



Gender and culturally sensitive participatory surveillance and response of emerging pandemic threats

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Some colleagues are questioning: **It is well and good to know and be able to explain practices and beliefs in communities but how such knowledge would be useful to train community agents?**

Others are categorical: **We do not need to know what people think or do when an outbreak occurs. We already know what is necessary to be done to avoid and treat the disease.**

Some question: **Are men and women infected or affected differently by pandemic?**

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I will try to answer those questions taking H5N1, HIV/AIDS and Ebola as examples.

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A. Gender and pandemic

The evidence is fast becoming clear: diseases infect and affect women and men differently

Gendered nature of factors affecting human pandemic

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1- Social factors

- **Culture and religion** influence habits and practices; ways of interpreting the causes; acceptable forms of preventions;
- Different **access, control and benefit** over resources, they have different **knowledge** and they experience;
- **Men and women's roles** determine possibility of contact with animal and environmental factors;

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- **Sexuality and power** shape, with whom, when and how to have sex and forms of prevention;
- **Patterns of mobility** differs and affect vulnerability;
- **Health seeking behaviour** differ.

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2- Economic factors



- **Macro-economic factors:** National debt, capital speculation, imposition of macro-economic adjustment programmes, jobless growth influences differently men and women and influence negatively veterinary and health services and the health and well being of poor people;
- **Poverty and inequality:** Women and men experience poverty differently because of gender inequality.

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3- Political factors: Political commitment is necessary. Recognition or not of sexual behaviours. Gender blind policy can reinforce stereotypes and status quo. Availability of antiretroviral drug to avoid mother to child transmission.

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4- Bio-medical factors predisposing girls and women to increased risk of infection.

4- Environmental factors influence health through exposures to physical, chemical and biological risk factors

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Not only the factors affecting human disease are gender sensitive but also disease impact differently on men and women. Here I am going to discuss both human and animal diseases.

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Gendered impact of animal and human pandemic

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1- Social impact



- **Majority of formal and informal care** is given by women (girls drop out of school due to involvement in care, in productive and reproductive activities, survival sex due to HIV/AIDS)
- **Psychological impact** of caring of sick and dying people
- **Disruption of social interactions** (HIV/AIDS, H5N1, H1N1, Ebola)

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2- Economical impact



- **At all levels:** on household, on communities, on sectors, on business, corporate and national level
- **Within the household:** HPAI in Indonesia impacted greatly on women raising village poultry while foot and mouth disease impact mainly on male owners of cattle and goat. HIV/AIDS in Southern Africa is impacting negatively on girls education and women involvement in economical activities

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3- Political and policies impact Need

to develop gender sensitive policies (home based care for HIV/AIDS people has negative impact on women, access to antiretroviral to avoid MTCT)

4- Demographic impact on human and animal population has varied consequence for men and women.

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If women and men are infected differently by human diseases and affected differently by human and animal diseases, surveillance, prevention and response work need to be adapted to this reality.

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How would such knowledge be useful when training staff?

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- Create awareness about the fact that men and women are infected and affected differently
- Develop gender-sensitive approaches and methods of work to identify gender specificities of knowledge, risk factors and impact
- Develop messages and modified behaviour and practices adapted to men and women

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- Sensitize policy makers on the gender implication of their decision
- Develop gender-sensitive approaches and methods of work which are empowering such as participatory methodologies or working in same sex groups.
- Promote the creation of structures and opportunities for women's participation in decision-making at all levels.

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B. Cultural issues

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Why do we need to know what people think about disease, treatment, death?

Keeping in mind experiences with HIV/AIDS, Avian Influenza and Ebola

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Cultural issues influence both individual and collective attitude and practices:

- the way people evaluate risk;
- the prevention strategy and change in behaviours and practices;
- reporting / hiding sick animal and sick people;
- the health seeking behaviour;

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- the treatment adherence or avoidance;
- public discourses (rumours, fear, political and/or religious opportunism);
- collective action (which hunt, protective rituals, village isolation, fleeing to remote area);
- stigmatization of sick people, survivors and people in contact with them including nurse and doctors.

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Case 1: Between December 2002 and April 2003 143 cases of Ebola were registered in the districts of Mbomo and Kéllé in the Republic of Congo. 129 people died (89%).

Several explanatory models cohabitated and interpretations shifted:

- Sorcery: Four teachers were killed accused of being the sorcerer who caused the death;
- White people

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- La Rose Croix, an international Christian organisation and supernatural power;
 - Illness
 - Epidemic
- (Berliner, 2004; Hewlett and Hewlett, 2008:).

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Case 2: A medical doctor who was part of a team intervening in the Ebola outbreak in 2007 in DRC explained that when they were driving toward a village they found that the road was blocked with branches and trunks. Blood was visible on the floor as rituals had been performed with the killing of chickens. The team ignored completely the block made to control population movement and removed the barrier established despising local biosecurity measures.

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The medical recommendations

included measures that disrupted totally the social and economic life of the community including eating habits, mobility, relations, rituals and ceremonies:

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- Ban on hunting and consumption of game;
- Control of movements;
- Avoid physical contacts and agglomeration of people in school, church and cultural or sport event even checking hands;
- Avoidance of funerals or transformation of funerals;

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<http://www.webenfermedades.com/ebola>

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- Identification of "suspect" cases;
- Isolation of sick people;
- Criminological-style epidemiological surveys (Epelboin et al., 2008);
- Compulsory blood or tissue sampling for virological diagnosis (Epelboin et al., 2008).

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**How such knowledge would
be useful to train staff?**

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- Humanize the response;
- Develop a dialogue with male and female traditional healers and leaders;
- Show empathy with sick people and their family;
- Take into consideration the views, beliefs and customs, especially funerary rituals;

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- Combine in the best way security imperatives and well being of individuals and population;
- Look at complementarities between traditional medicine and biomedicine;
- Create isolation space where family members can see their family member;
- Acknowledge and do not stigmatise behaviour of people or communities;

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- Involve women and men infected and affected and those most vulnerable at all levels of policy, planning and programmes;
- Develop access user-friendly and affordable prevention technologies, with skills-building training on how to adopt them.

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Conclusion:



The cultural norms and values associated with being male or female may affect disease outbreak response.

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It is important to have an understanding of gender roles within specific cultural and ecological areas and how such aspects should be considered and addressed

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Understanding the culturally specific aetiologies of diseases, systems of healing and people involved in prevention and treatments allow the development of culturally sensitive interventions.

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Addressing gender and cultural characteristics is an important aspect for the appropriateness and sustainability of programs.

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Thank you

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