the fact that services are far away and women's mobility are generally restricted.</p> <p>In areas like Darfur, the security situation affects access to health services for both men and women.</p>	<p>In most contexts in Sudan, men are the decision makers and have control when it comes to resources and finance. They decide where and when women should use health service. Religious context also obliges women to follow their husbands and brothers. Women cannot decide to use health services on their own and even if have the choice may not have money to do so.</p> <p>In poor families, Mothers could prioritize money and resources for her children and other obligations in the household (food, water..etc)</p>

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Health seeking behavior	<p>-Malaria may be asymptomatic during pregnancy, causing women not to seek health services.</p> <p>-Pregnant women may not differentiate signs of malaria from those of pregnancy.</p> <p>Pregnancy complications may make women not attend clinics.</p> <p>-Childbirth may delay treatment seeking.</p> <p>Women may face mobility constraints due to social customs.</p>	<p>Mothers delay seeking health because they don't think of themselves and give priority to taking care of their children. Females prefer female doctors especially if their pregnant</p> <p>Men do not rush to doctor, as they try to tolerate while females are scared and will not delay reporting.</p> <p>Social constraints may prevent women behavior to seek care as their husbands or brothers have to accompany them.</p>	<p>Men in general have more freedom to move about and have more access to transport and so seek health more freely.</p> <p>Because women have to ask permission to spend money on healthcare this may delay or prevent treatment seeking.</p>

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Treatment options	<p>Pregnant women in cities and urban areas may have good access to antenatal clinics and so good treatment options for malaria. While in villages accessibility and availability of antenatal clinics is poor and treatment options are lower.</p>	<p>Patients, especially males, may take prescriptions on their own if they feel certain signs and symptoms. Males due to cost and time may choose traditional healing methods more than females(e.g. Aradeeb with spices to cure malaria symptoms)</p> <p>Although females may be more likely to listen to their mothers and grandmothers to follow certain traditional medicines that run in their family.</p> <p>Home based management is one of treatment options. To train someone in the community it requires training for 7 days. Communities mostly send males for training but these men in the summer leave their villages seeking work in the cities. Females aren't allowed to stay away for the days of training and sociocultural reasons may</p>	<p>Lack of adequate funds may force poor individuals to visit traditional or village level healers. Women may be most vulnerable to lack of funds leading to decreased accessibility to formal care.</p>

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		<p>prevent her from providing care for males and at any time. Resources may be scarce to train both males and females. It is proposed to train community workers and then they can train others when they go back to their village. Another suggestion is to integrate home based management in the curricula of midwives. The midwife can provide care at any time and is always available in the village. But will men accept care from a midwife?</p> <p>There is a belief among pregnant women that quinine causes abortion and so they will not take it.</p>	

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Experiences in healthcare settings		Health care staff is unaware of and are not sensitive to affects of gender inequality on disease.	<p>Facilities especially in rural areas are not adequate to diagnose malaria. Personnel may not have received proper training, equipment are poor , testing material is not sustainable and drugs are not always available).</p> <p>Due to lack of education, people may find using health services to be a fearful process. This is especially so for women.</p>



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Health and social outcomes consequences	<p>Outcomes and consequences related to pregnancy:</p> <ul style="list-style-type: none"> <li>-complications of pregnancy , anemia and premature labor</li> <li>-malaria during pregnancy can impair the growth and survival of the fetus.</li> </ul> <p>Pregnancy may complicate the course of disease, with risks for both the woman and her child, regardless of the child's sex</p> <ul style="list-style-type: none"> <li>-more maternal death</li> <li>- severe symptoms in pregnant women progress faster.</li> </ul>	<p>When one or several members contract malaria, women may be overburdened by the responsibility of caring for sick people.</p> <p>Women may be less likely to complete treatment due to resource and other constraints or may be burdened with the care of other family members who do not complete treatment.</p>	<p>Lack of resources leads to non-compliance with drug regimens, which could lead to resistance, lower resistance, lower dosing, sharing pills and finishing treatment early.</p>