

Empowering women and girls through Safe Motherhood Action Groups in Zambia



EVIDENCE BRIEF

“Because the community listens to us, we have better access to and control over household resources like cash, farming inputs and even bicycles which men would not allow us to use in the past. We have more economic opportunities because the men are now listening to us and involving us in productive activities, not just as free labour. We make decisions together on what to plant, when and where to sell our produce, and we decide together how to use our money as a family.”

Gender empowerment is essential in helping to end preventable deaths and enabling women and girls to thrive throughout their lifecycle. The quotation above captures some of the changes that have taken place in a rural community in Chama District, Zambia where Safe Motherhood Action Group volunteers (SMAGs) are operational. Trained by the More Mobilising Access to Maternal Health Services in Zambia programme (MORE MAMaZ) working in partnership with district health teams, SMAGs in five districts mobilised entire communities around a women’s health agenda. A series of ‘gender-smart’ strategies guided the work. The intervention led to significant health gains, and empowerment-related gains for women and girls that extended beyond health.

Summary

- Gender empowerment is essential in helping to end preventable maternal and newborn deaths. It also enables women and girls to thrive throughout their lifecycle and to contribute to sustainable development.
- MORE MAMaZ used a gender empowerment approach based on seven ‘gender-smart’ strategies to promote positive changes in women’s and girls’ status in a community-based maternal and newborn health programme.
- The empowerment-related gains seen in the programme extended beyond health to other aspects of women’s and girls’ lives. These changes will stand them in good stead to benefit from future development opportunities.



Empowered female SMAGs are role models for other women

Background and context

Gender inequality reduces women's and girls' capacity to act on their basic health needs, helps to maintain unacceptably high rates of maternal, newborn and child mortality, and is a key driver of the HIV/AIDS pandemic. A large body of evidence shows that health programmes that proactively and effectively address gender issues make better progress towards health targets, while reducing health inequities. The Comic Relief-funded MORE MAMaZ programme (2014-2016) worked in five core intervention districts to scale up an evidence-based community empowerment approach which aimed to improve women's and girls' maternal health access and status.

During MORE MAMaZ's design phase, a wide range of contextual factors and disabling social and gender norms undermined women's and girls' status, confidence and access to health services. These included: lack of male involvement in women's health; women's and girls' lack of voice and capacity to make independent decisions about their health; and the normalisation of gender-based violence (GBV). Communities in the programme's rural intervention sites gave low priority to women's and girls' health. This led to a lack of planning and preparedness for safe pregnancy. It also led to low uptake of ante-natal care (ANC), institutional delivery, post-natal care (PNC), family planning and HIV testing services.

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Many disabling social and gender norms affected women's and girls' health care access and health status in the programme's intervention sites
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There were also significant practical constraints of access to emergency and routine maternal and newborn health (MNH) care, including long distances, challenging terrain, poverty and lack of social support. These barriers plus supply-side inadequacies such as shortages of skilled health staff and poor communication skills among health providers constrained uptake of MNH services.

Strengthening and broadening the focus and activities of SMAG volunteers, MORE MAMaZ and its district partners, the District Health Management Teams (DHMTs), implemented an approach that addressed all household and community level barriers simultaneously.

Strategy

Seven key gender empowerment strategies were used to address the wide range of disabling social and gender norms that constrained women's and girls' access to essential MNH services. These 'gender-smart' strategies were:

- Using an inclusive participatory **community engagement approach** to mobilise communities around a MNH agenda. This involved empowering communities to establish, manage and sustain their own systems for addressing maternal and newborn delays.
- Addressing **social norms that disempowered women and girls** in community discussion groups and other volunteer activities.
- Placing a strong focus on **male involvement**, acknowledging that women's access to health information and services was contingent on supportive gender relations.
- Adopting a **whole community approach** so that all women and girls were reached and empowered, including the socially excluded.

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The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) recognises the importance of gender empowerment to ending preventable deaths, enabling women and girls to thrive throughout their lifecycle, and to contribute to sustainable development
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- **Training large numbers of community volunteers** to: ensure adequate capacity to reach every woman; create a network of male and female role models who could positively influence the community change process; and to motivate and sustain the work of the volunteers via creation of a mutual support network.
- Creating an **enabling environment for women's and girls' empowerment** by involving traditional leaders in the change process, and encouraging changes to local by-laws and directives.
- **Training front-line health providers** so that they proactively supported women's and girls' rights of access to health-related information and quality services.

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"Women with greater agency are more likely to have fewer children, more likely to access health services and have control over health resources, and are less likely to suffer domestic violence. Their children are more likely to survive, receive better childcare at home and receive health care when they need it."
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¹ Partnership for Maternal, Newborn and Child Health, 2013, 'Promoting Women's Empowerment for Better Health Outcomes for Women and Children', Strategy brief for the Inter-Ministerial Conference on 'South-South Co-operation in Post ICDP and MDGs', Beijing China, 22-23 October 2013.



The support of traditional leaders helps create the conditions for positive change

Results

In the programme's intervention sites various empowerment-related gains were achieved over a relatively short timeframe. The emphasis on reaching entire communities led to rapid social approval for change. Many of the disabling social and gender norms that had discriminated against women and girls, preventing or delaying their health care access, were quickly eroded.

The strategy to increase male involvement in women's health was effective. This was evident in men's increased knowledge of maternal health issues, changes in their health-seeking and other behaviours, and in their improved preparedness for safe pregnancy. The involvement of traditional leaders also helped to create an enabling environment for change. The introduction of local by-laws, reinforced by the teachings of SMAG volunteers, provided additional impetus for men to accept and adopt change.

Female community members of all age groups indicated that they were better able to make decisions about their health and to influence or challenge their husbands if warranted. Women could refer to new community laws, draw on the support of SMAG volunteers, and provide examples of other households that had changed in order to justify their actions and needs. A new sense of autonomy and entitlement to obtain appropriate MNH-related information and care was evident among women. This was reinforced by health providers trained by the programme.

Evidence of increased male involvement in women's health

- The percentage of men who knew at least three maternal danger signs increased by 51% (from 19% to 70%). The equivalent increase in control sites was 7% (from 34% to 41%).
- Men who knew three or more safe pregnancy and delivery actions increased by 31% (from 5% to 36%). The equivalent increase in control sites was 2% (from 14% to 16%).
- 15% more men in intervention than control sites (62% versus 47%) accompanied their partner to their first ANC visit where they could obtain a HIV test.
- 88% of women and 89% of men in intervention sites reported that GBV had reduced.

Women's increased autonomy, sense of entitlement, and influence

"If a husband tried to prevent a woman going to the health facility, she would say 'It's my health and I'm going.' She will be confident to do this." Female community member, Mongu

"I make choices on when to go for facility delivery without asking my husband's permission. In the past, this was unheard of." Female community member, Chama

"I have a stronger voice at home because now I see that my husband consults me on issues not only about health, but everything we do as a family. In the past this was not the case." Female community member, Chama

"In my family, the SMAG interaction has made my family more united. I can input to decision-making with my husband. I'm inputting to discussions about what to plant, what to grow etc. He listens to me because he respects me. This is a change from before." Female SMAG, Mongu

"In the past, men would spend most of the time drinking. Men were the decision-makers. There were problems because decisions were not being made. Now a woman says to a man, 'get up and take the child to the health facility' or 'I need to go to the health facility.' Now women have more confidence to tell men what to do." Female SMAG, Mongu

In intervention sites 85% of women and girls indicated that they felt confident that they could achieve a safe pregnancy. The equivalent result in control sites was 57%.

Improved dialogue between married couples and greater listening capacity on the part of men were also evident. Women no longer needed men's permission to take health-related action. These changes were achieved as a result of the SMAG volunteers' emphasis on couples working in partnership. This challenged, although not overtly, the concept of the male head of household as executive decision-maker, creating space for women's increased voice and independence.

Many of the female SMAG volunteers also indicated that they had a stronger voice and greater capacity to influence decision-making within and beyond their own households.

These changes led to increased utilisation of maternal health services:

- Institutional delivery rates increased by 25% (from 64% to 89%).
- Early ANC rates (attendance in first trimester) increased by 25% (from 37% to 62%).
- Use of modern family planning methods increased by 14% (from 24% to 38%).

The gains for women and girls extended beyond health, affecting other aspects of their lives. Communities reported greater harmony at household level, and there was evidence of a very significant reduction in GBV. Some small but significant shifts in the gender division of labour were also evident, with some men taking on tasks that had previously been seen as women's responsibility (e.g. cooking, childcare).

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 "Women are not only working to produce food for us. Now that we are working as partners, women are now also making decisions that affect the entire family resources."
 Male community member, Chama

The greatest empowerment gains were found amongst the female volunteers who had learnt to operate very effectively in the public domain, including in areas that were once the preserve of men. Their improved status hinted at new possibilities and opportunities for other women within the community. There were also some signs that women were starting to access and participate more in other development activities such as women's groups and collective productive activities.



Gender empowerment enables young women to thrive throughout their lifecycle

Lessons learned

Lessons learned from MORE MAMaZ's experience include:

- The seven 'gender-smart' strategies that comprised MORE MAMaZ's gender empowerment approach were integral to the results achieved by the programme. There are lessons here for other health programmes wishing to achieve empowerment-related outcomes that extend beyond health.
- Women's and girls' increased voice, influence and agency in relation to health issues in MORE MAMaZ intervention sites stand them in good stead for being able to draw on other services, resources and opportunities in future.
- The empowerment gains seen in MORE MAMaZ would not have been possible in the absence of a large number of trained SMAG volunteers in each community. The programme's strategy of training around 16 volunteers in each site

meant that there were adequate human resources to operationalise the 'whole community approach', ensuring that everyone in the community was reached, and resulting in rapid social approval for behaviour change.

- In some communities there were concerns to frame the changes at community level as being an outcome of improved partnership working between men and women. This suggests a certain amount of sensitivity around the use of rights-based language in rural Zambia.

Policy implications

Implications for policy makers include:

- Demand-side, community-based MNH initiatives should routinely focus on improving women's and girls' status and well-being using 'gender-smart' strategies. This will not only help to improve health outcomes, but lead to changes that extend beyond health.

- It is recommended that government considers training a large number of volunteers per community (a minimum of 10). This will help to ensure that the health and empowerment-related gains seen in the MORE MAMaZ intervention sites can be replicated in other locations. MORE MAMaZ used a cascade training approach to train large numbers of SMAG volunteers. This proved to be effective both technically, in terms of the transfer of knowledge, skills and capacity to SMAG volunteers, and, financially, in that unit costs per trainee were relatively modest.

- As SMAG training is rolled out at national level in Zambia, efforts need to be made to ensure that the training curriculum caters for all categories of young people. A broader focus on sexual, reproductive and maternal health issues, combined with an emphasis on life-skills, would more readily meet the needs of, and help to empower, young people.



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MORE MAMaZ is funded by Comic Relief. The programme is implemented by Transaid, Health Partners International, Development Data and Disacare in partnership with the Ministry of Health and District Health Teams.