

Feminist power and its implications on Uganda's malaria communication campaign

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ABSTRACT

This paper examines power and its manifestation in Uganda's "Stop Malaria Campaign." It specifically questions the apparent radical feminism, which is conceptualized as a quest for power, and how such excesses drive implementation of the campaign. The paper explains data collected through focus group discussions and key informant interviews using feminist communication theory as informed by the critical ideas of feminism and power. These three ideas help to put into perspective: domination of the campaign by one gender, interpretation of the campaign's objectives to suit that one gender, and communication methods used in the campaign. Analysis of the above three processes shows that men are the weaker gender in the malaria prevention drive, an idea that has clashed with the existing male chauvinism on which several families still thrive in Africa. A view that radical feminism should be seen as an organized form of power that needs to be checked if Uganda's malaria communication campaign is to be implemented successfully is herein proposed, along with some solutions to the challenges.

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Introduction

Most feminist studies under media and communication in Uganda have exhaustively explored the media component. For example, Brian Semujju (2014) examines the position of women in both media content and employment. Linda Goretti Nassanga (1997), in the same line, discovered that even the little coverage accorded to Ugandan women is only enjoyed by city women in influential positions. Within the specific area of health communication, focus has been devoted, rather generally, to the effectiveness of media and behavior change communication interventions. For example, Chang and colleagues (2011) evaluated the impact of *mHealth* intervention on AIDS care in rural Uganda and found improvements in patient care and logistics, as well as support for the intervention among patients and public health workers. Chib and colleagues (2012) found that a text message HIV/AIDS campaign in northwest Uganda had very limited impact on health knowledge and suggested that the potential overall effect of text-based campaigns should be considered within limits and caution. Unfortunately, while their position has many far-reaching implications for the

question of how gender affects public health communication, the position of women and how it impacts such campaigns has not been a favored subject within health communication. This paper uses the malaria control communication campaign to address this gap. The first part of the paper identifies government efforts to combat malaria using already-established groups of women in villages, and introduces feminism and power, two ideas that are later used to explain implementation of the malaria prevention program in the studied communities. The second part presents findings that show the existence of powerful groups of women in-charge of implementing the malaria communication campaign (MCC) at village level. The implication of relying on such groups, which is that women have used such government initiatives to seek recognition and to raise their gender status, is also discussed in this part. The last part concludes by suggesting solutions, including gender justice and liberal feminism specifically, in order to solve the problems that arise from the lopsided power relations.

Feminism

The term “feminist” connotes an existence of “traditional devaluation” (H. Leslie Steeves 1987, 96). Feminism represents an ideology based on women’s liberation (Gilbert Motsaathebe 2009). Simply put, feminism is concerned with women’s lives (Katharine Sarikakis et al. 2009). In line with the arguments in this paper, the ideology of feminism is not monolithic and all feminists do not think alike (Sarikakis et al. 2009). They are divided into several types, including liberal, socialist, black, African, post-modern, and radical, among others (Eun-Ok Im 2000, 107). In Africa, where this paper is placed, geographical and racial boundaries are increasingly ceasing to be the defining factors of feminists, to give way for discussions on representation of women in national and global affairs (Desiree Lewis 2001). Within the new framework, feminism in Africa considers the traditional institutions that help to uplift women and criticizes those that impede the progress of African women (Susan Arndt 2002). While the focus of this paper is far from theorizing African feminism, the contribution made towards understanding gender in public communication campaigns can fit into the broader feminist understanding of African communication culture. This paper is concerned with radical feminism. The view by radical feminists is that all men oppress women, which leads the latter to believe that in order to free themselves completely, they have to cut off all ties with men (Motsaathebe 2009).

The biggest driver of radical feminism is the gender injustice that women have undergone, most of which is caused by men and sometimes by fellow women. For example, because of the pressures that African women experience, they now seek to bring their domestic and public roles into some coherent alignment (Gwendolyn Mikell 1997). Above all, women have identified the sources of their suffering to be, first of all, from “patriarchal positions” and systems that define men as powerful and women as powerless, and then from “nationalistic stances taken by the state from hegemonic global demands” (Mikell 1997, 4). Consequently, neo-liberal actors such as multinationals, nongovernment organizations, institutions, and a network of individuals, are financing feminists in “their effort to integrate local feminists as kinds of ‘local branches’ of an international network” (Nicola Spakowski 2011). Uganda’s MCC is just one of those international efforts, implemented through government with support from United States Agency for International Development (USAID). The “patriarchal positions,” on the other hand, do not have a visible provision in the implementation of the MCC

(David Yiga 2013), which, as Grace Spencer (2014) rightly argues, presents possibilities for women's empowerment, and none for men's empowerment.

Nevertheless, patriarchy as a defining theory for radical feminism has been noted to suffer from several loopholes, among which is a "false universalism" and a generalization that casts men as one whole acting group (Gwen Hunnicutt 2009). This definitely fails to account for men who have been brought up in matriarchal societies, and devaluation of women caused by fellow women (Carol P. Christ 2016). In Uganda, the data later in the paper show that implementation of the MCC falls short of successfully acknowledging the existing varying traits among both men and women. Generalizations of women as belonging to one category (good or able) and men belonging to the other (careless or unable), without a middle ground in each category (Christopher Koch and Saeid Barzegarkouchaksaraei 2015), still exist.

Feminist studies in communication show how women are portrayed as sexual objects, housewives, and mothers through a male gaze, where feminists argue that such "portrayal of women is the result of male perception of women" (Pieter J. Fourie 2013, 143). Uganda's MCC flips the above account upside down. Men are instead portrayed as nonperformers, indifferent, irresponsible, careless, and passive, and, through what we in this paper call a "female gaze," those portrayals have built radical perceptions about men that have turned them into victims of subconscious (or not) radical feminists.

Feminist communication theory argues against unfairness on three fronts: difference, voice, and representation (Lana F. Rakow and Laura A. Wackwitz 2004). Difference speaks of the tyrannical systems that isolate women, especially from one another, on the basis of variations in race, property ownership, etc. Voice, on the other hand, is about women's absence from the public sphere, the conditions under which they are silenced, and the quality of opinions women give whenever they use the platform. Representation, as a stream of feminist consciousness, looks at the misrepresentation of women. We suggest in this paper that there should be a fourth dimension in feminist communication theory. This fourth strand should be able to explain radical feminism in a way that goes beyond advocating for a woman-only world to creating a class of women that silences the "alternative" and necessary voice of men. In this paper, this is conceptualized as a form of power, discussed in more detail below.

Feminism as a manifestation of power

Power

Several scholars note that feminist approaches are better understood when argued from the critical perspectives of power and emancipation (Jimmie Manning and Denker J. Denker 2015; T. Julia Wood 2015). Robert Dahl's simplistic yet enduring account of power is when "A has power over B to the extent that he can get B to do something B would not otherwise do" (Robert A. Dahl 1957, 203, 204). While Steve Lukes (1974) called Dahl a "pluralist," and his definition of power "superficial and restrictive," this paper considers Dahl's articulation of power as the most appropriate to show the power between the women and men in Uganda's MCC, which is led by women.

Power is "influence and control" (Lukes 1974), and is "intimately linked to the notion of interests" (Steve Lukes 2005, 477). "Influence and control" can be present when O, for example, succeeds in altering X's interests through socialization and persuasion (David L. Rousseau

and Rocio Garcia-Retamero 2007). While this paper argues that the above influence and control would still be O having power over X, deviating from Dahl to Lukes will be beneficial in the coming section in two ways: Dahl will be used to analyze the existence of direct power between women and men, while Lukes will be used to show indirect power that comes from interests. This is done to insulate the arguments in this paper from the criticism leveled against Dahl's account as simplistic for focusing on observable conflict between two actors (Rousseau and Garcia-Retamero 2007).

Having power "increases the tendency to approach and decreases the tendency to inhibit" (Cameron Anderson and Jennifer L. Berdahl 2002, 1,362). By this argument, the women running the MCC in Ugandan villages are motivated to achieve success in their work because they think they are more powerful than men. The men who think that they are powerless, on the other hand, following the argument of power, tend to retreat from activity as they are constrained by the feeling of powerlessness. However, striving for status is a primary and universal human motive (Cameron Anderson et al. 2001). Accordingly, the radical feminism exhibited by the women in Uganda's MCC arises from the fact that they are striving for status. The effect of this quest is that one, or a social group, can misuse power while looking for status. If one misuses power, he/she risks having power without status (Dacher Keltner, Deborah H. Gruenfeld, and Cameron Anderson 2003). Pushing these interests by deliberately refusing to accommodate the opposite sex is what this paper refers to as misuse of power, or power without status. This radical view of power sees the powerful as those capable of bringing about significant outcomes to further their central interests and the powerless as those incapable of doing this (Lukes 2005). Whether or not Ugandan women have succeeded in using that power to further their interests is also a subject of discussion in this paper. The implications of that success (or failure) are also discussed. Before discussing the debate on women's power and the implications thereof, the paper introduces the malaria problem in order to put the ideas above into context.

Malaria

Malaria is a life-threatening, female-mosquito-borne disease. The disease is indicated by the World Health Organization (WHO) to be prevalent in tropical countries (World Health Organization 2013), where it causes intolerable suffering and an estimated annual death toll of 1.2 million people (Christopher Murray et al. 2012). In Uganda, this disease is responsible for an annual death toll of 11,000 people (Ambrose Talisuna et al. 2012; Adoke Yeka et al. 2011), and a loss of gross domestic product (GDP) of 1.3 percent, annually (Pia Malaney, Andrew Spielman, and Jeffrey Sachs 2004). Apart from causing general body weakness and rendering its victims unproductive, malaria further exposes victims to poverty. The average treatment cost of a single malaria episode with Artemisinin-based combination therapies is a staggering 9 US dollars (Erica Mills 2011). Moreover, poor people in rural areas are known to be some of the most vulnerable to malaria, making their already fragile health and economic situation more wretched (Rosalind Lubanga 2010; G. Muganga 2011; Sukhdeep Brar, Sara E. Farley, Robert Hawkins, and Caroline S. Wagner 2011). Malaria is totally preventable with tools such as insecticide-treated mosquito nets and chemical spraying technology, and curable as previously indicated. However, the challenge is on how to mobilize communities and the public to effectively and properly use available prevention tools and treatment services. In recent years, health communication, the deployment of strategic information

and messages to influence health decisions among the public, has been recognized as a critical vehicle for facilitating public awareness and action on malaria (A. Nakiwala 2016; World Health Organization 2013), and thus its utilization needs to be improved and strength-ened. In Uganda, communication efforts have been deployed at different levels by the coun-try's Ministry of Health to increase awareness about malaria by promoting prevention and treatment (Nakiwala 2016). The nature of health communication strategies deployed in rural Uganda to prevent malaria, and the manifestation of the notion of power therein, are a major subject of concern and discussion in this paper.

Research methodology

The study employed qualitative methods using both focus group discussions (FGDs) and key informant interviews. This decision was informed by studies (D. Roger Wimmer and R. Joseph Dominick 2011; Joann Keyton 2006) suggesting that “qualitative research provides an intimate view of human communication” (Keyton 2006, 70), and that the people organized to participate in qualitative data collection are “recruited to share a quality or characteristic of interest to the researcher” (Wimmer and Dominick 2011, 132).

Sampling

The data were collected in southwest Uganda, in Masaka district, located 140 km from the capital of Uganda. The district was chosen because of the interest in investigating how the USAID-funded project “Stop Malaria Project” (SMP) had been implemented; after all, purpo-sive sampling allows researchers to select a case that possesses the features of interest (David Silverman 2005). Although the project had been piloted in several districts in Uganda, Masaka was the first district to set up structures for the project, and this is why it was purposively chosen for the study. On top of being the first district to implement the SMP, the district was chosen due to having a high prevalence of malaria. By the time the study was conducted in 2013, the project had lasted three-and-a-half years in the district. Masaka was thus expected to provide a wealth of experience and information regarding the topic under study.

Sample size

Information presented in this paper was obtained from three sub-counties, namely Kyannamukaaka, Kabonera, and Kyesiga, out of the six that implemented the SMP in the district. Within the three sub-counties, the study was undertaken at three health centers and with three community-based groups. The sampling for the three sub-counties and three health centers was done purposively in order to minimize time and financial constraints, as per D. Kenneth Bailey (1994). It was conducted using information provided by the District Health Inspector, who provided records of which health units had successfully implemented the program (David Yiga 2013). There were a total of 37 participants: four district health officials (the district health officer and three sub-county health officers), and 33 FGD participants. The distribution of the FGDs was as follows: Group one had 11 members; group two had 12 members; while group three had 10 members. The participants were recruited from already-established community-based groups involved in the MCC; thus, the groups were not constituted by the researchers. Only 5 out of the 33 group members were men. The

beneficiaries of the SMP that were involved in the study were members of community-based groups and were expected to act as communication agents to raise awareness among other community members against malaria. At the administrative level, participants were selected because of the information they possess about the SMP owing to the offices they hold. Information from the administrators was gathered by means of four in-depth interviews with three sub-county health promotion personnel, who coordinate the health malaria control project, and the district health officer. Informed by Carolyn Boyce and Palena Neale (2006), the interviews entailed an extended conversation on what the administrators knew about malaria communication in their area.

Tools used

Gathering the discussants into groups was easy because the researcher used the already existing group formations used by the SMP. Following a FGD guide, participants were asked to share their views on the dissemination of information on malaria in their area; for example, how and when the dissemination was done, by whom, and the opportunities and challenges therein. The interview guide, on the other hand, was designed to reflect communication perspectives on the project from the implementers' viewpoints. After collecting findings, the participants' descriptions of implementation of the malaria control program and how communication was deployed were extracted and organized into the three themes that make up the data. The gender and power dimensions that manifested in each of these themes were considered significant for this paper.

Presentation of findings

Gender composition of the community-based groups

All three community-based groups involved in malaria communication were dominated by women. There were 10 women and one man in the first group, called *Abakyala Twekembe* (translated as Women for Development). The group started as a church drama team before turning to advocating for economic wellbeing of group members. They turned into a self-help and savings group for members to save money and improve their lives. In addition to the original objective, this group now implemented the SMP, which was introduced by the area health authorities. Using existing (women) groups was intentional so that government could minimize resources, as one respondent noted that creating new groups would consume both time and money, in addition to government admitting that men would never measure up for this kind of campaign.

The second women's group, known as *Biyinzika* (Everything is Possible) operated in a different sub-county. The group had 35 women and two men (only 11 women and one man were present for the FGD). One of the two male members of this group was present during the discussion. The original idea of the group was similar to that of the first group. *Biyinzika* had been started for economic development. In its new role as a stop malaria campaign group, the group now conducted voluntary routine malaria awareness home visits in the sub-county. The issue of gender imbalance in the group was highlighted by one group member, who said that "we discriminate against men because they can't be trusted with money. This is a development group." A line between the group's original money-generating

work and implementation of the malaria program could not be drawn. The third group, *Vigorous Kyambazzi* (The Strong Element), was somewhat different in that it had more male members than the first two groups. However, even then it was clear that women still dominated in numbers and in decision-making. For example, the group had 43 women and five men (10 women were present for the FGD. No man was present).

The participants were also asked about how they were recruited into the anti-malaria campaign in their community. All groups reported that they had been handpicked by the district health inspector who was in charge of the project when it first came to their community. “[The] Stop Malaria project was brought to us by the sub-county health inspector in a seminar,” Discussant 2 (from FGD 1), who wore a white “Stop-Malaria” t-shirt, said. The government had channeled its stop malaria resources to an already established woman’s group. “We do not entertain their [male] membership,” Discussant 1 (from FGD 2) said, adding that “they are lazy.” One of the sub-county health inspectors said that the reason why this and other groups of women were identified to run the stop malaria project was because they were already in a group and so it would require minimal resources and time to mobilize them. Another of the health inspectors, when asked why women were evidently the majority in the community groups working on malaria, said that men were “too busy to do this kind of work. Men do not have the time and patience that this requires” (Respondent One). Responses from several group participants echoed the same sentiment:

This is a local development group started to specifically improve the status of women. When need arose for advisers [in] the group, that is when we recruited two men and their job is entirely advisory. Otherwise this is a women-only affair. (Discussant 1, FGD 3)

This group was initiated by one of the ladies here who also happens to be our group leader. Having participated in workshops focusing on community development, she introduced the idea to us back in 2008. The group started with 86 members, some of whom died while others left. Only 35 of us are left and two of these are men. We are not looking to recruit more members (Discussant 3, FGD2)

Interpreting the objectives

Discussants were asked how they understood the aim of the anti-malaria campaign in their community. For the most part, the groups said the aim was to ensure that pregnant mothers and their young children below the age of five were free from malaria. When the project came, the women said, those who brought it emphasized the need to address malaria, especially among pregnant women. Discussant 4 (from FGD3) said that the act of targeting women meant that the project’s main focus was women. Only one person (Discussant 8 from FGD 2) said that although there was more emphasis on women and children, the focus of the campaign was to prevent malaria among all members of households in the community. “It would be rather difficult to target only women, yet most of us live with our husbands and male relatives such as our sons,” she noted. The district health officials, on the other hand, believed that the fact that the objectives of the malaria communication project focused only on women and children was immaterial. One noted, for example, that the gender distribution is not important: “the fact is that this campaign is for all and that is what we are trying to emphasize” (R6).

Regardless, all FGD 2 members believed that their role was first of all to take the malaria message to the members of the community and be role models to other people in the village by undertaking the recommended preventive practices in their own home.

I have the desire for a malaria-free community. I would be ashamed to see my neighbours suffering from Malaria and because I already know about it, I am willing to use the information I have to save others. I have decided to take it to them. (Discussant 10, FGD 2)

In general, the majority of the women considered the fight against malaria as their own fight and not anybody else's. "It is our responsibility to fight malaria, with assistance from government," Discussant 2 (from FGD 1) said. They said the government's job was to raise money and give them some allowances and tools for the job. Some of the tools they mentioned included bicycles, gloves, malaria diagnosis kits, and visual teaching aids. When asked what the role of men in the malaria campaign was, Discussant 5 (from FGD 3) noted that "men are supposed to look for money and buy mosquito nets." The reason why men were expected to buy nets was that, as suggested by Discussant 3 (from FGD 1), "men have a perception that health matters are female matters."

As a reward for their anti-malaria efforts, the women said they deserve special status in the community. By special status, Discussant 4 (from FGD 3) said that they meant getting a "right of way," for example whenever they went to hospitals. "We should not be [in] the long queues like everybody else when we get sick because we do an important job for our community," she said. The underlying reason for their need to be served first is to gain some power and recognition. This was echoed by Discussant 8 (from FGD 3), who said that "we are honored by the community when they call us 'doctors.' It makes us feel proud, something that we have been working for." This quest for status seems to have pushed the men away. When women are accorded status, men have no choice but to observe. The effort put in by women is therefore not only to eradicate malaria but also to identify and position themselves in the upper echelons of social power using the objectives of the anti-malaria campaign.

Communication methods

Participants were asked about how information regarding malaria was disseminated in their community. The main approach was interpersonal communication, involving a combination of health workers, village health teams, and community-based organizations such as those that participated in the study. All group members said that they move from house to house telling those who care to listen about malaria. They also use public gatherings and places, such as burials, churches, parties, and schools, to deliver speeches, music, and drama with malaria messages. Typically, a more vocal and articulate person is chosen to speak on behalf of the group. For example, the songs, dance, and drama used in the campaign are led by women who composed the songs or play the instruments to deliver the messages on malaria. These are supposed to be presented in a manner that appeals to the audience.

Apart from interpersonal and public communication, the women also use posters, designed and distributed by government, on which messages are articulated. On one poster, members of the household appear to be running after a mosquito. A woman is leading the family in front, followed by her children and then her husband, who lags behind. "Even here the man came last, yet in our tradition, men are supposed to protect their families. He should have run after the mosquito first," Discussant 5 (from FGD 1), who also was the only man in

the FGD) suggested. Such messages and posters work to reaffirm that the discussants perceived the aim of the project as a woman's business.

Challenges

Traditional and other nonscientific beliefs

Responses revealed insights into how power relations play into community-based action for malaria control.

Many people listen to us, but many still fail to put in practice what we tell them. Instead of going to health centers where they can obtain proper malaria treatment, some pregnant women prefer to go to traditional birth attendants, particularly to avoid high hospital bills. (Discussant 1, FGD 1)

Despite intense dissemination of information and the effort we put in, some pregnant women are still scared of using insecticide-treated mosquito nets because they say that if the insecticide could kill a mosquito, definitely it could kill a baby too. (Discussant 4, FGD 3)

According to the second health inspector, the belief that mosquito nets limit sexual prowess may be part of the reason why some homesteads use mosquito nets for fishing.

Remuneration and the time factor

The other challenge is the long time spent doing the voluntary work and the effect it has on the families. Discussant 3 (from FGD 2) said, "we lose a lot of time that would have been used to engage in other productive activities for the benefit of our families." Several members noted that planning and implementing malaria prevention activities consumes a lot of time. Because of this, some women felt inconvenienced if the activities were held frequently, as this puts them on collision course with their husbands. It was reported that women working on the project usually seek permission from their husbands to engage in this work. But this permission can only be maintained if

we are facilitated and compensated for time lost. A husband will be happy with his wife if she came home with soap, salt or sugar bought using money from this project. He will even encourage you to go back for the meeting next time. (Discussant 3, FGD 1)

"Our husbands did not like the idea of sitting home alone while we were walking the villages treating and teaching people about malaria", Discussant 2 (from FGD 2) said. Because of the resistance from husbands, another explained, some stop malaria activities, such as drama, were dropped since they required women to leave their homes every evening for rehearsal.

Discussion

Research from the feminist communication theory perspective has focused on interpersonal communication (Jimmie Manning and J. Katherine Denker 2015), public communication (J. Bonnie Dow and M. Celeste Condit 2005), and media (Danica Minic 2014; Louise North 2009; Semujju 2014). In relation to the communication campaign under study, female-dominated groups that run government programs echo the same feminist arguments raised in the feminist communication studies above, which indicate that language, group formation, and who gets to be heard/speak in the groups or society all reflect and promote male dominance

in all aspects of life (W. Stephen Littlejohn and A. Karen Foss 2009; Stephanie Craft and Wayne Wanta 2005; Tracy Everbach 2006). The fear of and the need to fight the male dominance can apparently result in a malaria-control campaign with more female members, as per the Ugandan case presented above. Once groups are formed, however, issues of dominance should still be considered crucial, regardless of the gender that dominates the campaign, in order to realize gender justice, which seeks equality between men and women (Dow and Condit 2005). The excesses in group formation lead this paper to seek an extension of the understanding of feminism to introduce “Malenism,” which should be understood as the traditional devaluation of men caused by radical feminism.

It would seem that in addition to the fewer men, the campaign offered more leadership roles to women. More women acted as malaria change agents through being sources of malaria messages and information compared to their male counterparts. This in a way determined whose views on malaria would be heard in the campaign and in communities where the campaign was undertaken (Grace Spencer 2014). Indeed, women were influential in making decisions regarding key affairs of the campaign, including, for example, which places and homes to visit and what time. Previous research has evidenced the need for male involvement in malaria programs (Lubanga 2010). Again, the malaria program under review hardly reflected men’s role. Instead, it focused on addressing female interests, particularly through high numbers of females and the discussion of malaria issues important to women. The attempt to achieve gender justice, which is the essence of liberal feminism (Dow and Condit 2005), does not come out as strongly in the campaign compared to radicalism.

Apart from the unbalanced numbers that cause traditional devaluation of men, turning the objectives of the MCC into ideas that promote only one gender also indicates some radicalism (L. Cory Armstrong 2004). The government’s initial plan to look for already-established groups introduced the campaign to female domination in the first place. Most communication efforts that are criticized for promoting one gender at the expense of the other (Craft and Wanta 2005) have to be analyzed for the impact of their implied efforts against women. One rarely finds an official medium or group intentionally segregating membership on the basis of gender, since in several modern cultures such behavior would be illegal. What happens when one gender intentionally segregates against another in modern communication culture should be studied as well. The implication of government using already-established groups of women must also be probed further by future studies, since it might lead to the tendency to use similar groups in future projects, which, as this study has established, puts women at the center stage, at the expense of men’s involvement.

Since having power increases the ability to approach, where the opposite leads to inhibition (Anderson and Berdahl 2002), women quickly embraced the program while men withdrew. This arrangement clashes with the local tradition (especially in the areas where data were collected) wherein a man is the head of the household (William Bwewusa 2008; Stella Nyanzi, Barbara Nyanzi-Wokholi, and Bessie Kalina 2008). We argue that this clash of roles between tradition and modernity could hurt the objectives of the campaign. For example, one woman noted that although pregnant women get mosquito nets for free at the clinic, they might not be used at home. She said that her own husband refused to sleep under the net because he felt it limited his sexual prowess. Another stated that the net she received at the hospital was passed on to her co-wife by the husband.

Moreover, some studies in the feminist communication tradition (whether interpersonal, group, or mass communication) indicate that where more women are involved in the

communication process, results with feminist qualities can be realized (Craft and Wanta 2005; Everbach 2006). In that respect, a malaria-control group with more female members also means dominant female voices. The dominant voice, as the ideas of power and even feminism itself argue, presents a side that is dominated, with opinions that have been stifled (Gilbert 1995). The resistance staged by the dominated class can risk the realization of campaign's objective. A more profound reason for this could have been that women saw a rare opportunity to shine and grabbed it in order to take a stand against the patriarchal positions that dominate other aspects of life (Mikell 1997). Hence, by giving prominence to women's malaria issues while overlooking those that affect men, the campaign can be seen to have given women a voice, and the power and credibility to speak up on issues of malaria and how they affect women.

On top of the fact that women are the ones implementing the government program, the way the government designs its communication tools also promotes radicalism. The poster noted above, which shows a man lagging behind, has particular implications. While the poster succeeds in showing women as a responsible gender, as opposed to focusing on their sexuality, as research on women and media notes (North 2009), it still fails to achieve gender justice, which is the balance in roles between men and women (Wood 2015). If striving for status is a human motive (Anderson et al. 2001), then showing a woman in charge (as the poster does) risks the campaign as men might fight to regain their status as they have done in other aspects of life.

It may be that the government wanted to communicate a different message through that poster, but the community's beliefs could lead to resistance of the campaign by men and some women who fear the campaign might dissolve their marriages. While the woman appears in the poster to be leading the fight, women are less likely to implement recommendations in public health campaigns precisely because they lack domestic health decision-making power (Lubanga 2010). Decisions on who receives treatment, and who receives and appropriates malaria-prevention resources, still largely lay with men—whether these are fathers or husbands in this case. Given this discussion, there is a need to be realistic about the extent of progress on malaria control in the current women-dominated, community-based malaria campaigns in Uganda. In addition to focusing on women as malaria champions, focus must be put on giving women the much-needed health decision-making power at the family level.

Conclusions

Village-based malaria control efforts are important to communities; however, maintaining them as entirely women-led presents challenges, especially in the context of existing male chauvinism (Rakuba 2008). Within such a context, in societies where gender roles are "entrenched and remarkably self-perpetuating" (Adler 2002, 748), "women attempt to think like, act like and manage like their most successful male colleagues" (Hunnicut 2009, 561). This is likely to turn the effects of male chauvinism to another gender, instead of striking a balance in gender social norms.

This paper suggests that the problem can better be approached at a family level by involving husbands. Involving both women and men should be viewed as a more cost-effective component of public communication programs, one that may contribute to the overall success of such programs. The participants in this study made a clear observation of

how increased deployment of women without authorization from their husbands could breed family friction and conflict. Although some women expressed an ability to continue with the malaria work without the support of their husbands, such acts contravened the norms in African societies, where male domination is cherished. A more realistic approach would be for government to identify some categories of men to work with. Government could, for example, work with men who have pregnant wives; married men; or another category to make them part of the struggle. In this way, a section of them could be sensitized so that the ideological challenges of receiving new health information can be addressed. Instead of inviting pregnant women to receive mosquito nets only for these nets to be used for fishing, the nets could be given only to pregnant women who go to pick them up with their husband (where possible). While there, the man could also be told about the possible uses of the net. What is clear from this submission is that women acknowledge that they cannot move forward without the full cooperation of their husbands, who have authority over them. This is something that the implementers of the malaria campaign need to fully appreciate. They should consider giving both women and men equal time and space within the MCC.

In this paper, we have used data collected through FGDs and key informant interviews about the SMP to show that government uses already-established local groups of women to spread anti-malaria information and treat pregnant women and children in rural areas. The thesis of this paper was that women have used that opportunity to seek recognition and to raise their gender status. This, the paper argued, is detrimental to the success of the SMP, because it renders men neglected observers who nevertheless make the rules at house-hold level, including those concerning treatment and health. We have concluded by suggesting that in order to fight malaria effectively, the idea of gender justice should be addressed in order to solve the challenges that may come from sidelining one gender.

Disclosure statement

No potential conflict of interest was reported by the authors.

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