



## Social science research in malaria prevention, management and control in the last two decades: An overview

Halima Abdullah Mwenesi\*

*Academy for Educational Development (AED), USAID/NetMark Africa Regional Malaria Program, Post Net 92, Private Bag, Halfway House, Midrand 1685, South Africa*

Available online 11 July 2005

### Abstract

In the recent past, considerable progress has been made in understanding how human behavior and social organization, macro- and micro-level economic processes, and health and political systems affect responses to malaria at global, national, community, household, and individual levels. Advances in malaria-related social, behavioral, economic, evaluation, health systems, and policy (social science) research have resulted in improvements in the design and implementation of malaria prevention, management and control (PMC) strategies. Indeed, the past two decades chronicle dramatic advances in the implementation of evidence-based interventions, drawn not only from biomedical but also from social science research. Malaria awareness-raising, advocacy, case management, and prevention efforts have reaped the benefits of social science research and as a result, many programs are implemented and evaluated in a more effective manner than in the past.

However, the pace at which findings from social science research are integrated into program and policy implementation is unsatisfactory. Additionally, examples remain of programs that fail to utilize findings from social science research and as a result, achieve minimal results. Furthermore, there is a sizeable body of knowledge that is underutilized and which, if assimilated into programs and policies, could accelerate progress in malaria PMC. Examples include information on meaningful community participation, gender, socio-economic status, and health systems.

Regrettably, although social science input is necessary for almost all interventions for malaria management and control, the numbers of scientists working in this area are dismal in most of the key disciplines—medical anthropology; demography; geography and sociology; health economics and health policy; social psychology; social epidemiology; and behavior-change communication. Further, skills of program workers charged with implementation of interventions and strategies at country level are most often inadequate. The Special Program for Research and training in tropical diseases (TDR) and the multi-lateral initiative on malaria (MIM) have remained in the forefront of capacity building for this area of research, but additional efforts are needed to bring more applied social scientists into the fold. Their skills are necessary to ensure that social science findings get to program planners and implementers in a useful form that allows for more rapid and appropriate integration of the results into malaria PMC programs and policies. A re-thinking of the current focus within capacity building efforts is proposed.

© 2005 Elsevier B.V. All rights reserved.

*Keywords:* Malaria prevention; Management and control; Social science research; Advances; Capacity building

\* Tel.: +27 11 466 0238; fax: +27 11 466 0579.

*E-mail address:* [hmwenesi@aed.org.za](mailto:hmwenesi@aed.org.za).

## 1. Introduction

That social science plays a central role in malaria PMC is no longer a matter of conjecture. Just over two decades ago, integration of disciplines in the social sciences into the fight against malaria was an afterthought, not withstanding the fact that the mosquito and parasite require humans to complete the insidious cycle of malaria.

The integration of suitable insights from the social sciences into malaria control was triggered by the realization that despite having effective methods for malaria PMC, the morbidity and mortality rates from this disease continued to rise. Simply put, advances in biomedicine and technology were not translating into results at the individual, community, and health systems levels. It became apparent that good insecticides to control mosquitoes and great drugs to combat the parasite would be rendered ineffective if the same vigor to understand the mosquito and the parasite was not similarly applied to understanding human behavior and the social, economic, political and health-systems contexts in which such behavior occurs. The gap between *efficacy* and *effectiveness* of interventions was revealed and to bridge this gap, social science research was required. Moreover, there was a pressing need to *use* the relevant findings from social science studies to inform the development and implementation of appropriate large-scale interventions.

Today, insights from anthropology; sociology; demography and geography; health economics and policy; social psychology; epidemiology; and behavior-change communication have permeated all areas of our response to malaria. We now know how humans respond to malaria and this knowledge has enabled us to build fairly strong multidisciplinary malaria PMC programs. There are clear insights into how populations define, perceive, prevent, and respond to febrile illness (which health systems in endemic countries now presumptively consider malaria). Parallel to these are insights into the most vulnerable groups *biologically*—children under five, pregnant women and non-immunes; *economically*—the poor, women and displaced and *geographically*—high prevalence, hard-to-reach and epidemic prone areas.

These insights have informed the fight against malaria by revealing *who* to target, *what* behavioral, economic, social, and other contextual barriers must

be overcome in order for insecticides and drugs to have their desired effect, *which* policies and strategies will be most effective, and *how* to deploy suitable interventions and tools, in order to achieve maximum impact and equity. They have further contributed to a better understanding of socio-economic, ecological, health systems and political processes that mediate viable and sustainable management and control of malaria at all levels.

Although the progress is commendable, and all indications are that even more ground will be broken in the near future, it is imperative that we synthesize and take advantage of all available evidence; and accelerate its application if we are to achieve a meaningful reduction of the severe burden of malaria.

## 2. Notable advances

### 2.1. Awareness/knowledge

Research to better understand individual, household, community, and health provider knowledge and perceptions of febrile illness has resulted in more effective behavior-change communication efforts, mounted through various channels. Certainly, levels of “correct biomedical knowledge” of malaria have increased among populations living in endemic areas (Mwenesi et al., 1995; Winch et al., 1996; Munguti, 1998; Adera, 2003). Efforts are continuing to encourage the populations to act on this “new knowledge” on all fronts albeit in an uncoordinated manner.

### 2.2. Therapy

Numerous socio-economic studies have revealed that most children and pregnant women die from malaria at home without receiving correct treatment and more importantly, they have shown us *why* this is so. Treatment commences at the household level and is often delayed; when care is sought, it is often delayed and is from sources of treatment closest to the people (and not necessarily within the formal health sector) (Mwenesi, 1993). Health-services and drug-providers may not have adequate supplies or, for other reasons, often fail to provide appropriate treatment (McCombie, 1996; Baume et al., 2002; Holtz et al., 2003; Afolabi et al., 2004; Nsungwa-Sabiiti et al., 2004).

متن کامل مقاله

دریافت فوری ←

**ISI**Articles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات