



HIV/AIDS, Gender and the Prevention of Mother-to-Child Transmission (PMTCT)

Preventing HIV transmission in pregnant women, mothers, and their children - often referred to as prevention of mother-to-child transmission (PMTCT) - has become a crucial intervention in the global fight against this epidemic. About 200 million women become pregnant each year and need effective maternal and child care. Ninety-nine percent of these pregnant women globally are HIV-negative and need counseling, information, and services to remain so. Preventing HIV infection in these women protects the women themselves for their own sake, and protects their children and partners. The 2.5 million pregnant women who were HIV-positive in 2002 need treatment, care and support for themselves and their families. There is a risk of transmitting HIV to children during pregnancy, childbirth and breastfeeding, and women need to be helped to lower this risk. MTCT is the primary cause of all HIV infections in children under fifteen years of age. When effectively and appropriately implemented, PMTCT has the potential to prevent infection in the 15-35 percent of babies who would otherwise be born HIV-positive.

Key Issues

Most PMTCT programmes are organized around the assumption that women are free to act independently, and have the resources to access testing, counseling, pre- and post-natal care, and alternatives to breastfeeding. In fact, women confront a number of gender-based obstacles to preventing mother-to-child transmission of HIV/AIDS:

The Declaration of Commitment from the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) commits states to reducing "...the proportion of infants infected with HIV by 20 per cent, and by 50 per cent by 2010, by ensuring that 80 per cent of pregnant women accessing antenatal care have information, counseling and other HIV-prevention services available to them, increasing the availability of and providing access for HIV-infected women and babies to effective treatment to reduce mother-to-child transmission of HIV, as well as through effective interventions for HIV-infected women, including voluntary and confidential counseling and testing, access to treatment, especially anti-retroviral therapy and, where appropriate, breast-milk substitutes and the provision of a continuum of care." (Article 54)

This commitment cannot be attained without attention to Article 14, which stresses "...that gender equality and the empowerment of women are fundamental elements in the reduction of the vulnerability of women and girls to HIV/AIDS."

Source:
UNGASS: <http://www.unaids.org/UNGASS/index.html>

- Women may be unable to negotiate sex or safe sexual practices (for example, condom use) with an HIV-positive partner (who may or may not know his HIV status), which can lead to their own HIV infection.
- HIV-positive women may be unable to negotiate sex or contraceptive use, or to access contraceptives, which can lead to unplanned pregnancies.
- Women may be unable to access pre-natal health services for a variety of reasons, including because their partners control the household financial or transportation resources, because they cannot take time off work, or because they cannot leave their dependents to travel to a clinic or hospital.
- Fear of rejection, stigmatisation, violence or abuse may prevent women from utilising HIV voluntary counselling and testing services, disclosing their HIV status, accessing PMTCT programmes, or engaging in alternative infant feeding practices.

Historically, there has been a tendency to view the "Mother" in PMTCT as simply a vehicle for producing a healthy baby, with efforts directed mainly at providing anti-retroviral therapy (ARV) to pregnant and lactating women in order to prevent transmission of the virus to the child. The most effective way to prevent MTCT is to ensure that women do not become infected in the first place. PMTCT programmes actually include four critical components, or "prongs", which should be given equal weight in order to respect both the woman and her child's right to health:



- Primary prevention of HIV, especially among pregnant women and young people;
- Prevention of unintended pregnancies among HIV-infected women;
- Prevention of HIV transmission from HIV-infected women to their children;
- Treatment, care and support to HIV-infected women and their families.

As women, mothers face the same vulnerabilities and discrimination faced by women worldwide, and programmes which target pregnant women for PMTCT should address these issues and focus on the health of both the woman and her child. PMTCT programmes are beginning to address these concerns by trying to reach HIV-positive women and HIV-negative pregnant women, as well as HIV-positive pregnant women. PMTCT and MTCT+ programmes have proven to be important entry points for testing, care and treatment of both HIV-positive and HIV-negative women.

Key Actions Required	PMTCT Indicators (examples)
Increase women's ability to negotiate sex and safe sex: empower women to negotiate condom and contraceptive use.	<ul style="list-style-type: none"> ·Indicators relating to women's ability to access condoms/contraceptives. ·Indicators relating to women's ability to negotiate both sex and condom/contraceptive use during sex. ·Indicators of behaviour change (e.g. consistent condom use) among couples.
Increase women's ability to access effective PMTCT programmes and/or Maternal and Child Health (MCH) or Reproductive Health (RH) services: empower women and men to prevent MTCT by disseminating information and increasing availability and acceptability of reproductive health services.	<ul style="list-style-type: none"> ·Indicators relating to women's ability to access RH and MCH services, or PMTCT programmes. ·Indicators relating to accessibility (e.g. location) of RH, MCH or PMTCT services. ·Indicators relating to women's enrollment in PMTCT programmes and delivery of HIV-negative babies. ·Indicators relating to availability of information on PMTCT.
Promote the involvement of men in PMTCT: support women to disclose safely their HIV test results to partners/spouses and encourage couples to provide support to one another.	<ul style="list-style-type: none"> ·Indicators relating to RH/MCH facilities which promote male involvement. ·Indicators relating to men's involvement in PMTCT programmes with their partners. ·Indicators relating to couple communication (e.g. women/men who share their results with their partners).
Provide care and support to HIV-infected women, their children, partners and families: ensure that HIV-infected women receive treatment after the risk of transmission to their child has ended.	<ul style="list-style-type: none"> ·Indicators relating to availability of ARV and other essential care after pregnancy.



Very little data on the gender-based barriers to PMTCT are available, because the issue has not been examined comprehensively. We do know from limited studies that male and community participation are both critical elements of successful programmes. PMTCT programmes are likely to be more effective and sustainable if they take into account the societal restrictions on women (such as denial of women's right to health) and their gendered social and physical vulnerabilities when targeting women for voluntary counselling and testing (VCT), pre- and post-natal care and alternative infant feeding practices. A useful first step would be to develop models for integrating into VCT programmes routine enquiry about violence and other potential barriers to disclosure, as well as support for safe disclosure of HIV-positive status to sexual partners. Quantitative and qualitative indicators developed with a gender perspective can be helpful in understanding gender-based considerations relating to PMTCT, and designing appropriate responses.



Resources and References

PMTCT

UN Inter-Agency Task Team Fact Sheet on PMTCT (draft)

UNAIDS: www.unaids.org

UNFPA: www.unfpa.org/hiv/index.htm

WHO: www.who.int/hiv/pub/mtct/en

World Bank: www1.worldbank.org/hiv_aids/

Gender, HIV/AIDS and Indicators

UNAIDS: www.unaids.org

PAHO. "Gender and HIV/AIDS Advocacy Kit". www.paho.org/english/hdp/hdw/advocacykits.htm

WHO. "Review Paper on Integrating Gender into HIV/AIDS". www.who.int/gender