

# Pregnant women, children bear the brunt of malaria

Although it is preventable, malaria remains a major public health issue, with pregnant women and children under five being the most vulnerable to the illness. As Uganda joins the rest of the world today to observe the World Malaria Day, Prisca Baike examines what the situation is like among the most at-risk population to the disease that claims a child every two minutes world over.

**A**mina Namuwaya looks frustrated as her cranky one year-old baby turns away from her breast. Her efforts to get her son to feed prove futile as he cries hysterically. As she shushes him, the back of her right palm finds his temple to check for the little boy's temperature. "They took his blood sample and found that he had malaria," she says as she waits for her son's prescription. She had been in the long queue for two hours. It is a queue she has experienced many times before. The previous week, she had been in the same position with her four year old daughter who, like her brother, was suffering from malaria.

"My daughter was also suffering from malaria but she is now well and went back to school this week," says Namuwaya as she shifts to a vacant position on the waiting bench, inching closer to the serving point. "This one will also be fine, God willing."

Unlike Namuwaya's children who can access medical care to avert the worst, as many as 42 children succumb to the disease daily in Uganda.

Research suggests that malaria is the main cause of infant mortality and is responsible for one out of every two children admitted in hospitals. Eight to 25% of the admitted children do not make it while 70% of child-out-patients die of this treatable disease.

On average, a Ugandan child suffers from six malaria episodes every year. Health experts warn that the disease often causes stunted growth, childhood anaemia, and

mental retardation. The picture is just as grim for pregnant women as they are four times more likely to suffer from malaria than when they are not pregnant. 60% of miscarriages in Uganda are attributed to malaria which is also a significant cause of abortions and anaemia.

Dr. Daniel Kyabayinze, the Deputy Programme manager, National Malaria Control Programme at the Ministry of Health says that malaria is particularly dangerous to pregnant women as it hides in the placenta and may not be detected in time to prevent the worst from happening. "Many times, a pregnant woman may not present all the signs and symptoms associated with malaria as the parasites hide in the placenta," Kyabayinze says, noting that in such scenarios, the women may not even be aware of the infection, only to find out when it is too late. This, Kyabayinze says exposes them to the risk of anaemia, miscarriages and having underweight babies.

Various studies indicate that malaria in pregnancy is a significant public health threat which affects more than 30 million pregnant women each year in malaria-endemic areas.

It poses substantial risks to both the mother and unborn child.

Dr. Placid Mihayo, an Obstetrician with the Ministry of Health says that malaria in pregnancy comes with several health threats.

"Malaria destroys the red blood cells, causing women to be anaemic," Mihayo says.

This is not only dangerous to the mother. It also affects the foetus, causing it not to grow, a condition termed as intra uterine growth restriction leading to low birth weight and under development of the foetus. In severe cases, Mihayo explains that there are high chances of trans placental malaria transmission to the unborn child which could lead to a still birth.

### Why the vulnerability?

Mihayo says that during pregnancy, a woman's immunity is compromised and she is very susceptible to many infections, including malaria.

In the same way, he says that



Namuwaya (fourth from left) trying to breast feed her sick child at the health centre. On average, the Ugandan child suffers from malaria six times a year. Photos by Prisca Baike

children under five are also very prone to infections since their immunity is not fully developed at that age.

Kyabayinze notes that the fact that some pregnant women may not initially display all the signs and symptoms of the disease worsens its burden as the disease gets diagnosed late or not at all, leading to more malaria-related deaths.

"The children are also brought in very late most of the times, making it hard for us to avert the avoidable malaria deaths," Kyabayinze says.

### Way forward

To prevent malaria infections among pregnant women living in areas of moderate or high transmission, the World Health Organisation recommends the Intermittent Preventive Treatment of malaria during Pregnancy (IPTp), a full therapeutic course of antimalarial medicine given to pregnant women regardless of whether or not they are infected with malaria.

Uganda's malaria control strategic plan identifies IPTp as one of the three main elements to prevent malaria in pregnancy.

It is delivered as part of the focused antenatal care package and has been implemented countrywide since 2002.

Kyabayinze says that although the IPTp program is effective, the logistics involved in ensuring that women get their medication is still a problem.

"These women are supposed to take their medication at hospital but you find that sometimes there are drug stock-outs. Lack of water and cups are also a problem," Kyabayinze says.

He notes that the fact that many women do not go for antenatal care, the project hasn't reached as many of them, even in places where the drugs are available.

Mihayo emphasises that sleeping under a mosquito net consistently should be a lifestyle to everyone but most importantly the most vulnerable, especially in the high burden areas.

Recently, the Government gave out 28 million nets to 30 million people in a drive to beat malaria. This, Kyabayinze says is one of the six strategies that the Ministry of Health has devised to fight the disease that is not only affecting the health sector but also crippling the economy in terms of money spent and productive work days lost to treating the pandemic.

Namuwaya, who for instance runs a small tailoring business in the outskirts of Iganga town has not opened shop for the last few days as she has been attending to her sick children. "I have not been able to make any money yet my family needs to feed, and my son has to

**EIGHT TO 25% OF THE ADMITTED CHILDREN DO NOT MAKE IT WHILE 70% OF CHILD-OUT-PATIENTS DIE OF THIS TREATABLE DISEASE.**

drink a lot," Namuwaya says. She is however grateful that she can get free medication from the health center.

She would have otherwise parted with not less than Sh5000 to get her son medication from a pharmacy.

Namuwaya's son represents the 40% of the malaria patients who visit health centers for proper diagnosis as revealed by Kyabayinze.

"Not everybody who gets malaria goes to hospitals," he says, "This is dangerous and there is need for more sensitisation about the seriousness of the disease as many are dying from home."

While malaria remains the biggest life-threatening endemic, accounting for over 27% of the deaths in the country, it is worth noting that 90% of these deaths are among children under five and pregnant women according to statistics from the Ministry of Health.

Despite the recent developments and interventions, Dr. Kyabayinze acknowledges that more efforts are needed to ensure that children and pregnant women, who bear the biggest brunt of the disease burden are protected from it since prevention is better than treatment.



Mothers waiting for treatment with their children at a health centre in their home area.