



Economic and Social Council

Distr.: General
29 November 2012

Original: English

Commission on the Status of Women

Fifty-seventh session

4-15 March 2013

**Follow-up to the Fourth World Conference on Women
and to the special session of the General Assembly entitled
“Women 2000: gender equality, development and peace
for the twenty-first century”: implementation of strategic
objectives and action in critical areas of concern and
further actions and initiatives**

Statement submitted by Catholic Medical Mission Board, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.



Statement

During the past decade, significant achievements have been made throughout sub-Saharan Africa in preventing mother-to-child transmission of HIV and making voluntary counselling and testing services more accessible. However, many challenges still exist to increasing uptake of these services. One of the challenges includes poor engagement of spouses and partners of pregnant women in HIV prevention. Given the controlling influence that men often have over their female partners in male-dominated societies, such engagement is critical if further, lasting progress is to be made in ensuring greater uptake of HIV prevention services at various stages.

As one of the responses to this challenge, Catholic Medical Mission Board developed a strategy called “Men taking action” to address barriers to male involvement in preventing mother-to-child transmission and voluntary counselling and testing in Zambia. Catholic Medical Mission Board implemented “Men taking action” at 31 church health institutions and associated catchment communities in 25 districts spread throughout all the provinces of Zambia. The strategy involved training traditional community leaders as champions of preventing mother-to-child transmission and voluntary counselling and testing, with the aim of encouraging men to be involved in preventing mother-to-child transmission and to know their HIV status.

“Men taking action” involved addressing issues around HIV, AIDS, preventing mother-to-child transmission, voluntary counselling and testing, antiretroviral therapy, human rights, and aspects of gender equality related to the power men exert over women. The methods used to address these topics were determined in response to the cultural attitudes and practices that are often responsible for barriers to male involvement in antenatal care, preventing mother-to-child transmission and voluntary counselling and testing that were gleaned from the baseline knowledge, attitude and practice survey undertaken at programme start-up. In addressing men’s role in family health and engaging in sensitive messaging on behaviour change, Catholic Medical Mission Board was able to delve into gender dynamics within the family and beyond to address issues of gender equity and gender violence.

At the community level, mobilization of men and discussion sessions were facilitated by training revered traditional leaders (chiefs, village headmen, herbalists, clergy, traditional birth attendants, civic leaders, community health-care workers, etc). Staff of church health institutions trained as “Men taking action” coordinators provided oversight of all programme activities targeting men at the community level, as well as pregnant women and their male partners at health facilities.

The final independent evaluation of “Men taking action” added support to the growing reliable evidence that male involvement in preventing mother-to-child transmission and voluntary counselling and testing increases antenatal care attendance. Increased antenatal care attendance further results in increased HIV/AIDS testing and receiving of results among pregnant women and couples. Antenatal care attendance by couples helps reduce the harmful consequences experienced by pregnant women who test positive. The “Men taking action” strategy also influences positive behaviour change among men, which reduces sexual transmission of HIV and promotes gender equality. Thus, the “Men taking action” strategy, through active participation of traditional leaders as champions of

behaviour change, should be regarded as one of the effective ways of reaching men and engaging them in HIV care and prevention, as well as behaviour change affecting gender dynamics.

In male-dominated societies such as Zambia, men influence attitudes and behaviours related to HIV and AIDS that significantly contribute to driving and perpetuating stigma. According to the 2005 Zambia Sexual Behaviour Survey, 75 per cent of pregnant women attending antenatal care who accept HIV testing and counselling do not share their results with their spouses, and nearly 90 per cent of women who agree to be tested do not share the results if they are positive or enrol in the preventing mother-to-child transmission programme because such a result or decision could lead to violent consequences and/or divorce, and they might be shunned by family and community members.

The goal of “Men taking action” was to increase uptake of preventing mother-to-child transmission and voluntary counselling and testing services through male involvement in order to contribute to the prevention of HIV transmission in Zambia. The programme also strongly encouraged men to know their HIV status and to care for their female partners/spouses and families. In confronting these topics, Catholic Medical Mission Board was able to directly address gender dynamics that challenge constructive dialogue between genders, sustain gender inequity and often lead to violence.

The final evaluation of “Men taking action” afforded Catholic Medical Mission Board the opportunity to assess changed knowledge, attitudes and practices resulting from community- and clinic-based sessions aimed at increasing the engagement of men in family health and dialogue. The most striking changes appeared in the number of men who began to accompany their pregnant spouses to antenatal care to participate in counselling and testing sessions and, importantly, receive results. Nearly 70 per cent of first-time antenatal care attendees came to couple counselling with their male partners. This figure was up dramatically from a baseline number of 3 per cent noted at project start-up. It is reasonable to assume that this dramatic increase in the number of couples attending counselling is due to improvement in the supportive attitudes of men towards their spouses, attitudes learned as a direct result of the “Men taking action” programme. Among HIV-positive pregnant women, there was also an impressive increase in the uptake of antiretrovirals for preventing mother-to-child transmission, and for their own health. At baseline, 61 per cent of women accepted antiretrovirals to prevent mother-to-child transmission; at project completion, this percentage had jumped to 100 per cent. These increases can be attributed to the changed environment brought about by “Men taking action”, which brought about a reduction in stigma due to community- and clinic-based education on HIV/AIDS and the role men play in encouraging family health and well-being.

The final evaluation also captured attitudinal changes that women noticed in their spouses regarding behaviours influencing gender equity. Two interesting questions regarding the use of household income indicated improved rates of dialogue among those men who participated in “Men taking action” events and their spouses. When asked who decides on the use of money earned by the wife, 17 per cent fewer women responded “mainly men” than did for the baseline study. In support of this change, 17 per cent more women responded that decisions regarding the use of money earned by the wife were now made jointly. Similar changes were

noted for money earned by the husband. Roughly 65 per cent of the women questioned said that after “Men taking action” communication sessions, decisions on the use of money earned by the husband were made jointly. This was up from 41 per cent of women questioned at project start-up.

In most parts of rural Zambia, it is a common and culturally acceptable practice for men to physically abuse their spouses. This practice is driven by gender inequality and the controlling power of men over women. It is interesting to note that 98 per cent of the women interviewed reported some reduction in the violent behaviour of their spouses following their participation in “Men taking action” and 31 per cent of the women interviewed reported that their male partners had actually stopped abusing them in the 12 months following the project.

These results represent the extent to which the implementation of the “Men taking action” programme has contributed to behavioural and attitudinal changes in the surveyed areas among men with regard to preventing mother-to-child transmission of HIV, voluntary counselling and testing, and aspects of gender equality and gender violence. In conclusion, the “Men taking action” programme has significantly contributed to the following:

- (a) Increases in HIV testing and receiving results by pregnant women;
- (b) Significant improvement in the acceptability of:
 - (i) Testing and receiving results as a couple by pregnant women and their spouses in antenatal care settings;
 - (ii) Testing among men in the general population, including an increase in the number of male partners and couples who know and share their HIV status with each other;
 - (iii) Prevention services for HIV-negative women, men and discordant couples;
 - (iv) Prevention, care and treatment services for HIV-positive women, men and families as part of family-centred care, including acceptance of and adherence to antiretrovirals for preventing mother-to-child transmission by mothers testing positive;
- (c) Increased awareness of gender equity issues, resulting in greater dialogue on managing the household and less domestic violence.

As indicated by other studies, the “Men taking action” programme also reveals that men are more likely to receive health information from other men. The “Men taking action” programme demonstrated that it is feasible and acceptable to use traditional leaders such as chiefs, headmen, traditional birth attendants, the clergy and herbalists as facilitators for behaviour change that can reduce risks for sexual transmission of HIV, especially reduction of concurrent multiple sexual partnerships, and initiate changed gender dynamics.