

**EVALUATION OF COMMUNICATION STRATEGIES USED IN
ENCOURAGING MALE PARTNERS' INVOLVEMENT IN ELIMINATION OF
MOTHER TO CHILD TRANSMISSION (EMTCT) OF HIV VIRUS:
THE CASE OF SELECTED CLINICS IN NKEYEMA RURAL DISTRICT**

By

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**A report submitted to the University of Zambia in Partial fulfilment of the
requirements of the degree of Master of Communication for Development**

The University of Zambia

2015

I, BWALYA JOVAN, declare that this dissertation:

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APPROVAL

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ABSTRACT

The main objective of this study was to evaluate communication strategies used to encourage male partner involvement in EMTCT. The specific objectives that were targeted are as follows: To find out the knowledge levels among clients regarding EMTCT. To examine the effectiveness of messages used to promote male partner involvement in EMTCT. To evaluate the target audience of EMTCT as a way of promoting male partner participation in EMTCT. To assess communication media used to encourage male partners to be fully involved in EMTCT. Phones are not used for communication with about 41% of the participants not use them at all for communication about PMTCT issues.

Most of the people agreed that the message of abstinence when one partner is positive is effective. 43% strongly agreed that Condom use during pregnancy when a partner is positive is effective. A good 64% strongly agreed that HIV testing and counselling for both partner is workable. 45% of the respondents strong agreed that men should also accompany their partners during child delivery. 54% of the respondents strongly agree that men should be directly concerned with breast feeding HIV partner.

The conclusion drawn from a non-parametric test that was carried out was that almost all categorical questions do not occur with equal probabilities. In lay man's language this means that the responses of the questions had trends. The trends are confirmed in the figures 7-10. This was in exception of the questions; q 22 "the audience is usually segmented according to sex" and q25 iii "how much do you make us of radio in receiving or sending information on issues to do with PMTCT". The responses to these two questions are equally distributed ie participants didn't show inclination to either strongly agrees or disagrees. The research findings revealed the following.

In order to realise the intended change of attitude of male partners toward their pregnant partners, church leader, traditional leaders, teachers and headmen should be brought more aboard to contribute toward this goal. Even in the midst of what has been mentioned, health workers still appealed for the improvement of mass media technology in the local clinics.

There is as well need to make public pronouncements and policies through campaigns to encourage male partners get involved in EMTCT. This in a way would act as a continuous mass sensitization and awareness regarding male involvement. In this vein, it is well understood that when you sensitize the leaders like chiefs and indunas you sensitise the whole village. This is because these figures are well respected and so if they become the custodians of information the rest of the masses would find it easier to follow. This sensitization can be extended to school going pupils because Nkeyema is as well know for high rate of early pregnancies among pupils.

The above health workers' perception were based on study questions that concerned; the presence of communication working groups, whether male involvement is necessary, mechanism of sharing information on the topic at hand, how communication is made easy, the use of mass media, challenges in reaching out to male partners and whether they ought to be present during child delivery.

DEDICATION

To my parents Mr and Mrs Bwalya for the encouragement and enduring love they demonstrated to me, and engraving on my heart the spirit of hard work and academic excellence. I shall forever be grateful to them.

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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ARV	Anti Retroviral
ART	Anti Retroviral Therapy
CIDRZ	Centre for Infectious Diseases Research in Zambia
CBOH	Central Board of Health
EMTCT	Elimination of Mother to Child Transmission
HIV	Human Immunodeficiency Syndrome
MMD	Movement for Multiparty Democracy
MTCT	Mother to Child Transmission
NGOs	Non Governmental Organisations
UN	United Nations
UNAIDS	United Nation Aids Programmes
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

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CHAPTER ONE

BACKGROUND INTRODUCTION

1.0 INTRODUCTION

In recent years, strides have been made by organizations, countries and individuals to strengthen the prevention of the transmission of the Human Immunodeficiency Virus (HIV) from person to person. This has been necessitated since HIV and Acquired Immune Deficiency Syndrome (AIDS) pandemic has been ravaging the world for well over three decades. At the beginning of the pandemic, no one knew how devastating this would be to the world. Among the methods of transmission of the HIV virus has been that from HIV positive mothers to the foetus or embryo. In this light, HIV testing for pregnant women has become a mandate in the fight against the spread of the HIV virus. This prevention method has come to be known as the *Elimination of Mother to Child Transmission* (EMTCT). Though it primarily involves pregnant women, recent developments have indicated that male partner involvement has greater impact on this prevention method. To achieve this, a number of communication strategies to educate people on ways of preventing the foetus and infants from being infected have been put in place. The foetus and infants need the support of both parents for effective prevention to be achieved.

As hinted above, communication has been identified as an essential tool in the fight against HIV and AIDS more so in EMTCT. Without proper communication, people especially male partners will not know what they need to do in order to contribution to the efforts toward eliminating the transmission of HIV through mother to child. It is for this reason that the researcher engaged in evaluating Mass Communication strategies used by Central Board of Health (specifically in Nkeyema District of Western Province) in their efforts to fight the pandemic through male partner involvement in EMTCT.

Information about HIV and AIDS is a vital weapon to enhance male participation in EMTCT campaigns. It is as well important to educate and raise awareness on how and why HIV is transmitted, who is at risk and what can be done to further reduce the spread of the disease through HIV positive mothers to the foetus as well as infants. Without a cure or vaccination available to curb the spread of the virus,

communication and information can help in the fight against HIV and AIDS by changing male partners' attitude towards their pregnant partners for the sake of the foetus. Information about the symptoms and the disease itself is essential for people's knowledge. It is very important to know how to care for the foetus, especially those that belong to HIV positive mothers. Information about locally available resources, testing and counselling, social and financial support are all necessary for any given local community.

Communication strategies give guidance to organizations and individuals involved in HIV and AIDS under EMTCT on how they can communicate to their audiences and what messages should be communicated. The researcher has also assessed communication barriers in Nkeyema district under EMTCT services that make it difficult to encourage male partners to fully get involved in EMTCT. Further, the researcher looks at the messages, source and audience variables that are key factors in communication.

However, though the term 'Elimination of Mother to Child Transmission' is being used, much of the detailed information in this report has been obtained from the idea of 'Prevention of Mother to Child Transmission' (PMTCT). It is therefore vital to highlight the shift from *Prevention* to *Elimination* of Mother to Child Transmission. The shift of emphasis from prevention to elimination of HIV infections has been as a result of the need to accelerate the efforts already made in preventive measures of HIV. As Yanis (2012) puts it, "given successes seen on the ground in rural communities, global focus has shifted from the *prevention* of mother to child transmission, to the *elimination*." This is what is presently emphasized by all stakeholders in the fight against HIV and AIDS. In the same vein of achieving total elimination of HIV transmission from mother to child, objectives have also broadened for inclusion of male partners.

In this first chapter, an outline on the background to the problem has been presented in the Zambian context of HIV and AIDS. A statement of the problem has been put forth to elucidate the issue being considered. The justification of the study and its rationale are presented as support for the researcher to have undertaken this study. The chapter concludes with the presentation of research objectives and questions that form a basis for the entire study.

1.1 BACKGROUND ON HIV AND AIDS IN ZAMBIA

1.1.1 Profile of Zambia

Zambia is a totally landlocked Country covering an area of 752,612 sq. km. It takes its name from the Zambezi River. It is bordered by eight countries. Zambia is a plateau with a mix of woodland and savannah regions interspersed with lakes, rivers, hills, swamps and lush plains.



Figure1:1 Map of Zambia

Zambia's population is approximately 14, 309,466 (according to July 2012 estimates) of which over 1.3 million live in the capital city of Lusaka. The population growth is 3.1 percent per annum. It is estimated that, from this population 46% of this are male while 50.8% are female. The population growth rate as of 2011 is estimated at 3.34%. However, demographics were also affected by the death of the foetus children. This was as a result of the foetus being infected with HIV through mother to child.

Zambia is a country of diverse cultures. Most of the people are Africans with small Asian and European minority. English is the official language and is widely spoken around the country. There are seven main vernacular languages; Nyanja, Bemba, Tonga, Lozi, Luvale, Lunda and Kaonde. More than seventy dialects are spoken in Zambia and each tribal group has its own lifestyle, based mainly on farming, fishing and cattle-raising. The rich varieties of traditional cultures give Zambia a unique cultural heritage in the region. On the other hand, some cultural practices are not deemed helpful in the fight against HIV. Such a practice is that communication on EMTCT is so concentrated on women than men. This is because of a strong cultural belief that anything to do with care of children is meant for mothers. Hence male partner involvement in EMTCT becomes a challenge.

Over 70 percent of Zambians live in poverty. Per capita income is currently at about one half their levels and this puts the country among the world's poorest nations. Hence, this makes it hard to fight HIV and AIDS and encourage male partners to

fully participate in EMTCT. This is so because the majority of men spend much of their time raising funds for the family than the direct contact and care of their pregnant partners and infants. The country's rate of economic growth cannot support rapid population growth or the strain which HIV and AIDS related issues (that is raising medical costs, decline in worker productivity and less support from male partners) place on government resources. Zambia is one of the Sub-Sahara Africa's most highly urbanized countries. Almost one half of the country's 10 million people are concentrated in few urban zones strung along the major transportation corridors, while rural areas are under populated. Unemployment and underemployment are serious problems.

1.1.2 Social and Economic Challenges of Zambia

Studies have indicated that low income conditions (poverty) have a serious correlation to the spread of HIV and AIDS. This has equally been true for Zambia which has experienced a number of challenges in its social and economic development since independence in 1964. With a low population of 4 million at independence and high copper prices, the new African government inherited a wealthy nation though largely rural. However by 1974, with copper prices slumping and the country intensifying its support for liberation struggles in neighbouring countries, the economy took a downward trend. By 1985 the country introduced the first Structural Adjustment Programme (SAP) with World Bank and the IMF in a bid to improve the economic status of the people. This however depended the poverty levels and it was in this decade that HIV and AIDS was first discovered. With high poverty levels in the country, HIV spread rapidly among the population.

In 1991, the new MMD government liberalized the economy. This resulted in decontrol of prices, exchange rates, deregulation of financial market, removal of subsidies and privatization of state enterprises. This second Adjustment program led to many job losses through retrenchments and redundancies. With a high HIV rate in the country and high levels of unemployment, a queer phenomenon arose where the fight against HIV came to be viewed as one of the sources for employment rather than just a noble task of protecting life. The economic decline being experienced in Zambia has been accompanied by stagnation and collapse in the people's livelihood

and unavailable forms of social support (GRZ UN System in Zambia Report, 1995). Hence, this has also made the fight against HIV and AIDS to be a great challenge.

In spite of this downward economic trend, the issues of HIV and AIDS became a focus for the government in the 1990s. The epidemic became a political issue. The drive to prevent the transmission of HIV from mother to the unborn child was initiated at this time (Central Board of Health, 2004).

1.1.3 HIV and AIDS in Zambia's Context

The country is currently experiencing health, economic and social impact of a mature AIDS pandemic. The pandemic has affected all aspects of social, economic and cultural growth of the Nation. It has destroyed individual families, weakened areas of public sector and threatened long term national development. What is making it even more devastating is that it does not spare even the foetuses that are not protected from their HIV positive mothers. Despite the evidence that the pandemic may have reached a plateau (Peacock 2009), there remains an urgent need for an integrated response from all sectors of the government of the Republic of Zambia, Faith Organizations, Inter-partner Collaboration, Private Sector and Civil Society. This then brings in the issue of flow of information within which this research is framed. Information flow is vital because whatever activities are covered under EMTCT there is a same network of communication or information sharing.

1.1.4 Challenge in Information Flow on HIV and AIDS in Zambia

There is a particular flow of EMTCT information that is accompanied by the supply of drugs. Information is first received from the Ministry of Community Development, Mother and Child Health by the HUBs that are found at provincial levels. The same happens even in the case of the flow of drugs. Without any scrutiny, information is further channelled to the District Community Medical Office (DCMO) to individual clinics regardless of how metropolitan it may be. It is finally sent to sites of EMTCT. From these sites of EMTCT, feedback information is sent to MSL through DCMO. The same should happen in cases of the three level hospitals. Below is the diagrammatical explanation of the flow of information regarding EMTCT:

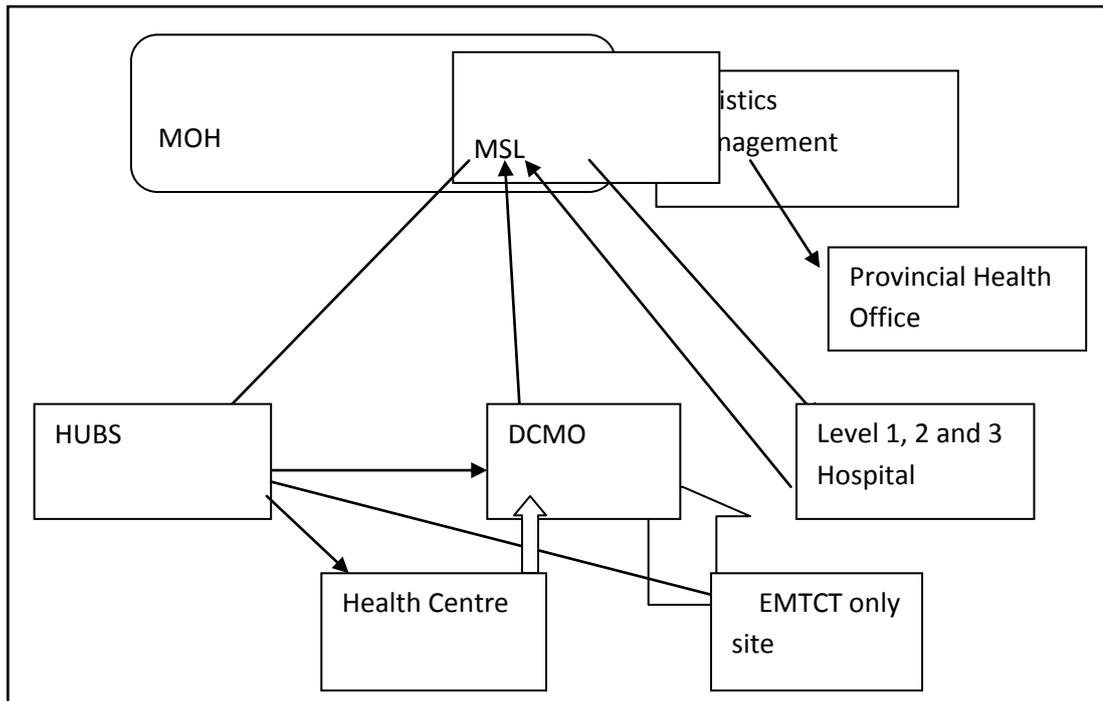


Figure1:2 Information Flow on EMTCT

1.2 STATEMENT OF THE PROBLEM

In an effort to reduce HIV prevalence among children, the Central Board of Health embarked on EMTCT campaigns. However, “programmes have largely focused on encouraging women to come for EMTCT services but have often left out men as critical decision makers.”(Zambia National PMTCT Communication Strategy, 2004). This is evidenced by the less percentage of men participating in EMTCT and testing for HIV and AIDS from January 2014 to March 2015. For example, in one of the selected health centres (Shimano), male participation was only 32 percent. This percentage was derived by dividing the number of male partners tested by the total number of clients during anti-natal care at the clinic. Therefore, if it is a proven fact that male participation in EMTCT greatly reduces the rate of transmission from mother to child, then there is a critical problem in the district of Nkeyema with regards to EMTCT. This problem is also affecting HIV infection rates among children due to lack of men’s support to their partners. The urgency of the problem is highlighted further when ZPCTP reports that of the 130, 000 children who get infected with HIV, 30,000 acquire the virus through their positive mothers during pregnancy or at breastfeeding.

1.3 JUSTIFICATION OF THE STUDY

Having the problem explained above, if not properly considered, men will not understand the risks their children are exposed to in contracting HIV and AIDS and thus they will not be a supportive force toward EMTCT uptake and compliance. Therefore this study examined the existing communication efforts made by CBOH toward EMTCT in order to see the strengths and weaknesses. By so doing, the study outcomes should be of benefit to HIV positive mothers as it further informs them on the seriousness of the matter. Male partners would be encouraged to participate in EMTCT. Children who are conceived by HIV positive parents would be protected from contracting the virus. This ultimately would contribute to the development of the nation as there will be less people dying of HIV and AIDS. This study, hopefully, creates a vantage point for giving recommendations on how to communicate to male partners on EMTCT. It also should impact on promoting public health as well as contribute to good policy formulation by the Ministry of Community Development, Mother and Child Health.

1.4 RATIONAL

Just like in other countries, communication in Zambia is a critical part of the executive arm of the country. Thus it plays a role in combating HIV and AIDS and facilitating economic and social development through campaigns to promote male partner involvement in EMTCT. Communication is increasingly looked at as an engine for economic growth. Thus, underperformance of communication strategies will adversely affect development processes. Therefore, this research is of importance because it examines CBOH communication strategies used to promote male participation in EMTCT. In view of fighting this pandemic, communication plays a vital role as long as it takes a participatory approach.

1.5 RESEARCH OBJECTIVES

General Objective

To evaluate communication strategies used to encourage male partners' involvement in the *Elimination of Mother to Child Transmission* (EMTCT) of HIV.

Specific Objectives

The study had the following specific objectives:

1. To assess the *knowledge* levels among clients regarding EMTCT at selected health centres in Nkeyema rural district of Western province.
2. To examine the effectiveness of *messages* used to promote male partner involvement in EMTCT.
3. To assess communication *media* used to encourage male partners to be fully involved in EMTCT. .
4. To evaluate the target *audience* of EMTCT as a way of promoting male partner participation in EMTCT.

1.6 RESEARCH QUESTIONS

1. How much knowledge do clients have regarding EMTCT at the selected health centres in Nkeyema rural district of Western province?
2. How effective are messages used to promote male partner involvement in EMTCT?
3. What communication media are used to encourage male partners to be fully involved in EMTCT?
4. Who are the target audience of EMTCT as a way of promoting male partner participation in EMTCT?

CHAPTER TWO

LITERATURE REVIEW

2.0 INTRODUCTION

Though HIV and AIDS has been relatively researched and highly documented across the globe, this has not been the case with the particular preventive measure, EMTCT, which was being investigated by this researcher. Particularly in reference to the Zambian case, limited information is available on this preventive measure in literature. The researcher therefore had to depend on documentation that was sourced from the Ministry of Health's strategic communication plan which included the aspect of EMTCT. This chapter reviews the prevalence of HIV and AIDS and the preventive measures that have been developed over the years. It then critically reviews EMTCT as a key measure in eliminating transmission of HIV from mother to the unborn child with particular emphasis on the role of male partners in this method. The support of male partners has been recognized as a booster in pregnant women seeking for EMTCT services.

2.1 PREVALENCE OF HIV AND AIDS

The *National Protocol Guidelines: Integrated Prevention of Mother to Child Transmission in Zambia, 2010* states that, Mother to child transmission (or vertical transmission) of HIV occurs when an infant is infected with HIV during pregnancy, birth or when breastfeeding and must be eliminated in order to secure an AIDS free world. To this regard, this researcher has observed that communication is inevitable if the world has to be HIV free. We are living in a time of renewed global commitment to ending the vertical transmission. This can not in any way become a reality without communication being a tool toward the same goal.

According to the World Bank, two-thirds of the world's HIV and AIDS infected people are in Africa. In 2000 alone, the disease killed 1.5 million people, fathers and mothers, brothers and sisters, doctors and nurses, primary school teachers, electrical engineers, community leaders, finance managers, entrepreneurs and farmers who were trying to lift their families out of poverty. These people died because of the unique concentration of HIV and AIDS in Africa (World Bank, 1999). Given the scale of this epidemic, the problem is not just a matter of public health. It is as well a developmental crisis. So, in having so many people including children and infants

dying of HIV and AIDS, the nation will be devoid of a well human resourced society.

2.2 PREVENTIVE MEASURES OF HIV: EMTCT

The Joint United Nations Programmes on HIV and AIDS (2007) states that, ‘while prevention strategies, such as anti-retroviral drugs, elective caesarean selection, and avoidance of breastfeeding are considered to be adequate, safe and available in developed countries, this is often not the case in developing countries, where ninety percent of MTCT of HIV occurs. This highlights the extent of how necessary it is to intensify efforts to end the spread of HIV. In this regard, Fildes et al. (2011) confirms the need for men to get fully involved in EMTCT campaigns. Male partner involvement in EMTCT programmes has been deemed fundamental. He further states that it has been, at the same time, difficult to achieve this. As such, there is need to explore the accessibility of the programme mechanism and identify structural and cultural challenges that affect male partners from being actively involved in elimination of MTCT. The idea is that, for men to get influenced and enhance their support toward their partners, it would require identifying target avenues within which to capture their attention. These avenues have to do much with communication, as a way of delivering information on EMTCT.

2.3 A NEED FOR MALE PARTNERS TO BE INVOLVED IN EMTCT

To this cause, a growing body of research and experience has identified safe, feasible and effective interventions to end HIV transmission from HIV infected pregnant mothers to the unborn or infants. These interventions include; antiretroviral chemoprophylaxis, safer obstetric practice, infant feeding, counselling and support (National Protocol Guidelines: Integrated Prevention of Mother to Child Transmission in Zambia, 2010). However, for these to work out, it entails women to be constantly going for anti-natal care. One then would ask where male partners are when their female partners are going for anti-natal care (Family Health International). Are men fully informed of the need to support efforts made in offering EMTCT services and their involvement?

According to ZPCT, EMTCT services have to be accompanied by the support of male partners to eliminate the chance of having a divided approach on the matter in a

household. This is more so in the patriarchal dominant communities of Zambia. The male is seen as the head of a household and the main decision maker. To this effect, it has been observed that the number of male partners getting involved in antenatal and HIV testing has increased significantly especially in Luapula Province (ZPCT). To achieve this, ZPCT had to improvise simple but effective management strategies. This however, is an indication that though there is need for an improved male partner participation in EMTCT, some measures are already being taken in some parts of the country as stated. This steady increase of male partner involvement is very much desired in some other parts of the country such as Nkeyema District of Western Province.

Male partner involvement in EMTCT services reduced the risk of vertical transmission and infant mortality by 40 percent compared to no male involvement according to Adam Aluisio (2011) and colleagues. This is in a prospective cohort study undertaken between 1999 and 2005 in Nairobi, Kenya.

Male involvement, the author adds, may be an underutilized public health intervention to address both infant HIV infections and mortality in resource poor settings. It is discovered that 90 percent of the estimated 1,000 children infected daily with HIV live in sub Sahara Africa. Vertical transmission accounts for approximately 95 percent of infections in children. Vertical in this sense simply means transmission through mother to child (Ibid). This is an indication of the need to intensify communication techniques to enhance male support in EMTCT services.

2.4 MALE INVOLVEMENT IN EMTCT ON GLOBAL LEVEL

The spread of HIV and AIDs in the world has been on a great increase. One of the identified ways this spread occurs is through positive pregnant mother to a child or through breastfeeding. As quoted by UNAIDS (2011:8); “In response to this reality, and as part of its woman-centred approach, the Global plan declares that efforts must be taken to secure the involvement and support of men in all aspects of these programs and to address HIV and gender related discrimination that impedes service access and uptake as well as client retention”. Men in this way should be seen as co-partners and not rivals in this noble task of aiming at eliminating the spread of HIV and AIDS through mother to child.

According to the World Health Organisation (WHO) (2010), lack of male involvement in sexual and reproductive services is a known constraint and should be of no surprise, since comprehensive EMTCT programmes primarily targets women in reproductive age group. A more gender sensitive definition of programmes for most sexual reproductive health services should be articulated. This is still true as in accordance with UNAIDS 2011 which states that, “the reality is that women’s decision-making about their pregnancies and health are deeply influenced by their partners, communities and social norms and beliefs regarding HIV and AIDS. This also includes the issue that has to do with the ways in which patriarchal gender norms that affect the various components of EMTCT service utilization, delivery and efficacy.”

According to Desgrees-du-Lou A and Orne Gliemann J (2008), “Reproduction requires both a man and a woman. Men are half of the equation. They have to be involved”. Currently, men make many decisions that affect private and family life. Their constructive involvement and support in the elimination of paediatric HIV and the promotion of women’s and family health would not only enable men and women to share responsibilities for family health (currently done disproportionately by women), but would also accelerate *global progress* towards the achievement of the MDGs (especially goals 3–6) that are key to national development.

With regard to what has been stated above, the same authors continue to appeal that, if we are truly interested in creating a broad based global response to the elimination of paediatric HIV, we cannot exclude half the population. We must rally men to the cause and demonstrate the benefits of gender equality, shared decision making, partnership and non-violence to themselves and their families. Men’s positive and constructive involvement can have a great impact on EMTCT campaigns.

2.5 MALE INVOLVEMENT IN EMTCT IN AFRICA

Involving male partners in the program to do with EMTCT is associated with improved outcome regarding the prevalence rate of children born with HIV and AIDS. However, in accordance with statistics made in the *American Journal of Epidemiology and Infectious Disease*, (2014), in **Cameroon**, only 1.6% of men participated in the program in 2010 and the program’s target of 80% was not

reached. This study sought to assess the knowledge, attitudes and practices of men with regards to EMTCT in the Buea Health District of Cameroon.

In seeking opinion for improving male involvement in EMTCT, three main propositions were made: community sensitization of men, the necessity for men to accompany their partners for EMTCT at the ANC clinic and the creation of special clinic days for men. The popularity of each method differed amongst the male and female respondents, (Ibid.2014).

According to Fox MP and Rosen S. (2007–2009), there is emerging evidence that in resource limited settings with a high human immunodeficiency virus (HIV) burden, male partner involvement in elimination of mother to child HIV transmission (EMTCT) is associated with improved interventions and infant HIV-free survival. There is also increasing evidence that male partner involvement positively impacts non-HIV related outcomes, such as skilled attendance at delivery, exclusive breastfeeding, uptake of effective contraceptives and infant immunizations. Despite these associations, male *partner involvement remains low*, especially when offered in the standard antenatal clinic setting.

In this review, the same authors (Ibid.2007-2009), explore strategies for improving rates of antenatal male partner HIV testing and argue that the role of male partners in EMTCT must evolve from one of support for HIV infected pregnant and breastfeeding women to one of comprehensive engagement in elimination of primary HIV acquisition, avoidance of unintended pregnancies, improved HIV related care, treatment for the HIV infected and uninfected women, their partners and children. *Involving men* in all components of EMTCT has potential to contribute substantially to *achieving virtual elimination* of mother-to-child HIV transmission; promoting partner-friendly programs and policies, as well as pursuing research into numerous gaps. Knowledge identified in this review, will help drive this process.

There are also discrete health benefits for male partners because men tend to *have poor health-seeking behaviour*, which often results in late HIV diagnosis, presentation with advanced HIV disease, and consequently high HIV-related morbidity and mortality. A systematic review of HIV care and treatment found that men in sub-Saharan Africa were more likely to be lost to follow-up and less likely to

be retained in care when compared to women registered in the same clinics (Ibid.2007-2009).

In accordance with what Chandisarewa (2007) states, participation by men in antenatal HIV testing and counselling is very low. Despite the many benefits of male involvement, studies from **Eastern and Southern Africa** have found testing rates ranging from 8% to 15%. Despite their universal expression of support for the idea of male involvement, no providers described their services as “male friendly” in one **Tanzanian** study (Kapata et al. 2010). This in itself is a barrier to male involvement’s improvement. This is not just an issue for Tanzania as well as other countries. Desgrees-du-Lou A, Orne-Gliemann J. (2008) further states thatm “men’s involvement play a role in HIV prevention by helping to facilitate *couple communication* related to sexuality. Partner participation *increases spousal communication* about HIV and sexual related issues. This becomes especially critical in discordant couples, where men’s involvement in testing may enable the couple to address condom use and decrease sex with outside partners.

According to Nkuoh GN (2010), “pregnant women and their partners cite *multiple barriers to male partner* involvement in EMTCT, the majority of which can be categorized as socio-cultural or health systems barriers”. For example, men in **sub-Saharan Africa** do not expect maternal and child health *clinic facilities to be male friendly* and are therefore reluctant to present for services at antenatal clinics. Other barriers to clinic based testing include lack of awareness of the role of male partners in antenatal care, economic limitations (for instance; time off work, costs of transport), multiple and concurrent sexual partnerships, inadequate space in the facility, and negative staff attitudes.

Although socio-cultural factors have been accepted (Ibid. (2010) as the major barrier to antenatal male partner testing, *facility factors can hinder efforts to overcome traditional practices and encourage male involvement*. Improving facility and staff attitudes toward male involvement has the potential to improve service delivery to all pregnant women; however, care must be taken to avoid discriminating against unaccompanied women who are either single or in unstable relationships. Once this is abrogated, then the fight for male involvement would be in vain.

According to Skinner D., et. al. (2003), in his research in the **Eastern Cape** (South Africa), he indicates that men play a limited role during their partner's pregnancy and birth and few attend clinic visits with their female partners. This has serious implications for women who do not attend EMTCT services without the consent of their partner. Thorsen, V. C., Sundby, J., and Martinson, F. (2008) further add up by stating that, "there is a deceptive notion that the phrase EMTCT implies that it is the woman's primary responsibility to prevent her infant from being infected through MTCT, which undermines efforts to increase male involvement in EMTCT. This is because of the phrase *Mother to Child* i.e. the *father* aspect is left out."

Accordingn to Adeneye, A.K.,et.al (2006), **Nigerian** women reported a number of practices from male partners that inhibit safe motherhood: physical violence, delaying access to obstetric care, encouraging heavy labour to induce birth, unwillingness to use family planning, withholding financial help, and blaming women for complications in pregnancy. Worse still Sarker, M., Sanou (2007), further state that, in **Burkina Faso** it has been established that if a male partner disagrees with his female partner's decision to test she is not likely to test. The need to discuss whether to test or not with their partner is also a factor that leads to test refusal.

Mullick, S., Kunene and Wanjuri, M. (2005), state that the majority of **South African** men do not involve themselves actively in reproductive health care and are not typically involved in consulting with their partners around family planning or antenatal issues. In its findngs, UNICEF (2002) indicates that, while a large portion of their review has dealt with interpersonal and community communication, less has been said about the role that media can play in promoting male involvement in EMTCT. Most South Africans access mass communication media only for a few days or a week. Research in 2005 found that in South Africa exposure to radio is the highest, followed by television, newspapers and magazines.

In addition, in **Uganda**, as established by Barnabas, R. A., (2012), the fact is that Health Service is the main source of information on EMTCT. For women ,it exposes them to first hand information. On the contrary, men get incomplete information from the media. This could explain why more women had appropriate knowledge of EMTCT than men. Interestingly, it was noted that only 2.9% men cited the female partner as source of information on EMTCT. Therefore, couple communication on

EMTCT was low. Hence, focus must be put on men not depending on the women as intermediary as there is no guarantee that information given to women will reach their partners.

However, Katz D.A et al.(2009), on the other hand states that some studies showed that men were well aware of media efforts to promote their involvement in testing, but they said that these media campaigns did a less effective job of explaining why men should be tested and what benefits they would derive from testing. In another study in **Tanzania**, Akarro, R. R. J., Deonisia and M., Sichona, F.J.(2009) state that, 82.1% of men had already heard of the program but participation was low. Similar findings were reported in Dar es salaam and Mbeya of the same country. Therefore, the general trend indicates that low male participation could not have been because they have not heard of the EMTCT program but for other reasons.

According to Farquhar et al. (2004), women may be unable to negotiate sex or safe sexual practices, such as condom or contraceptive use, which can lead to HIV infection, STI or unplanned pregnancy. It is clear from the research that in most settings in **sub-Saharan Africa** social and cultural norms grant men the power to decide the nature of the sexual relationship. Across many studies, there was a clear consensus among study participants, that the decision to use a condom rested with the male partner. This therefore, shows that there is intense need for male partners to comprehensively take part in EMTCT.

In view of the discussion of the barriers that impede the success of EMTCT programmes in many African countries, Figueroa, M.E., Kincaid, L., Rani and M., Lewis, G.(2008), highlights that a number of key participants, rather than just HIV-positive pregnant women or mothers, should be the focus of EMTCT communication strategies. This is in line with the model of communication for social change, which highlights the role of dialogue and collective action to bring about a set of shared objectives. From such a perspective it is not appropriate to identify individuals to be targeted as though they are objects of change waiting to be fed information. Emphasis should rather be placed on developing relationships among relevant participants, who through cooperative action are able to bring about relevant change at both individual and social levels. The aim of communication should be to connect and mobilize people around a common cause.

2.6 WOMEN NEED MALE SUPPORT TO ACCELERATE EMTCT

According to Kelly (2008:28), a compounding factor in the EMTCT preventive measure is the many women who are reluctant to test or to disclose their status because they fear rejection from their male partners or husbands, their extended families and friends. Kelly further says that, “research also shows that women are more likely to adhere to EMTCT strategies if they have the support of their male partners or husbands in particular.” Failure to such support women will not be free to disclose their status, which is a detriment to all EMTCT efforts. Therefore, any communication that has to do with the improvement of EMTCT adherence has to include male partners as well. It is as well vital to communicate that women would like their male partners to know the results of their tests.

2.7 LIMITED ACCESS TO INFORMATION ON EMTCT

Kelly (2009:28) expounds that, even though access to antiretroviral for EMTCT has improved, much more needs to be done in resource poor settings. Over one-third of HIV-infected pregnant women and half of their infants do not get any treatment. Infant mortality rates in Sub-Sahara Africa are the highest in the world. HIV transmission, infant feeding practices as well as poverty contributes to this. He further states that while there is as well evidence of diminishing vertical transmission rates, infant mortality remains high. Improved infant health outcomes necessitate addressing these public health problems together.

In the *National Protocol Guidelines: Integrated Prevention of Mother to Child Transmission in Zambia* (2010) it is stated that male involvement is associated with better use of EMTCT services. However, link between male involvement and rates of vertical transmission or infant mortality has not been well established according to this protocol. This does not entirely mean the two are not connected. What must emphatically be mentioned is that information on access to EMTCT services does not only fall under the responsibility of mothers alone. This is because, as Falneset (2011) states, HIV infections do happen so often through the interference of male partners as they often claim to have a bigger say on all matters concerning sexuality. When a woman is infected, it is most likely that even the male partner is. Hence their involvement has much to do with the protection of the child to be born.

A number of international studies such as *Family Health International* (2004) and Fitzpatrick's *Typological Approaches in Marital Interaction* (1988), have provided strong evidence that male partners can significantly impact on women's uptake of HIV related services and adherence to antiretroviral drug regimes, especially in the context of anti-natal care (ANC) services. In many HIV high prevalence settings, traditional gender roles dictate that men make decisions regarding their female partners' medical care, including participation in EMTCT programs (Elizabeth Glaser Paediatric AIDS Foundation).

Despite this, most efforts aimed at increasing HIV prevention, care and treatment in resource limited settings are directed towards women. Experiences in programmes working with men and boys on HIV and AIDS related issues in various African countries attests to the importance of constructively engaging men to address women's uptake of HIV testing as well as prevention, care and treatment services (ibid).

2.8 SOCIAL COMMUNICATION OF EMTCT

Beyond the need for full involvement of male partners is the need for communication. Kelly (2009) adds that, "What is needed in the context of HIV and AIDS is an approach to communication that takes seriously the social context in which people negotiate their lives and recognize their need for a long term and sustainable efforts that engage local communities in the development of contextually relevant and appropriate responses." Such negotiations, however, should also involve male partners in the case of EMTCT. The Elizabeth Glaser paediatric AIDS Foundation, in collaboration with Ministry of community Development Mother and Child Health and other sectors, implemented two innovative approaches to encourage men's participation in their partners' anti-natal care, with an emphasis on syphilis and HIV testing during pregnancy. This work was done in the context of a 2010 World Health Organisation (WHO) - funded study on integrating rapid syphilis testing and EMTCT services at ANC sites in Zambia and Uganda. These are some event efforts that attest to the pressing need of male involvement in EMTCT.

Locally, in Nkeyema District at a place called Kandende, there is as well a measure that is being practiced. The chief, with the help of advisors put up a sanction against male partners who shun away from escorting their female partners for anti-natal care.

All such men are told to pay in form of a goat whenever found wanting. This act is a control measure and eventually encourages male partners to take an active role in all activities to do with EMTCT.

2.9 THE NATIONAL EMTCT COMMUNICATION STRATEGY

A review of the existing National Communication Strategies by Central Board of Health (CBOH) was taken into consideration by the researcher. Hence, the study investigates the effectiveness of one of the strategies in their application. The challenge of male partner involvement in EMTCT forms part of the issues the strategy has to address. The summary presented here is an extract from the whole national EMTCT communication strategy with great stress on male partner involvement. The document has been drawn out of efforts from many stakeholders. “The purpose of this document is to guide those involved in EMTCT activities throughout Zambia in addressing key issues, which affect the success of EMTCT interventions” (Zambia National PMTCT Communication Strategy, 2004). This is in an effort to take necessary measures for the success of EMTCT. In its historicity, “PMTCT services were first introduced in Zambia in 1999 through the Ministry of Health in conjunction with UNICEF through a pilot project in Lusaka, Mbala and Monze to ensure both urban and rural sites are covered.” (Ibid).

The main goal of the EMTCT communication strategy is ‘to empower individuals, families and communities to make informed choices to prevent HIV transmission, prevent unintended pregnancies, use of EMTCT services and access care.’ Added to this overall objective are the following specific objectives of the strategy:

1. Increase Knowledge and awareness of EMTCT
2. Increase Community action, ownership and partnership for EMTCT
3. Encourage male involvement in EMTCT
4. Strengthen health workers’ ability to promote and provide the EMTCT package.

For this study, the researcher focused on the third objective that encourages male participation in EMTCT.

CHAPTER THREE

CONCEPTUAL AND THEORETICAL FRAMEWORK

3.0 INTRODUCTION

Communication is a broad aspect that permeates all spheres of human existence. In this research, the aspect of communication was employed in the field of health care in a rural setting that lack modern communication modes like television and the internet. Basic interpersonal communication is still the principle mode of transmitting vital and life saving messages from service providers to communities in remote area. This chapter reviews the concepts and theories of communication. It begins by giving a synopsis of the four functions of communication theories and then presents the types of communication of interpersonal, group and mass communication. The chapter then reviews the functions and importance of communication in a health care context associating it with the aspect of development that arises with a health community.

3.1 FOUR FUNCTIONS OF COMMUNICATION THEORIES

Though not mandatory to mention in this study, the researcher attests that it is of great help to mention in brief what functions communication theories have to a given research or study. According to Fitzpatrick (1988), communication theories have four basic functions:-

Organize experience - a theory will help organize experiences of the social scientist, for instance, a persuasion theory would help mobilize events into persuasive situations especially in advertising.

Extend knowledge - a theory will enable a researcher to go beyond data gathered and extend knowledge to what has not yet been encountered;

Stimulate further research - because a theory helps establish gaps in research findings, it stimulates further research.

Anticipatory function - a theory also helps in making predictions over observed reality like the reality of infant mortality as a result of not being protected from HIV positive mothers.

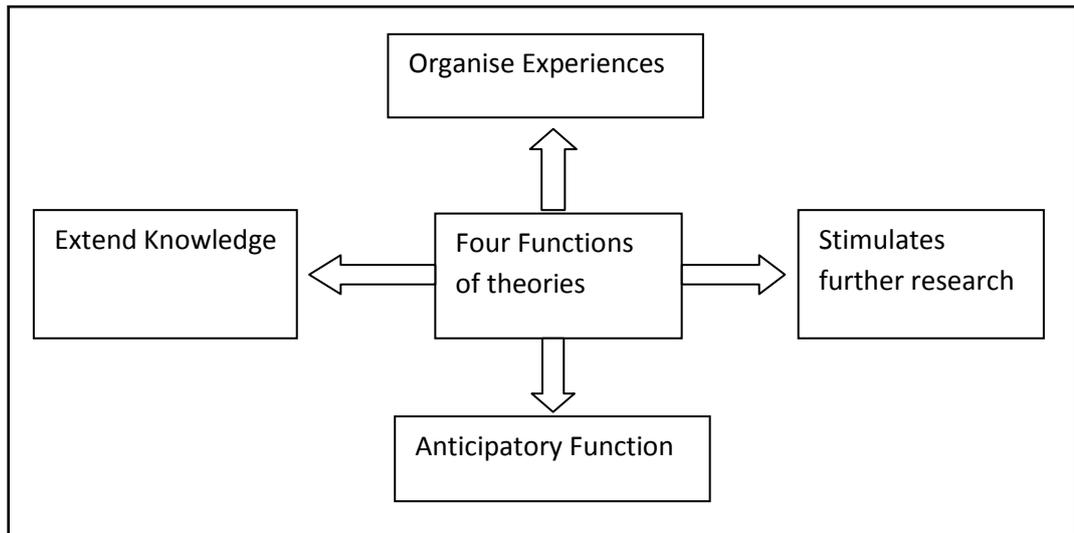


Figure 4.1: Four Functions of Communication

3.2 COMMUNICATION

Initially communication was understood as merely the sending of information from one person to the other. This had a linear model of communication. The researcher in this study will adopt a rather deeper definition. In this study, the definition takes a form of public communication as Ferguson (1990) puts it, “Those processes of information and cultural exchange between media institutions, products and publics which are socially shared.” However, while Communication for Development may include skill settings from the area of information dissemination, the subject reaches far deeper and broader into the communication process. This same communication is in different types.

3.2.1 Interpersonal Communication

This is the face to face communication between two people or institutions. It takes the form of exchange among agents that work within the same area and people passing EMTCT information among themselves. An interpersonal communication channel provides two way interactions and feedback is more effective especially when the goal of communication is persuasion. Interpersonal communication is more likely to cause attitude change (Melkote, 1991:29).

There are however according to Fitzpatrick (1988), three specific theories under interpersonal communication. These are expectancy violation theory, social penetration theory and uncertainty reduction theory.

Expectancy Violation Theory: this has to do with a sense of personal space (both literal and metaphorical) and prefer distance from others; ask what happens when other people violate our expectations about personal space. The consequences might be positive or negative.

Social Penetration Theory: closeness develops if people proceed in a gradual and orderly fashion from superficial to more intimate levels of exchange. The researcher will use this to familiarize himself with the people he is to work with.

Uncertainty Reduction Theory: new relationships involve uncertainty, communication reduces uncertainty. This concept will be of great use in this study in the in depth interviews. There is need for all people involved in this research to have an exchange of views on different issues that have a bearing on male involvement in EMTCT.

3.2.2 Group Communication

This is where you have a small group of people holding a discussion. Just like in interpersonal communication, you have an advantage of getting feedback from members involved in the discussion. People are free to seek for clarification where they are not clear. Of course this has to be a small group, otherwise discussion and feedback would be very difficult. Small group communication can take a form of a meeting, or a working lunch (White, 1994:40). Its specificity takes two forms of theories; descriptive and prescriptive theories.

Descriptive Theory; in this is found growth development aspects (Beebe 2000). This is basically about how HIV and AIDS can be a developmental factor in this work. It also encompasses skills to do with problem solving.

Prescriptive theory; this is a method theory that helps to reasonably predict that certain outcomes will follow certain types of communication. This consequently helps in behaviour regulation to meet the societal desired goals (Ibid, 2000). In its application, group communication will work well in Focus Group discussions.

3.2.3 Mass Communication

Mass communication refers to a small group of people sending messages to a large anonymous and usually a heterogeneous audience using specialized communication media (Centre for Good Governance). In this case, this type of communication can occur between EMTCT workers and a given target group from a specific catchment area. Under this, there are specific theories namely; attributive and knowledge gap theory.

Attributive Theory; this is probably the most influential contemporary theory with implications for academic motivation. It incorporates behaviour modification in the sense that it emphasizes the idea that learners are strongly motivated by the pleasant outcome of being able to feel good about themselves (Weiner, 2007). So then EMTCT clients ought to be motivated by the outcomes of EMTCT services as well as information.

Knowledge Gap Theory; it is simply about the efforts that have to be done in order to close up the gap between what is known and what is not. This should be brought up by a study like this same one. There should be an establishment of what is and is not known about EMTCT.

3.2.4 Agenda Setting Theory and Mass Communication

This theory has to do with the influence of media. It tells us what issues to include in media. Media content should be that which appeals to target audience or indeed for public interest depending on the topic relevant at that particular situation. So then, in an environment where people are deeply affected by the transmission of HIV and AIDS from positive pregnant mothers, a media that emphasizes on the ways to prevent this catastrophe would be more appealing (Infante et. al. 1990). This would be opposed to a media that has its priority in fashion adverts.

Media has to address the real issues affecting people. A political scientist Cohen (1990) says that press may not much of the time be successful in telling its readers or listeners 'what to think', but rather telling them 'what to think about'. For instance, in this research, people should not only think HIV and AIDS, but rather think deeply and specify their focus by thinking about HIV and AIDS transmitted through mother to child.

3.2.5 Fitzpatrick's Typology of Couple Types

A typology is a classification scheme. This is the typology that will assist the researcher to use family communication to classify enduring relationships. This theoretical model is useful because it represents an organized way of examining the nature of marital communication as it shall be seen in couples' focus group discussions (Fitzpatrick, 1988). In its application, this theory will be used in finding out the conflicting reality of why some men do not support their partners. It is particularly useful in this study as the researcher looks at inter partner exchange of views regarding male partner involvement in EMTCT.

This scholar uses what he calls relational dimensions inventory. This to the researcher entails characterizing couple as traditional, independent, separate or mixed. These variations will be instrumental even in understanding cultural values that anchor on male – female relationships and communication.

3.3. FUNCTIONS OF COMMUNICATION IN HEALTH CONTEXT

This to a large extent has to do with health matters. As such, health communication is of great importance to this study. There are four functions that have been identified regarding health providers and consumer communication (Costella, 1977). The following functions have a lot to do with interpersonal communication;

Co-operation: This communication has to do with the prescribed measures given to a client. This will be used in the context of how to invite male partners in the event that a pregnant female partner has to be or has been tested for HIV.

Counsel: this involves the role played by the providers of health incentives as a therapy. It will be of course the role of CIDRZ and clinics in which they operate from.

Education: This is the role of disseminating information to people in order to reduce risks of contracting HIV. This communication proceeds through channels ranging from formal provider and consumer to mass mediated campaigns. In this study, this will have to do with campaigns used to encourage male partner involvement in EMTCT.

3.4 IMPORTANCE OF COMMUNICATION

According to Infanteet.al (1997:23) it is important to communicate because it helps us create cooperation and interaction with one another, promote democracy, acquire information and entertain ourselves. He adds that communication is important because without it, development would not be possible. Even to be aware that development has occurred; one should be able to communicate within him or herself and with others.

So then, promoting male partner involvement in EMTCT campaigns is a developmental factor. This is because; having an infant generation free from HIV and AIDS is a sign of a brighter future. In this way society and the country at large is assured of human resource to contribute to national development. Hence, proper communication to enhance male participation in EMTCT is so inevitable to be put into consideration.

3.4.1 Public Campaigns

As communication campaigns grow more sophisticated, sometimes assessing them may not keep pace of their innovations. Campaigns may be twofold as it will be explained below. However, going by Coffman (1990)'s definition; “ public communication campaigns use the media, messaging and an organized set of communication activities to generate specific outcomes in a large number of individuals and in a specific period of time. They are an attempt to shape behaviour towards a desirable social outcome.” The researcher will use this concept as a way of finding out how CIDRZ campaigns impact on the attitude or behaviour of male partners towards HIV testing and well as EMTCT. As earlier noted, campaigns are twofold. This is in the sense that they impact either on individual attitude or public will.

3.4.2 Individual Behaviour Change and Public Will Campaigns

The two forms of campaigns may have the same design, yet aim at different ends to meet. Individual behaviour change campaigns refer to campaigns that try to change an individual's behaviours that lead to social problems. In other words, this form of campaign tries to promote behaviours or attitudes that lead to improved individual or social wellbeing. In the case of this research, the researcher will be taking into

account which campaigns are more likely to yield more good results between the two forms. The study will have to find out which form of campaign can make men realize the importance of them getting involved in EMTCT on an individual level.

However, public will campaigns attempt to mobilize public action for policy change. Such an attempt can be for men to form up a deliberate men's council in which issues of EMTCT can be shared. This would inevitably lead the Government to consider coming up with policies that will embrace men in EMTCT campaigns.

3.5 DEVELOPMENT

Eliminating HIV and AIDS is a developmental concern. Therefore, a look at the concept of development will aid the understanding of it more and how developmental activities can fasten male participation in EMTCT. Since development takes many forms, various definitions have been advanced by many writers. The elimination of HIV and AIDS is a developmental issue in the sense that the unborn and infants who die due to HIV and AIDS could have contributed to the social, economic and political progress of the nation. Therefore, a consideration of it in this study cannot be avoided.

Regardless of the vastness of definitions of development, all agree to a great extent that it is all about improved life conditions for human beings. According to Ayres (1995), development means creating the conditions for the realization of human personality. Development is inevitably a normative concept, almost a synonym to improvement. Walter (1980) indicates that; the purpose of development is to create an environment in which all people can expand their capabilities and opportunities both for present and future generation. Basically development is all about human progression in different disciplines.

Rodney (1972) adds that; it is an increase in skill and capacity, greater freedom, creativity, self-discipline, responsibility and maternal well being. Thus, we can say that development is the improvement of people's lifestyle through improved education, income, skills development and employment. It also allows a society to realize better human values and greater control over environment. Such values mentioned are of great importance as a way of creating a Zambia that is free from children born with HIV

CHAPTER FOUR

METHODOLOGY

4.0 INTRODUCTION

The research focused on assessing how communication strategies encourage male partners to participate in EMTCT services in selected health centers of Nkeyema District. Male participation has been identified as a key factor in having pregnant mothers' access EMTCT services from health centers. This chapter outlines the methods used in the collection of data from the 5 selected health centers of the district and subsequent analysis of the same data and its interpretation.

4.1 METHODS

4.1.1 Study Design

The researcher did a non-experimentation study of 5 selected health centers in Nkeyema District of Western Province. It involved data collection by qualitative and quantitative methods. The specifications of these methods are outlined below.

4.1.2 Variables

4.1.2.1 Independent Variables

1. Age
2. Sex (male/female)
3. Marital Status
4. Location

4.1.2.2 Dependent Variables

1. EMTCT Awareness
2. Messages on EMTCT
3. Target Audience of EMTCT
4. Media use

4.1.2.3 Extraneous Variables

1. Migratory agricultural activities
2. Distance from health centre

4.1.3 Qualitative Research Techniques

4.1.3.1 In-depth Interview

The following in-depth interviews were conducted in order to obtain stakeholders' views on Central Board of Health (CBOH) communication strategies:

Table 4.1: In-depth Interview Persons

s/n	Persons	Area	No.	Total
1	Director of EMTCT at Health Centres	1. Nkeyema 2. Shimano 3. Njonolo 4. Kandende 5. Namilange	1 1 1 1 1	5
2	EMTCT Health workers	6. Nkeyema 7. Shimano 8. Njonolo 9. Kandende 10. Namilange	1 1 1 1 1	5
3	Volunteers	11. Nkeyema 12. Shimano 13. Njonolo 14. Kandende 15. Namilange	1 1 1 1 1	5
	Total			15

4.1.3.2 Focus Group Discussion

Focus group discussions were organized for the 5 selected health centers. The targets were both male and female clients who attended these health centers. There was a serious challenge in Shimano and Njonolo health centres as no males were present during the sessions.

Table 4.2: Focus Group Discussions

s/n	Health Centre	Male	Female	Total
1	Nkeyema	8	10	18
2	Shimano	0	8	8
3	Njonolo	0	10	10
4	Kandende	10	9	19
5	Namilange	8	10	18
	Total	26	47	73

4.1.4 Quantitative Research Techniques

Questionnaires – Qualitative data was collected through admission of questionnaires to a total of 73 persons as indicated below:

Table 4.3: Questionnaire Respondents

s/n	Health Centre	Male Respondents	Female Respondents	Total
1	Nkeyema	8	10	18
2	Shimano	0	8	8
3	Njonolo	0	10	10
4	Kandende	10	9	19
5	Namilange	8	10	18
	Total	26	47	73

4.2 SAMPLING PROCEDURES

4.2.1 Population

The population for the study was health workers, volunteers and clients in the health centres of Nkeyema District in Western Province.

4.2.2 Study Site

The study was conducted in Nkeyema District of Western Province, Zambia. The following were the selected Health Centres for the study:

1. Nkeyema
2. Shimano
3. Njonolo
4. Kandende
5. Namilange

These health centres were selected on the basis of easy accessibility and participation the in EMTCT programme across the district.

4.2.3 Sample Size

1. The sample size of the study was as follows:
2. CBOH workers 5
3. Volunteers 5
4. EMTCT clients, in clinics 100

Total 110

4.2.4 Selected Sampling Procedures

4.2.4.1 Non-Probability Sampling: Purposive Sampling

Purposive sampling procedure was used to select subjects for the following from the five (5) health centres:

1. *In-depth Interviews* - 1 health worker from a group of 10 at a clinic. The selection was based on the person's involvement in the EMTCT programme.
2. *Focus Group Discussions* – 20 EMTCT clients from each clinic among an undetermined number of clients.

4.2.4.2 Probabilistic Sampling

Questionnaires (see appendix 1) were distributed to the population of workers and clients of the same Health Institutions.

Questionnaires for EMTCT were distributed in various catchment areas within Nkeyema district. The sample was drawn from the same clients. Having many clinics benefitting from CBOH, the researcher randomly sampled these clinics within reach. The researcher used stratified random sampling. Clients were stratified according to sex. In this case, it is not all males who targeted but only those with partners.

In the case of women, it was easy meeting them from the clinics as a common place. A strategy was improvised on how to capture men for they did not have usual obvious places where they can be found. However, these women were pregnant at least for four months. This was because they were to speak or answer questions from what they knew and experienced. A screening form (see appendix 5) has been used as a way of capturing the desired group.

4.3 DATA GATHERING METHODS

Both primary and secondary sources of data have been used in this study.

4.3.1 Secondary Sources of Data

The data here included; the collections made from archival sources. Apart from providing literature, people have been consulted. HIV and AIDS infections for infants were obtained from data repository at Nkeyema District Office.

4.3.2 Primary Source of Data

Data collection involved structured questionnaires administered to Health workers, volunteers and clients. This was intended to evaluate communication strategies that are in use and how effective they are. This basically has to do with male partner involvement in EMTCT.

4.4 DATA ANALYSIS

Quantitative and qualitative methods of data analysis was be used. The analysis was based on the materials from archival sources and data collected from the field. Archival sources, published and unpublished data have been put into categories so as to draw interpretations. Therefore, the Statistical Package for Social Sciences (SPSS) has also been used in data analysis

4.5 ETHICAL CONSIDERATIONS

Ethical considerations for this study included permission to conduct the research at the health centres from the District Health administration. All participants in the study were assigned code numbers for identification and accountability purposes, thus no participants' names were disclosed in the study. For the interviewed persons and those who responded to questionnaires, a consent letter was availed to them for signing and the information disclosed by them was used strictly for study purposes.

4.6 LIMITATION OF THE STUDY

Accessibility and distances to the health centres was a challenge which affected the mobilization of subjects of study such as the male partners. It was for this reason that Shimano and Njonolo has no male participants in the focus group discussion. Equally, participants anticipated to be rewarded for involvement in the study. There was no adequate financial resources to enable follow ups to be made on cases under study. Literature on EMTCT in Zambia was very limited and only available in the National Communication Strategy of the Central Board of Health.

CHAPTER FIVE

PRESENTATION OF FINDINGS

5.0 INTRODUCTION

This chapter presents finding made in the research on male involvement in EMTCT. The chapter first presents the demographic background of the people who participated in the research such as sex, age, education, residence, employment and income levels. Results are then presented on objective analysis on knowledge levels, effectiveness of messages, target audiences and communication media used. A hypothesis analysis is also presented. Finally results of the focus group discussions are presented highlighting on benefit of media usage, male accompanying pregnant women for EMTCT services, male attendance, communication challenges and male presence at child delivery.

5.1 DEMOGRAPHIC BACKGROUND

5.1.1 Sex Distribution

Table 5.1: Sex Distribution among Clinics

CLINIC	SEX		Total
	MALE	FEMALE	
KANDENDE	10	10	20
NAMILANGE	10	10	20
NJONOLO	10	10	20
NKEYEMA	10	10	20
SHIMANO	10	10	20
Total	50	50	100

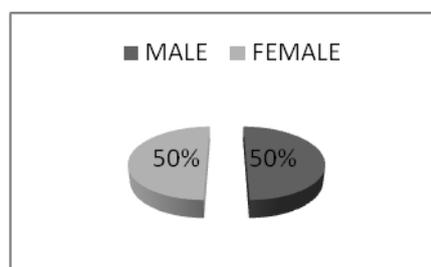


Figure 5.1: Sex Distribution among Clinics

The table above shows that 50% of the participants of the research were female while the remaining 50% were males. This indicates an equal participation of females and male. The population target was 50 males and 50 females. This was done to avoid issues of gender biasness. Of the 50 males and 50 females, equal proportions were selected from the 5 clinics of Nkeyema District. In the cross tabulation above it can be noted that 10 males and 10 females were sampled from each clinic.

5.1.2 Age Distribution

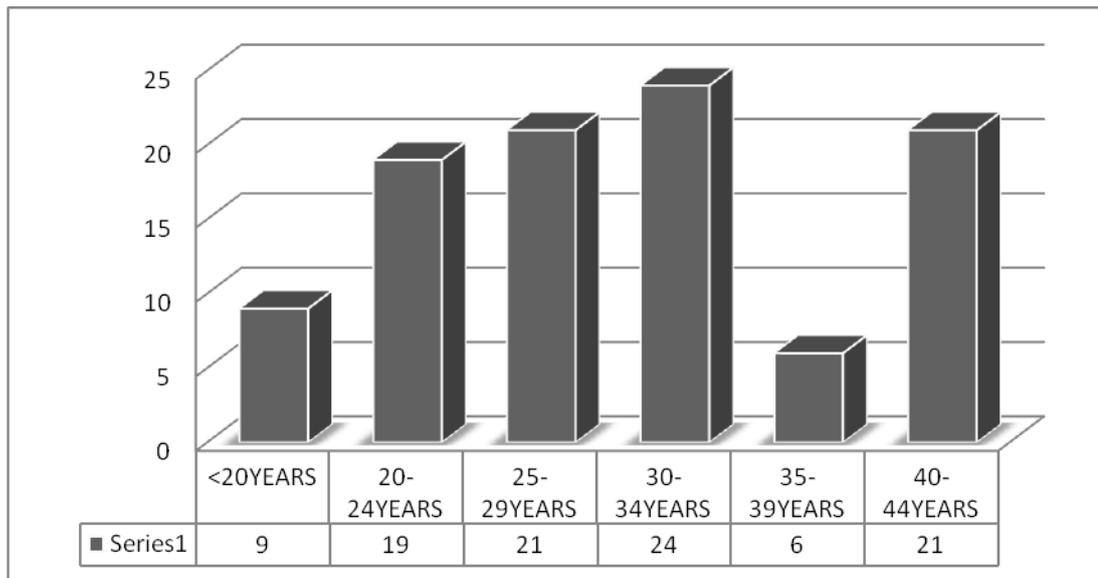


Figure 5.2: Age Distribution among Clinics

The bar chart above shows the age distribution (according to age groups) of participants. From the chart above it can be noted that most of the participants fall in the range of 30-34 years with a count of 24 while the age groups 25-29 years and 40-44years had the same count of 21. The lowest count was observed on the age group 30-34 years.

5.1.3 Marital Status

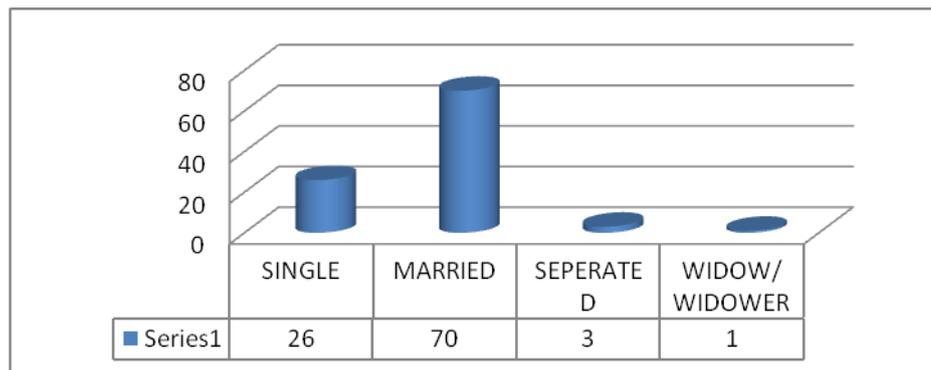


Figure 5.3: Marital Status

The cone chart above shows the marital status of the participants. Most of the participants are married.

5.1.4 Educational Level

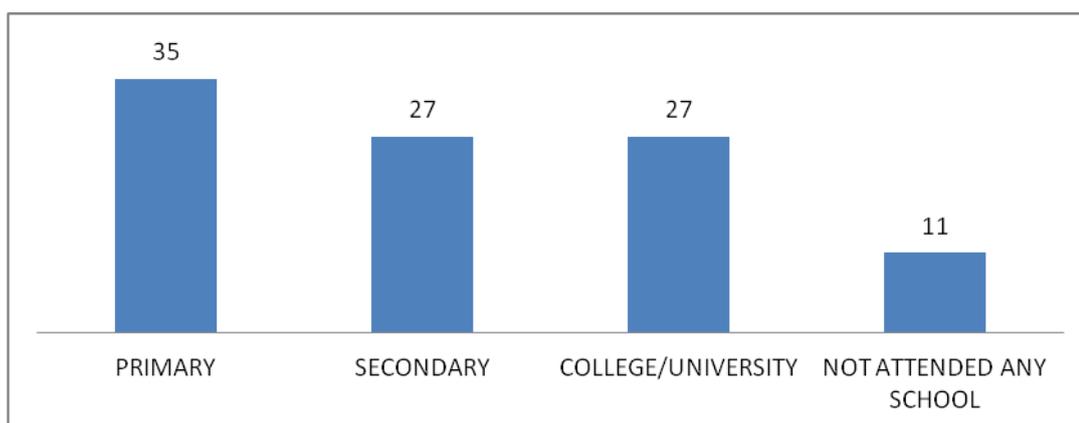


Figure 5.4: Educational Level

The table above shows that most of the participants have gone only as far as primary education with a count of 35. Nevertheless a good number of participants have reached secondary education. Only 27 have done some post secondary education. Collectively the level of education in this sample was small. In order to give a clearer educational distribution a cross tabulation was done. The cross tabulation below shows the education qualification by sex.

Table 5.2: Education-Sex Cross tabulation

EDUCATION	SEX		Total
	MALE	FEMALE	
PRIMARY	14	21	35
SECONDARY	14	13	27
COLLEGE/UNIVERSITY	17	10	27
NOT ATTENDED ANY SCHOOL	5	6	11
Total	50	50	100

5.1.5 Residence Distribution

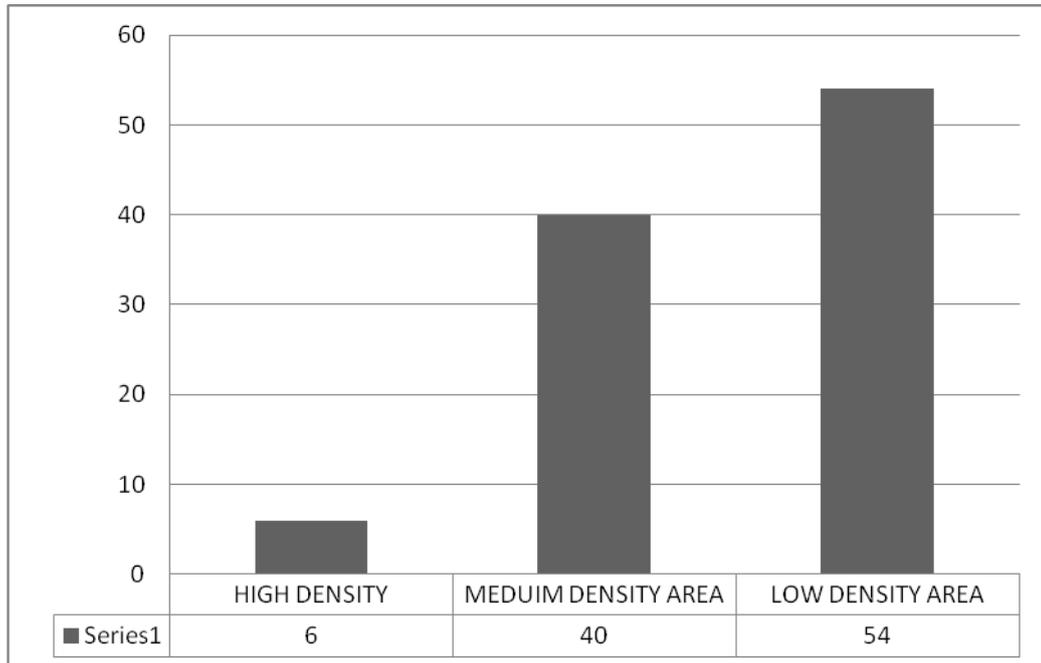


Figure 5.5: Residence Distribution

The bar chart above shows the participants’ residences. Most people are from the low and medium density areas. It should be reckoned that the research was undertaken in Nkeyema, a small rural district in Western Province. Since the district has a village setup, most of the people come from distant village camps which are mostly widely spaced therefore it justifies the findings.

5.1.6 Employment Distribution

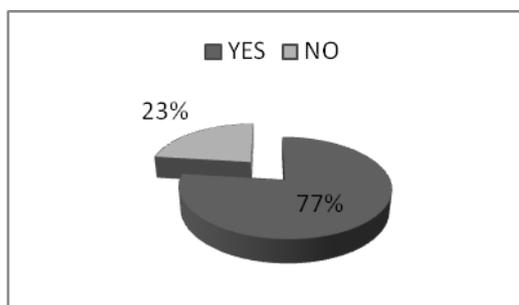


Figure 5.6: Employment Distribution

The pie chart above shows that 23% of the participants are not employed while the rest (77%) are employed.

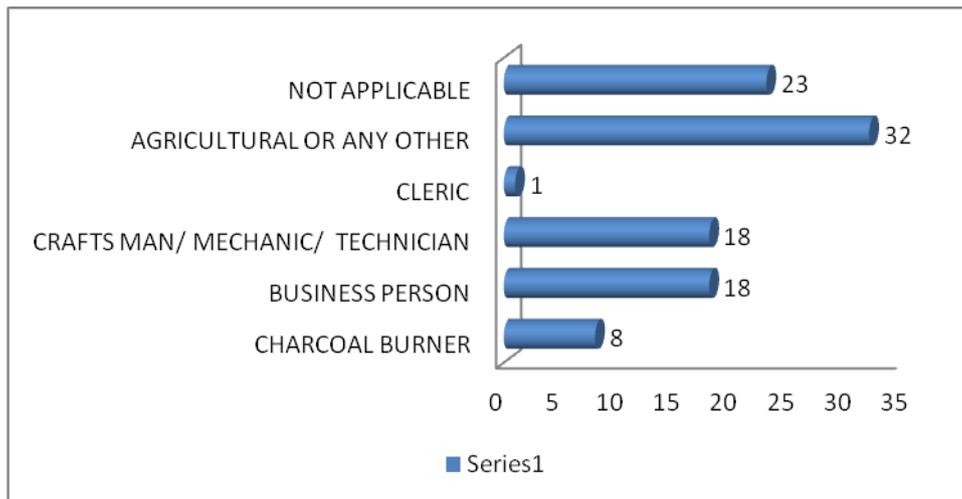


Figure 5.7: Type of Employment

The table above shows that most of the people who are employed are in the agricultural sector and any other unmentioned employment. A good number of people are also either craftsmen, mechanics, technicians or business persons.

5.1.7 Income Levels

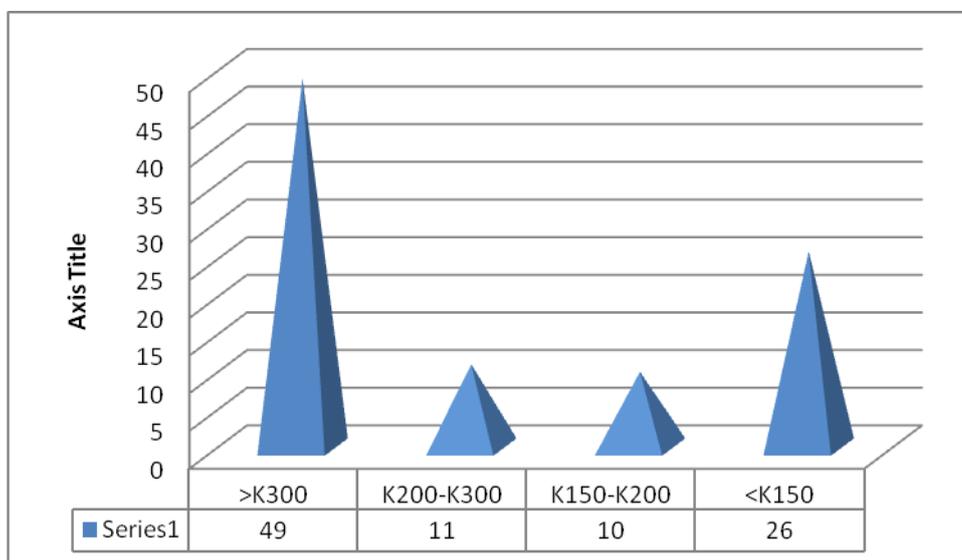


Figure 5.8: Income Level

An investigation on the income range was carried out. It was observed that most of the participants claimed to earn more than K300 per month. While a good number of people (26) claimed to earn less than K150 per month.

5.2 OBJECTIVE ANALYSIS

5.2.1 Knowledge Levels of Clients on EMTCT

The first objective of this paper was to find out the knowledge levels among clients regarding EMTCT.

Table 5.3: Knowledge Levels on EMTCT

		STRONGLY AGREE (%)	AGREE (%)	NEUTRAL (%)	DISAGREE (%)	STRONGLY DISAGREE (%)
Q9	CHILD BORN FROM HIV MOTHER WILL BE ALSO POSITIVE	15	24	11	38	12
Q10	HIV TESTING AND COUNSELLING GOOD STEP TOWARDS SAFETY UNBORN BABY	74	20	4	1	1
Q11	USE OF ARVs FOR HIV POSITIVE MOTHERS TO PROTECT THE UNBORN	43	34	9	10	4
Q12	BREASTFEEDING ONE WAY BABIES GET HIV INFECTION	45	30	11	9	5
Q13	THERE IS ONLY ONE WAY OF MOTHER TO CHILD TRANSMISSION	14	14	11	48	13

The table above shows the percentage responses of the various questions. For Question 9, about 38% of the respondents disagree that a child born from an HIV positive mother will also be positive. 24% and 15% of the participants, on the other hand, agreed and strongly agreed to the question respectively.

For question 10, 74% strongly agreed to the question that HIV testing is a good step towards safety of unborn baby. For question 11, 43% and 34% strongly agree and agree, respectively, that the use of ARVs for HIV positive mothers to protect the unborn baby. For question 12, 45% strongly agree that breast feeding is one way babies get HIV infection. For question 13, 48% of the respondents disagreed that there is only one way of mother to child transmission.

5.2.2 Effectiveness of Messages used to Promote Male Partner

The second objective is to examine the effectiveness of messages used to promote male partner involvement in EMTCT.

Table 5.4: Effectiveness of Messages on EMTCT

	STRONGLY AGREE (%)	AGREE (%)	NEUTRAL (%)	DISAGREE (%)	STRONGLY DISAGREE (%)
	Count	Count	Count	Count	Count
Q14. MESSAGE OF ABSTINENCE WHEN ONE PARTNER IS POSITIVE IS EFFECTIVE	37	27	13	16	4
Q15. CONDOM USE DURING PREGNANCY WHEN PARTNER POSITIVE IS EFFECTIVE	43	33	7	12	2
Q16. HIV TESTING AND COUNSELLING FOR BOTH PARTNERS IS WORKABLE	64	25	5	1	2
Q17. MEN SHOULD ALSO ACCOMPANY THEIR PARTNERS DURING CHILD DELIVERY	45	21	9	12	10
Q18. MEN SHOULD BE DIRECTLY CONCERNED WITH BREASTFEEDING HIV PARTNER	54	27	11	4	1

Most of the people agreed that the message of abstinence when one partner is positive is effective. 43% strongly agrees that condom use during pregnancy when a partner is positive is effective. A good 64% strongly agreed that HIV testing and counselling for both partner is workable. 45% of the respondents strongly agreed that men should also accompany their partners during child delivery. 54% of the respondents strongly agree that men should be directly concerned with breast feeding HIV partner.

5.2.3 Evaluating the Target Audience of EMTCT as a way of promoting Male Partner Participation

Table 5.5: Assessment of Target Audience for EMTCT Services

	STRONGLY AGREE (%)	AGREE (%)	NEUTRAL (%)	DISAGREE (%)	STRONGLY DISAGREE (%)
	Count	Count	Count	Count	Count
q19. MOTHERS ARE IMMEDIATE TARGET AUDIENCE FOR EMTCT SERVICES	47	27	4	12	7
Q20. PREGNANT PEOPLE ARE IMMEDIATE TARGET AUDIENCE FOR EMTCT SERVICE	53	25	6	5	8
Q21. THE AUDIENCE IS USUALLY SEGMENTED ACCORDING TO AGE	20	20	13	30	14
Q22. THE AUDIENCE IS USUALLY SEGMENTED ACCORDING TO SEX	13	17	15	35	20
Q23. BOTH PARTNERS INVOLVED WHEN LEARNING ABOUT MEDICAL ADHERENCE	52	27	10	10	1
Q24. EMTCT SERVICES AND FACILITIES TO THE TARGET GROUP PEOPLE ARE RELIABLE	47	28	6	15	4

The third objective of this research was to evaluate the target audience of EMTCT as a way of promoting male partner participation in EMTCT. In the table above, 47% strongly agree that mothers are the immediate target for EMTCT services. 53% of the respondents strongly agree that pregnant women are the immediate target for EMTCT. 52% of the participants strongly agree that both partners involved when learning about medical adherence. Lastly it was observed that 47% of the participants strongly agree that EMTCT services and facilities to the target group people are reliable.

5.2.4 Assessing Communication Media used to Encourage Male Partners to be fully involved in EMTCT

Table 5.6: Media Usage

HOW MUCH USE DO YOU MAKE OF THE FOLLOWING IN COMMUNICATING ISSUES ABOUT EMTCT	VERY MUCH (%)	MUCH (%)	NOT MUCH (%)	NOT AT ALL (%)
	Count	Count	Count	Count
INTERNET	15	5	24	56
TELEVISION	26	17	14	43
RADIO	36	24	20	20
PHONES	23	21	14	41
PRINT MEDIA	35	11	16	38

The fourth objective was to assess communication media used to encourage male partners to be fully involved in EMTCT. In the table above, about 56% do not use the internet at all in communicating issues about EMTCT. About 43% of the participants also do not use television for communication about EMTCT. Only radio and print media are used very much with 36% and 35% respectively. Phones are also not used for communication with about 41% of the participants not using phones at all for communication about EMTCT issues.

5.3 FURTHER STATISTICAL ANALYSIS

In order to statistically prove that the above object variables have occurred and have patterns, a non-parametric test is carried out that shows whether the responses were with equal probability. In other words, the investigation is to discovering if participants statistically show that they have tendencies towards certain objective questions.

The table below shows the results of the Non-parametric tests done on the questions that were tackled in the objectives. The null hypothesis is clearly stated in the table. The null hypothesis is stated as follows:-

H_0 : the categories of all the questions occur with equal probabilities.

Table 5.7: Hypothesis Test Summary

	Null Hypothesis	Test	Sig.	Decision
1	The categories of CHILD_BORN_FROM_HIV_MOTHER_WILL_BE_ALSO_POSITIVE occur with equal probabilities.	One-Sample Chi-Square Test	.000	Reject the null hypothesis.
2	The categories of HIV_TESTING_AND_COUNSELING_GOOD_STEP_TOWARDS_SAFETY_UNBORN_BABY occur with equal probabilities.	One-Sample Chi-Square Test	.000	Reject the null hypothesis.
3	The categories of USE_OF_ARVs_FOR_HIV_PROTECT_THE_UNBORN occur with equal probabilities.	One-Sample Chi-Square Test	.000	Reject the null hypothesis.
4	The categories of BREASTFEEDING_ONE_WAY_BABIES_GET_HIV_INFECTION occur with equal probabilities.	One-Sample Chi-Square Test	.000	Reject the null hypothesis.
5	The categories of THERE_IS_ONLY_ONE_WAY_OF_MOTHER_TO_CHILD_TRANSMISSION occur with equal probabilities.	One-Sample Chi-Square Test	.000	Reject the null hypothesis.
6	The categories of THE_MESSAGE_OF_ABSTAINANCE_WHEN_ONE_PARTNER_IS_HIV_POSITIVE_IS occur with equal probabilities.	One-Sample Chi-Square Test	.000	Reject the null hypothesis.
7	The categories of CONDOM_USE_DURING_PREGNANCY_WHEN_PARTNER_POSITIVE_IS_EFFECTIVE occur with equal probabilities.	One-Sample Chi-Square Test	.000	Reject the null hypothesis.
8	The categories of HIV_TESTING_AND_COUNSELING_FOR_BOTH_PARTNERS_IS_WORKABLE occur with equal probabilities.	One-Sample Chi-Square Test	.000	Reject the null hypothesis.
9	The categories of MEN_SHOULD_ALSO_ACCOMPANY_THEIR_PARTNERS_DURING_CHILD_DELIVERY occur with equal probabilities.	One-Sample Chi-Square Test	.000	Reject the null hypothesis.
10	The categories of MEN_SHOULD_BE_DIRECTLY_CONCERNED_WITH_BREASTFEEDING_HIV_PARTNER occur with equal probabilities.	One-Sample Chi-Square Test	.000	Reject the null hypothesis.
11	The categories of MOTHERS_ARE_IMMEDIATE_TARGET_AUDIENCE_FOR_PMTCT_SERVICES occur with equal probabilities.	One-Sample Chi-Square Test	.000	Reject the null hypothesis.
12	The categories of PREGNANT_PEOPLE_ARE_IMMEDIATE_TARGET_AUDIENCE_FOR_PMTCT_SERVICE occur with equal probabilities.	One-Sample Chi-Square Test	.000	Reject the null hypothesis.
13	The categories of THE_AUDIENCE_IS_USUALLY_SEGMENTED_ACCORDING_TO_AGE occur with equal probabilities.	One-Sample Chi-Square Test	.051	Retain the null hypothesis.
14	The categories of THE_AUDIENCE_IS_USUALLY_SEGMENTED_ACCORDING_TO_SEX occur with equal probabilities.	One-Sample Chi-Square Test	.004	Reject the null hypothesis.
15	The categories of BOTH_PARTNERS_INVOLVED_WHEN_LEARNING_ABOUT_MEDICAL_ADHERENCE occur with equal probabilities.	One-Sample Chi-Square Test	.000	Reject the null hypothesis.
16	The categories of PMTCT_SERVICES_AND_FACILITIES_TO_THE_TARGET_GROUP_PEOPLE occur with equal probabilities.	One-Sample Chi-Square Test	.000	Reject the null hypothesis.
17	The categories of HOW_MUCH_DO_YOU_USE_INTERNET_FOR_INFORMATION_ON_PMTCT occur with equal probabilities.	One-Sample Chi-Square Test	.000	Reject the null hypothesis.
18	The categories of HOW_MUCH_DO_YOU_USE_TELEVISION_FOR_INFORMATION_ON_PMTCT occur with equal probabilities.	One-Sample Chi-Square Test	.000	Reject the null hypothesis.
19	The categories of HOW_MUCH_DO_YOU_USE_RADIO_FOR_INFORMATION_ON_PMTCT occur with equal probabilities.	One-Sample Chi-Square Test	.076	Retain the null hypothesis.
20	The categories of HOW_MUCH_DO_YOU_USE_PHONES_FOR_INFORMATION_ON_PMTCT occur with equal probabilities.	One-Sample Chi-Square Test	.001	Reject the null hypothesis.
21	The categories of HOW_MUCH_DO_YOU_USE_PRINT_MEDIA_FOR_INFORMATION_ON_PMTCT occur with equal probabilities.	One-Sample Chi-Square Test	.000	Reject the null hypothesis.

Asymptotic significances are displayed. The significance level is .01.

The decisions of the tests are clearly shown in the far left column of the table. The conclusion drawn from the test is that almost all question categories do not occur

with equal probabilities. This means that the responses of the questions had trends. The trends are confirmed in the figures above. This is in exception of the following questions: - Q22 “the audience is usually segmented according to sex” and Q25 (iii) “how much do you make use of radio in receiving or sending information on issues to do with EMTCT”. The responses to these two questions are equally distributed i.e. participants didn’t show inclination to either strongly agree or disagree but were rather equally distributed.

5.4 FINDINGS FROM FOCUS-GROUP DISCUSSIONS

The details of this part of the report constitute views from EMTCT clients. These clients comprise both pregnant women and their male partners. Though it was found that in many places (two out of five sampled clinics had male discussions), the representation of males was very minimal. However, views were still gathered from those that were present.

There was no great challenge in meeting the pregnant women as they were captured upon coming for antenatal visits that is the first visit as they did their bookings. Though group discussions were done separately according to sex, responses from these groups have been combined in this report. Responses have been categorised according to the prompt questions that were posed.

5.4.1 How Clients Benefitted from Use of Mass Media

In this section, the study tried to find out how EMTCT clients benefited from the use of mass media as a way of encouraging male partners to fully get involved in all EMTCT activities. This had to do with the sending and receiving of information on male involvement. It was found that many clients had no much access to modern means of mass communication. However, a number of them use television, though due to lack of electrical energy it is done on intervals.

What is more commonly used are radios and inter-personal interaction with health personnel. Few posters have been found stack on walls in different clinics as a way of communicating to the masses through print media. Posters are a good medium to use for the larger population in these health institutions due to high levels of

illiteracy. Other means of communication in terms of mass media are mostly found among those considered to be the elite.

5.4.2 Benefits Attached with Male Partners Accompanying their Pregnant Women for EMTCT Services

Among women who get pregnant, some become so outside wedlock or marriage. For this reason, if both are made to come for antenatal clinic (though difficult), it may indirectly foster faithfulness among men and a sense of responsibility. There are also usually arguments arising in the event that one is found positive, especially if it's a woman, on whether that man should as well go for testing. So, if male partners are made to accompany their partners from the onset, such quarrels would not be coming out because advice is given to both at the same time. No one in this situation would thus receive information as second hand.

Constant support of the unborn baby by both partners was very much pointed out as a key element for a well balanced growth to take place. Such support would be consolidated by the information that may later on be given by mass media. This is because, by the time messages on EMTCT are given out through mass communication, inter-personal communication would have already happened. What would be coming from the media would only be to confirm or cement what has already been discussed at a health institution by the partner through a counsellor or health personnel.

Whether in marriage or not, when male partners escort their pregnant partners, a sense of belonging together would be felt at least for the sake of the child to be born. This in a way would be a non-verbal and indirect communication to the male folk not to be impregnating anyhow. By so doing, mass communication would be made easier because the majority of the recipients would be partners who actually share a marital relationship than those shunning away from each other because such a pregnancy would be a source of shame.



Figure 5.9: Women during Focus Group Discussion

5.4.3 Concerning Male Partner Attendance

Only from three of the five sampled clinics were focus-group discussions for male partners possible. This already is an indication of the less number of male representations for EMTCT services or activities. Under this theme the outcome of the discussions gave different reasons as to why the number of female attendance outweighs that of male partner.

The most mentioned reason was that male partners consider themselves to be so superior such that going for antenatal activities is considered being weak. Many men said that antenatal services are women's activities for they are the ones who give birth. However, this was highly disputed by the womenfolk. They said both partners are equal in terms of giving support for the child to be born and even during infancy.

Another deep sighted reason was that some pregnancies are made between people who are not married to each other in cases such as adultery. Therefore if a man has to go to the clinic with the woman he has impregnated, this would bring conflict and confusion in the community. Therefore, in order to safeguard integrity, many men would rather not appear in such arenas like antenatal clinics. This was one of the main reasons that contribute to fewer male partners coming for EMTCT services.

Attendance for the men was said to be seasonal because during cultivation times, many men would leave their normal households to camp on their farms. There is also lack of sanctions that are supposed to be given to male partners who fell to come with their pregnant women for EMTCT services. Fear of disclosing the one

responsible of the pregnancy (if the pregnancy was made outside marriage) and the issue of men's felt superiority are the two factors that contribute to the poor attendance of male partners.

5.4.4 Communication challenges to encourage male partners

Group discussions on this issue were focussed on what hinders male partners from getting information to do with EMTCT as well as others. Many men were in hiding due to having pregnancies that they cannot desire the public to know about. As such it is hard to locate the right arenas where they would be found.

Men are considered to be back benchers because much of the information to do with EMTCT is packaged in such a way that they directly affect women. So, many males feel they have no direct link to the support of the child as women are. They are made to think and feel they are not meant to be fully involved in the upbringing of the child. At the same time some men are just adamant on information to do with the care of the child by participating in EMTCT.



Figure 5.10: Men during Focus Group Discussion

5.4.5 Whether men have to be present during Child Delivery

Just like it was shown from the health workers' responses, many women denied the concern of male partners being present during child delivery. This was because, women felt being exposed over their private parts which look different from normal during delivery. As such they felt men would stop getting attracted to them. On the other hand, a few felt it was necessary to have the male partner during the delivery

time as a way of empathising with their partners. This empathy was thought to further males' support of their pregnant partners.

On the men's side, many of them said they would agree to go in only to the point of reaching the door step instead of actually seeing the baby being brought out. It was realised that the work of being actually present in the labour ward was for the health workers themselves.

CHAPTER SIX

DISCUSSION OF FINDINGS

6.0 INTRODUCTION

This chapter discusses the findings of the study on male involvement in EMTCT in Nkeyema District. It analyses the demographical background of the participants in the study which included their sex, age, marital status, education level, residence, employment and income levels. The chapter then discusses the findings on the set objectives i.e. responded to the research questions which are a reflection of the objectives. These include knowledge levels of clients on EMTCT, effectiveness of messages used to promote male partners, evaluating the target audience as a way of promoting male partner participation and assessing communication media used to encourage male partners to be fully involved in EMTCT.

The chapter embraces the findings of the population of hundred EMTCT clients that were sampled during the study. This population comprised both male and female participants. The males proved to be elusive in the study participation. Few accompanied their female partners for EMTCT services. Healthcare givers were drawn from the 5 selected health centres in the district.

6.1 DISCUSSION OF FINDINGS ON DEMOGRAPHIC BACKGROUND OF PARTICIPANTS

6.1.1 Sex and Age Distribution

Since the sample frame was designed for an equal representation of male and female participants, there was a 50% representation of each sex in the 100 persons sampled. Had there been a random sampling of persons accessing EMTCT services at the clinic, it would have been found that females would have outnumbered male participants. The age distribution indicates the reproductive range of female and male participants (figure 5.2). With the age range of 30-34 years recording the highest occurrence frequency, it calls for concern that most young persons are infected with the HIV virus and are at risk of transmitting the same to their unborn babies. This age range should thus become the focus for health campaigns on EMTCT in Nkeyema District.

6.1.2 Marital Status, Educational Level and Residence Distribution

Marital status in the subject of EMTCT becomes a very important factor since the programme is aimed at involving both male and female partners. The study revealed that the majority of participants are or have been married before. Only 26 were single persons. However, since the study was on EMTCT, it implies these single persons have pregnancies outside wedlock. This becomes a serious concern as the factor of multiple sexual partners is a real risk which promotes the transmission of the HIV virus. Further, these single persons who are expectant mothers would find it difficult to convince the males responsible for their pregnancy to accompany them at the health centres for EMTCT services.

The majority of participants have attained a primary education implying that they are able to understand basic messages on health matters (figure 5.4). Education is key in the EMTCT programme since the recipients of the service must understand basic health concepts if they are to adhere to treatment regimes.

Nkeyema District being rural has a population which is mainly sparsely distributed. People live in distant villages from each other. The findings indicated that the majority of the sampled participants reside in these sparsely populated areas (figure 5.5). A serious factor in relation to the EMTCT programme is in making available these services to people over such wide areas. Equally most people find it difficult to travel long distances as expectant mothers to access these services in health centres. This remains a serious challenge to the EMTCT programme.

6.1.3 Employment Distribution and Income Levels

Considering that Nkeyema is a rural district, there is low formal employment in the district with the majority of the population subsisting on peasant farming. Of the sampled population, only 23% were in formal employment implying that the majority do not have access to a steady income (figures 5.5 and 5.6). This becomes a challenge in that EMTCT programme, though freely offered, demands certain things to be in place such as a good nutrition for the medication prescribed to be more effective. People living in poverty have very low nutrition levels and thus their immunity levels are quite low. This entails that the chances of transmitting the virus to the unborn child becomes very high.

6.2 DISCUSSION OF FINDINGS ON OBJECTIVE ANALYSIS

6.2.1 Knowledge Levels of Participants on EMTCT

From the assessment made on the degree of knowledge regarding EMTCT among participants, there was a high level of agreement to the enquiries made (Table 5.3). The majority (50%) disagreed that a child born from an HIV positive mother will automatically be positive too. Reasons given included the measures which have been put in place to protect the unborn child. However 39% still believed chances of transmission were still possible. These respondents therefore emphasised that it was good for people to go for HIV testing and counselling. This idea was deemed necessary by most of the respondent. It was mentioned that the exercise of going for testing and counselling by both partners was not just meant for them alone, but especially for the protection of the unborn. This is done in order to strategise on reducing the spread of HIV more especially to the unborn child.

On the use of anti-retroviral drugs for HIV positive mothers to protect the unborn, 77% of the respondents agreed that this was the most reliable way of preventing the transmission from mother to child. 14% did not agree to this and thus pose a challenge to healthcare providers since such persons will need extra counselling to persuade them to adhere to medication.

Equally on breastfeeding, 75% agreed that the HIV virus can be transmitted through breast milk from the mother to the child. This notion has a serious challenge in a rural district with low income levels as alternative feeding of a baby (infant formulas) are expensive and usually unavailable. More education is required to inform these persons of the precise options available to them in regards feeding of the infant.

The majority of respondents (61%) disagreed that there was only one way of a mother to transmit the HIV virus to her child. This was a good indication translating into the fact that people were aware of other possible ways and thus would be cautious in their way of doing things.

6.2.2 Effectiveness of Messages used to Promote Male Partners

This objective formed the core of the study. The results indicated that there have been interventions to encourage male partner involvement in EMTCT services (Table 5.4). 64% of respondents agreed that messages on abstinence are understood since they are packaged in familiar forms. For instance a message like “abstinence ilice”¹ can be passed on by even through interpersonal communication.

On the messages of abstinence when one partner is HIV positive, 76% of the respondents agreed considering this to be very effective. This same applied to condom use during pregnancy when one partner is positive. Messages on counselling and testing received an overwhelming endorsement (89%) from the respondents. The majority agreed that this exercise should be done by both partners hence promoting male involvement and commitment is made easier by so doing. They generally said it is workable to communicate messages of counselling and testing.

On male partners accompanying their partners during delivery, 66% agreed to it stating that this gave support to the mother and the men would understand the care needed for the child in the subsequent periods. Equally, there was an overwhelming support (81%) on messages regarding men being directly concerned about breastfeeding of the infant from an HIV positive mother.

6.2.3 Assessment of Target Audience

Research on communication required the assessment of the target audience variable in order to evaluate the extent of male involvement in EMTCT. Audience, in the case of this study refers to the immediate people who are recipients of EMTCT service and benefits (Table 5.5). 74% of the respondents agreed that mothers are the primary target for messages on EMTCT. A step further is made when 78% specifies that the mothers being referred to here are pregnant women who should be the primary target of messages on EMTCT. A varied response was given on segmenting the target audience in age groups. Only 40% agreed that this should be done while 44% disagreed. An interesting response was on the issue of both partners being the primary target of message. 79% agreed that both partners should be involved when learning about medical adherence. Finally when enquiry was made on the reliability

¹ “Abstinence ili che” means abstinence from casual sex is appropriate

of EMTCT services to the target groups, 75% agreed that this was the case. This is good since the reliability of the services will encourage male involvement in EMTCT.

6.2.4 Communication Media

In a rural district like Nkeyema where power energy is still unavailable to the majority of the people, electronic communication media becomes a serious challenge. Radio and print media become more used (Table 5.6). EMTCT messages are thus best disseminated to the target audience via these two media. This equally becomes necessary considering the distances in the sparsely populated areas. The remoteness of some places makes it difficult for health workers to reach. Radio waves would thus be used to transmit these messages on EMTCT. Interpersonal communication during health centre visits become limited since most people fail to turn out owing to distances to these centres.

CHAPTER SEVEN

CONCLUSIONS AND RECOMMENDATIONS

7.0 INTRODUCTION

This final chapter presents conclusions and recommendations on the study which focused on communication strategies used in encouraging male involvement in EMTCT programmes in Nkeyema District. The chapter first reviews the demographic aspects that the study had highlighted as having a bearing on the EMTCT programme and how these could be factored in to improve communication in the district. The chapter then reviews aspects in the set objective by responding to the research questions. The aspects are knowledge levels of participants on EMTCT, effectiveness of messages used to promote male partners' involvement in EMTCT, the target audience of EMTCT messages and the communication media used in the programme to encourage male involvement in EMTCT.

7.1 DEMOGRAPHIC OF NKEYEMA RURAL DISTRICT

The research results indicated that the majority of the sampled persons who access EMTCT services are in the reproductive age range. This implies that persons who are reproducing are faced with the challenge of HIV which consequently threatens the lives of their unborn babies. If EMTCT services are shunned, there is less opportunity for children to be born HIV negative. And as indicated in the discussion, if male partners do not get involved in EMTCT with their female partners, females tend to avoid accessing these services and hence creating risks for their unborn babies. It is thus recommended that persons in this age group, both male and female should be targeted for messages on EMTCT services in the districts.

Marital status of sampled participants was varied with the majority being married or having been married before. With this married section of the population, EMTCT messages should be provided even on a door-to-door manner to encourage couple accesses EMTCT services at health centres. And since most of the sampled population have a basic primary education, these home visits would be effective and the messages which will be presented will be assimilated by both male and female partners. Female partners as well can be trained to educate their male partners on the

benefits of EMTCT. Since most males shun clinic visitations, with the basic education of females, messages can be transmitted to the male through an interpersonal communication between the female partners who attend EMTCT sessions at the clinic and the male partners who stay at home. An obvious challenge of the door-to-door education visitation is the sparseness of the population in this rural district. Peer education from female partners to their male partners thus becomes a key effective form of interpersonal communication on the benefits of EMTCT.

The many challenges of poverty include a lack of proper nutritional diet. Poor rural communities tend to rely heavily on cassava diet with vegetables therefore lacking the much needed protein. Since it is not feasible for any system to distribute protein rich food to such households, education must be intensified on growing of protein rich grains such as soya beans and beans. This diet is key in the development of their body in coping with the prescribed antiretroviral. With a good working immunity, the transmission of HIV to their unborn babies is becomes lessened. With such benefits for good nutrition, the male partners become involved in the EMTCT programme by intensifying their agricultural activities in order to produce these protein rich crops for the pregnant female partners. Communication thus becomes very vital in educating them on the benefits of good diet in the EMTCT programme.

7.2 CONCLUSION AND RECOMMENDATIONS ON USE OF COMMUNICATION IN ENCOURAGING MALE PARTICIPATION IN EMTCT

7.2.1 Knowledge Levels of Participants on EMTCT

The research results indicated that a good proportion of the sampled population and a good knowledge on EMTCT owing to the fact that they healthcare workers have taken time to communicate vital information on the subject to them. However there still remains concern on the understanding of the communicated messages especially to the male counterparts. The dichotomy on the issue of a child born to an HIV positive mother being born HIV positive as well is a case in point. More effort needs to be put in place to disseminate information on benefits of EMTCT in the district.

And as the main focus of this study, this information dissemination should include a focus on male involvement in EMTCT.

7.2.2 Effectiveness of Messages used to Promote Male Partners

On the messages used in EMTCT programmes, results indicate that the majority of the sampled participants found them to be effective and hence were able to affirm the contents of the message through the actions they do such as condom use during pregnancy. However, message to specifically encourage male involvement in EMTCT programmes are lacking. The existing ones do not put stress on this aspect of the programme. During focus group discussions, it was pointed out that men resist messages about pregnancy care stating this was a women domain. Therefore health workers in the local clinics as well as the Ministry of Community Development, Mother and Child Health must design specific messages on the benefits of male involvement in EMTCT.

7.2.3 Assessment of Target Audience

The results indicated that there was a wide range of the targeted audience for messages on EMTCT in the district. These targeted audience mainly lean on women groups of varied ages. Therefore it is apparent that the focus group for this research (i.e. men) is not deliberately targeted. Public pronouncements and policies through campaigns should be made to encourage male partners get involved in EMTCT. This sensitization can be extended to school going pupils because Nkeyema is as well know for high rate of early pregnancies among pupils. Though this was not a focus of the study, it was revealed that pupils fall prey to men for various economic reasons and therefore the culture of multiple sexual partners creates an environment of the spread of HIV. Men who impregnate these young girls should become aware of EMTCT programmes so that they support the girls as they carry their child to be protected from transmitting the virus to the unborn child.

7.2.3 Communication Media

The results have revealed that mass communication to help male partners get involved in EMTCT has not been as effectively supported. Health workers in the local clinics as well as the Ministry of Community Development, Mother and Child

Health not used all necessary media channels to disseminate information on the benefits of EMTCT programme to men. Therefore measures in communication media have to be enhanced in order to promote male participation. One such avenue should be the use of opinion leaders in the communities. This is an effective media since there is a generally low literacy level in these rural communities. Therefore in order to realise the intended change of attitude of male partners toward their pregnant partners, church leader, traditional leaders, teachers and headmen should be brought on board to contribute toward this goal. These figures are well respected in their communities and when they become the custodians of information, the rest of the community would find it easy to assimilate the messages. Thus, this becomes a form of continuous mass sensitization and awareness programme regarding male involvement.

Print and electronic media were still viewed by health workers in the sampled clinics as still the most efficient media of transmitting messages on EMTCT to male partners. They therefore proposed use of mobile cinema methods and posters to cover public places in the district. This can be organised through the Zambia Information Service (ZANIS) who are readily present in these remote places.

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APPENDICES

APPENDIX 1: QUESTIONNAIRE

Questions designed for males and female EMTCT clients in Nkeyema District

I am a post graduate student of Communication for Development (MCD) at the University of Zambia (UNZA), Great East Road Campus, in Lusaka. My research is on; “An evaluation of mass communications to encourage male partner involvement in Prevention of Mother to Child Transmission (PMTCT) campaigns.

This study is purely academic and there is no right or wrong answer to the questions in this paper and no one will judge your answers. In addition, the questions will be strictly confidential. No record or name of respondent will be kept. Finally, no one apart from the researcher and his supervisor will see the answers or pass them to anyone else.

Section 1: Respondent’s details-The section seeks for information about you the respondent. Kindly circle or tick on the answer of your choice.

1. **Sex**.....(a) Male (b) female

2. **Age**.....1. Below 20 years

3. 20-24

4. 25-29

5. 30-34

6. 35-39

7. 40-44

8. 45-49

9. 50-54

10. 55-60

3. Marital Status

1. Single 2. Married 3. Separated 4. Widow/Widower

4. Education

1. Primary 2. Secondary 3. College/University 4. Not attended any School

5. Residence

1. High density area 2. Medium density area 3. Low density area

6. Are you in Employment?

1. Yes 2. No

7. If yes (refer to question 6), what type of employment?

1. Charcoal burner 2. Business person 3. Crafts man/mechanic/technician
4. Cleric 5. Agricultural or any other

8. Which income category do you fall?

1. More than three hundred kwacha 2. Two hundred kwacha
3. One fifty kwacha 4. Less than one fifty kwacha

Section 2. Awareness levels on EMTCT

Indicate the answer by circling or ticking.

9. A child born out of and HIV positive mother will automatically be positive too.

1. Strongly Agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree

10. Going for HIV testing and Counselling is a good step towards the safety of the unborn baby.

1.Strongly Agree 2. Agree 3. Are neutral 4.Disagree 5. Strongly Disagree

11. The use of antiretroviral drugs for HIV positive mothers to protect the unborn is...

1.Very reliable 2. Reliable 3. Are neutral 4. Unreliable 5. Very unreliable

12. Breastfeeding is one of the ways through which babies can get infected with HIV from an HIV positive mother.

1. Very true 2. True 3. Are neutral 4. False 5. Very False

13. There is only one way in which babies can get HIV from HIV positive mother.

1. Very true 2. True 3. Are neutral 4. False 5. Very False

Section 3: Effectiveness of messages. Indicate your answer by circling or ticking

14. The message of abstinence when one of the partners is HIV positive is...

1. Very effective 2. Effective 3. A bit effective 4.not effective 5. Useless

15. Condom use during pregnancy when one partner is HIV positive is effective.

1. Strongly Agree 2. Agree 3. Are neutral 4.Disagree 5. Strongly Disagree

16. HIV testing and counselling for both partners is workable.

1. Strongly Agree 2. Agree 3. Are neutral 4.Disagree 5. Strongly Disagree

17. Men should also accompany their partners during child delivery.

1. Strongly Agree 2. Agree 3. Are neutral 4.Disagree 5. Strongly Disagree

18. Men should be directly concerned with issues of breastfeeding when

their partner is HIV positive.

1. Strongly Agree 2. Agree 3. Are neutral 4. Disagree 5. Strongly Disagree

Section 4. An assessment of target audiences for PMTCT services and facilities.

Indicate your answer by circling or ticking

19. Mothers are the immediate target audience for PMTCT services and facilities.

1. Strongly Agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree

20. Pregnant people are the immediate target audience for PMTCT services and facilities.

1. Strongly Agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree

21. The audience is usually segmented according to age.

1. Strongly Agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree

22. The audience is usually segmented according to sex.

1. Strongly Agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree

23. When learning about medical adherence on PMTCT, both partners are involved.

1. Strongly Agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree

24. In your own view, PMTCT services and facilities are....to the target group of people.

1. Very reliable 2. Reliable 3. Are neutral 4. Unreliable 5. Very unreliable

Section 5: Media Use – Indicate the answer by ticking.

25. How much use do you make of the following in receiving or sending information on issues to do with male partner involvement in PMTCT?

	Very Much	Much	Not Much	Not at all
(i) Internet				
(ii) Television/Radio				
(iii) Public Campaigns				
(iv) Phones				
(v) Print media				

APPENDIX 2: INTERVIEW FOR THE DISTRICT MEDICAL OFFICER

TOPIC: An evaluation of mass communications to encourage male partner involvement in Prevention of Mother to Child Transmission (PMTCT) campaigns.

Date: 20/9/13

Time: 18:00

Guiding Questions

1. What is your perception of HIV and AIDS pandemic as the men in relation to African context?
2. What can you say, according to your own experience, is the most devastating effect of HIV and AIDS?
3. To what extent are the efforts made to reduce the impact of HIV and AIDS through prevention of mother to child transmission effective?
4. Where has CBOH been putting much emphasis in the fight against HIV and AIDS pandemic and why?
5. Who are the target people for PMTCT activities?
6. What are the communication strategies is CBOH using in reaching out to the audience in the fight against MTCT and what has been the impact.
7. What communication barriers do experience in reaching out to the target audience?
8. What campaign methods is CBOH using in the fight against MTCT.
9. What communication strategies is CIDRZ using to enhance male partner involvement in PMTCT?

Thank you for participating in the interview!

APPENDIX 3: INTERVIEW FOR THE COMMUNICATION SPECIALIST FOR CENTRAL BOARD OF HEALTH IN NKEYEMA DISTRICT

TOPIC: An evaluation of mass communications to encourage male partner involvement in Prevention of Mother to Child Transmission (PMTCT) campaigns

Date: 20/09/13

Time: 18:00

Guiding Questions:

1. To what extent does CBOH use the following mass media? Television, radio, brochure, magazines, booklets, and bill boards in communicating information regarding male involvement in PMTCT?
2. Which one of the above media are suitable for enhancing male participation in PMTCT and why?
3. What messages are more appropriate for both male and female partners in the fight against HIV and AIDS through PMTCT.
4. In the event that you use any of them, to what extent are interpersonal, group communication and public address system effective in counselling positive partners in view of PMTCT?
5. Do you use information dissemination and education in reaching out to positive partners and which age group do target?
6. What factors need attention in efforts to do with PMTCT among high, medium and low density areas?
7. How can HIV positive partners, International and local Organisations, social agencies, government, special events like Mothers day or Independence be of great use to fight HIV and AIDS?
8. Is it right to state that male partners are not bound to HIV testing in this case because they are not the ones who give birth? Explain your answer.

9. What is CBOH doing to effectively call upon male partners to take part in PMTCT?

10. What long term policy can the government put in place to enhance male participation in PMTCT.

Thank you for participating in the interview!

APPENDIX: 4 FOCUS GROUP PROMPT LIST

TOPIC: An evaluation of mass communications to encourage male partner involvement in Prevention of Mother to Child Transmission (PMTCT) campaigns.

Date: _____

Time: _____

Guiding Questions:

1. What is your perception of HIV and AIDS pandemic as a partner looking at the African context?
2. What can you say according to your own experience, is the most devastating effect of the HIV and AIDS pandemic?
3. To what extent is mother to child transmission a way of getting HIV among infants?
4. Where has CBOH been putting emphasis on in the fight against HIV and AIDS pandemic and why?
5. Why is male involvement in PMTCT important?
6. What role can you play in order to make PMTCT more effective to fight HIV and AIDS?
7. How important is it to communicate PMTCT information to both partners when it is a woman who gets pregnant?

8. What campaign methods are used in the fight MTCT?
9. What recommendations to CBOH and the Zambian Government on how to make PMTCT more viable?
10. What other matters can be brought forth regarding PMTCT and Male involvement which are not part of this list?

Thank you for participating in the interview!

APPENDIX: 5 SCREENING TOOLS FOR PREGNANT WOMEN

General recruiting criterion:

- must have not participated in a focus group or in-depth interview within the last six months
- must be currently pregnant (at least four months) and between 18 and 49 years of age

General Notes:

Please recruit women to complete the interview matrix below. Where possible, recruit one women in each group from the 16 -24 years age group and one woman who is 25-49

- focus group discussions will take about 90 minutes
- All discussions will be audio taped
- The identity of participates must remain confidential

Focus Group Discussion/recruiter's text:

Hello, my name is _____. I am from the University of Zambia. We are recruiting for a research project focusing on prevention of mother to child transmission. Your participation would help us to gain a better understanding of how to effectively communicate messages that would help improve the health of women and their children.

1. May I ask you a few questions to see if you are eligible to participate in this study _____yes (continue) _____No (thank you; end of interview).

2. Have you participated in a focus group or in-depth interview within the last six months? _____ yes (thank you; end interview)_____No (continue).

3. What is your age? _____ if less than 16 (thank; end interview) _____if between 16 and 24, (continue) _____if 25 to 49(Continue)

4. How old is your pregnancy? _____ months (if less than 4;end the interview)

We would like to invite you to participate in the focus group discussion. This decision will gather your opinions on PMTCT. The decision will be facilitated by a staff from the CBOH, it will last to an hour and a half and will be audio taped. However, your participation in this discussion will remain. The tapes will help the facilitator to generate a report. Non identifying comments may be used in other reports and your name will not be used in the report. Are you interested in participating? _____ yes(continue) _____no (end interview).

Will you be available to participate at this time? _____ yes (continue)_____No(end interview)

If respondent is illegible to participate, provide the following information:

FGD/IDI date: _____ Time_____

Location:_____

QUESTIONS:

1. Is there a PMTCT communication working group? Who participates in it?
What skills do the members have?

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2. What is your general view towards encouraging male partner involvement in
Prevention of Mother to Child transmission?

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3. Explain how useful your community based mechanisms for sharing
information, stimulating discussions regarding male partner involvement in
PMTCT.

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4. Explain how your communication is made easy in your PMTCT programmes.

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5. Briefly describe how mass media (television, radio, newspaper etc.) is used in sharing accurate information and motivating male partners to enrol in the programme?

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6. What communication challenges do you face in your PMTCT programmes in relation to male partner involvement?

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7. Would you support the idea of male partners being fully present in the labour ward while their female partners give birth? Explain your answer?

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8. What are the benefits of male partners accompanying their pregnant partners for anti-natal, HIV testing and counselling?

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9. What recommendations, regarding mass communication, can you give to your local Clinic and the Ministry of Community Development Mother and Child Health in encouraging male partner involvement in PMTCT?

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10. Apart from what you have explained above, what else do you have to contribute to the subject matter (communications to encourage male partner involvement in PMTCT)?

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Thank You for Your Participation

