Briefing Note: **Strategy for Integrating a Gendered Response in Haiti's Cholera Epidemic**

UNICEF Haiti Child Protection Section/GBV Program
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Overview
While *vibrio cholerae* is an equal-opportunity infection, it is not gender-neutral. Women and girls are disproportionately affected by a cholera epidemic. Gender roles influence where and how people spend their time, which can result in different patterns of exposure to cholera, disease incidence and outcome, and responsibilities within families to prevent and respond to cholera. Some evidence points to a higher disease burden among school-aged girls and adult women, likely due to increased occupational exposure since women and girls are responsible for a disproportionate amount of the domestic work to prevent and respond to cholera – fetching and treating water, preparing food, caring for sick family members, and so on. Analyzing how gender and age differences affect exposure, disease progression, and the division of labor within families helps to improve understanding of the epidemiology, aid in the surveillance and treatment, and improve prevention and control efforts (WHO, 2007). In other words, integrating a gendered response is not only an issue of gender equality but also critical to ensuring effective and sustainable interventions.

The virulence and lethality of cholera – nearly 2000 men, women, and children have already died in Haiti's current epidemic – mean that response efforts are principally focused on saving lives through broad-based WASH (water, sanitation, hygiene), medical, and nutritional interventions. Understanding and addressing the different ways that cholera affects the lives of girls, boys, women, and men can only enhance these efforts. There is no doubt that many humanitarian actors involved in these fields are supportive of gender mainstreaming within their respective sectors. Yet addressing gender issues in an emergency is typically viewed as a time-consuming "luxury" reserved for recovery and development interventions (Brun, 2010). The added value of integrating a gender approach in cholera outbreak response is dismissed as non-essential, in part because decision-makers and practitioners do not fully understand what such an approach can look like and how it can be adopted as a part of "quick win" interventions within current emergency programming. UNICEF Haiti's GBV Program is leading the way in engaging actors throughout the organization and supporting local and international partners to ensure that the different needs of girls, boys, women, and men are adequately addressed in UNICEF's response to the current epidemic.

Gender analysis
There are three main ways that cholera can disproportionately affect women and girls:

- **Disease burden** – Cholera is transmitted principally through contaminated water and food. This means that everyone – men, women, boys, and girls – are vulnerable to infection. However, women and girls have a heightened risk of coming into contact with a high infectious dose of cholera through their domestic roles taking care of sick family members, cleaning latrines, fetching and handling untreated water, and preparing contaminated raw food. As a result, there appears to be an excess disease burden among women and school-aged girls. While no studies in the international literature have explicitly presented a gender analysis of a cholera epidemic, data from several studies nonetheless support this idea. In particular, two patterns have been found.

  The first pattern is that while boys tend to have slightly higher incidence rates among infants and young children, this trend is entirely reversed among older children and adults where the rate is

higher for females. Specifically, four independent studies from very different settings – Glasgow 1832, Indonesia 2005, Kenya 1990, and developed countries in 2005 (UK, US, Canada) – all found that adult women and school-aged girls had consistently higher rates of diarrheal disease and cholera than their male counterparts (Agtini, et al., 2005; Fauveau, et al., 1991; Scallan, et al., 2005; Tornheim, et al., 1990). The second pattern, supported by studies South Africa and Bangladesh found higher case fatality rates/morbidity among females than among males (Brett N. Archer, 2009; Fauveau, et al., 1991; Mitra, Rahman, & Fuchs, 2000). Unfortunately, no further investigation or analyses were presented to identify reasons for these disparities. With the exception of diarrheal disease in pregnant women, which can be more severe due to the major immunological changes during pregnancy, any differences between males and females in cholera incidence and disease progression appear to be related to gender norms rather than to biology. Clues from social epidemiology point to women's increased contact with infectious doses of cholera as well as that traditional gender dynamics tend to disadvantage women and girls due to less decision-making authority within the household and less access to resources such as transportation for life-saving medical care or potable water, particularly for female-headed households who tend to be even more disadvantaged (WHO, 2007).

- **Emotional, physical, and socioeconomic toll** – Women and girls can also face a greater emotional, physical, and socioeconomic toll during a cholera epidemic. Because of their roles as primary caregivers of sick family members, food preparers, water fetchers, and so on, the division of labor during a cholera epidemic can fall particularly hard on women and girls. The increased workload at home can result in decreased work outside of the home in terms of income generating activities – such as selling at the market – and even school absence for girls since they are often kept at home to help out with domestic chores when needed. Moreover, increasing evidence highlights the emotional and physical impact of care giving for sick relatives, resulting from sleepless nights, increased labor-intensive domestic chores such as cleaning and laundering, and negative psychological and emotional reactions to directly caring for severely ill family members.

- **Gender roles in cholera prevention and response** – Women and girls shoulder a disproportionate division of the behaviors that cholera health education campaigns target. For example, a key cholera prevention message is to treat or boil water to kill *v. cholerae* bacteria, but the reality is that most of the responsibility for water purification falls on women and girls and that water purification requires extra effort as well as time and other resources that women and girls may not have available to them. Supporting women and girls such as by providing fuel-efficient stoves and promoting positive messages about boys and men's roles in sharing household tasks, building and maintaining latrines, and helping to buy soap and other life-saving needs during a cholera epidemic not only helps lessen the burden on women but also ensures a more effective and sustainable response to cholera.

UNICEF's Response

Principally through its GBV program, UNICEF is engaged in addressing both gender inequalities and opportunities in the response to Haiti's cholera epidemic. The principal goal is to increase understanding of how cholera affects girls, boys, men, and women differently and to integrate a gendered response into cholera prevention and control programming. UNICEF is therefore emphasizing four key strategies:

1) **Advocacy for collection and analysis of sex and age disaggregated data on cholera cases**
2) **Engaging communities in dialogue about gender roles in cholera prevention and response**
3) **Promoting women and girls' participation in design of prevention and control interventions**
4) **Ensuring that girls, boys, men, and women have equal access to information and treatment**

These strategies are being implemented through a variety of projects and activities:

- **Funding agreements are being signed with local and international partners to engage women's groups** and other community-based actors with an emphasis on promoting messages and community dialogue about what all family members can do to protect themselves and their families from cholera. For example, men and boys can be encouraged to participate in domestic chores and parents and children can both talk to each other about cholera prevention (e.g. ask each other if they have washed their hands, talk about the importance of water purification). UNICEF is training its community-based child protection and GBV partners through a training-of-trainers in how to integrate gender into their cholera sensitization activities. In addition, UNICEF is exploring ways to address gender discrimination through community support to female-headed households and providing fuel-efficient stoves, which can lesson the time and resources needed to purify water.

- **Advocacy on the importance of and how to integrate a gender response** is another important activity taking place through informal and formal meetings and communications within different UNICEF sections and with other agencies. The focus of this advocacy is on promoting the four key strategies related to integrating gender into cholera prevention and response. As a part of this work, the GBV program is able to help further the programmatic efforts of other sections, such as working with the Nutrition Section to push messages about breastfeeding during a cholera epidemic through networks of women's groups.

- **Supporting the GBV Sub-Cluster and Women's Ministry (MCFDF) to address gender issues in the cholera response** is an ongoing activity. UNICEF continues to work with the GBV Sub-Cluster and MCFDF both inside and outside of Port-au-Prince on GBV coordination and technical guidance. This includes training GBV sub-cluster members on cholera sensitization with an emphasis on gender analysis and advocating for the four key strategies. In particular, UNICEF is exploring how to work with the MCFDF throughout the country on mobilizing grassroots women's groups and child protection actors in cholera prevention and response.

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