

## Ministers' Forum to Yield Final Statement

By Rosemary Ardayfio

Ministers attending the Women Deliver conference as part of the special Ministers' Forum are expected to release a statement at today's closing session that will express their commitment to ensuring the achievement of the Millennium Development Goals on maternal and child deaths.

According to a draft version of the statement that the delegates labored to finalize Friday afternoon, these goals remain a high priority on national, regional and international health agendas.

The ministers' draft statement indicates that they will work to "advocate in our own countries for increased commitment of financial and human resources to address the causes of high maternal mortality and interventions that will prevent it."

"Clearly investing in women pays off in terms of the social and economic benefits

to the family, the community and the society at large," the draft statement says.

The draft also says "not many countries

have closed the gap between the knowledge of what to do and the application of this knowledge to programs that serve women and their families. Resources, political will and accountability are essential to implement the strategies that can quickly and effectively reduce maternal mortality."

More than 75 ministers attended the Women Deliver conference.

The committee that drafted the statement was chaired by the minister of health of South Africa, and included representatives from Bolivia, Brazil, Burkina Faso, Bangladesh, and the Netherlands. The draft statement was referred to the full forum for comments to be incorporated in the final statement.



### Inside this issue:

<i>First Ladies' Commitment</i>	2
<i>Credits</i>	2
<i>Teenagers and Unwanted Motherhood</i>	3
<i>Coming of Age in the 21st Century</i>	3
<i>New Dawn for Family Planning</i>	4
<i>Nepal Minister of State</i>	4
<i>Bridging Modern Medicine and Traditions</i>	5
<i>The Cost of Maternal Health: Priceless</i>	5
<i>Malaria Threatens Pregnancy</i>	6
<i>Every Two Minutes a Woman Dies</i>	6
<i>Innovation in Health Care Pays</i>	7
<i>FGM: Are We Making Any Strides?</i>	7

## Men: Part of the Solution

By Pushpa Jamieson, Beathur Baker, and Elizabeth Kameo

*We see men and women as partners in a relationship built on mutual respect, trust and commitment. Partnering with men promotes the right of every woman, man and child to enjoy a life of health and equal opportunity.*

Thoraya Obaid – UNFPA Executive Director

Obaid's words hung over the panel discussion on "Engaging Men to Promote Gender Equality" on the second day of the Women Deliver conference.

The session featured first person experi-

ences and interventions from activists and organizations committed to this area of work. Complementing the community and organizational activism were the moving dignity dialogues created by two South African field workers, Thokozile Budaza and Nkonzo Khanyile.

These two community-based activists shared experiences about the men in their lives as parent role models. They also talked about their experience in working with men

(continued on p. 8)

**PRB**

**Population  
Reference  
Bureau**

**www.prb.org**

## First Ladies Committed to Reduction of Maternal Mortality

By Rosemary Ardayfio

First ladies from two West African countries, Lobbo Troare Toure of Mali and Chantal Compaore of Burkina Faso, say a lack of resources is the biggest challenge to addressing the poor maternal health of women in their region.

Good vision and a strong program are a good starting point, but resources are needed to implement them.

Coming from sub-Saharan Africa, which has high maternal death rates, the first ladies attended the conference to share their experiences as part of a special initiative in which they play advocacy roles to improve maternal health in their countries.

The initiative, the outcome of a meeting of first ladies of 10 West African countries held in Bamako in 2001, is titled Vision 2010: First Ladies' Commitment to Reduce Maternal and Newborn Mortality and Morbidity in West and Central Africa.

At the end of the meeting, the first ladies committed themselves to reducing maternal mortality by 50 percent by 2010 and neo-natal mortality by one-third within the same period.

Since then, the first ladies have been actively engaged in strong advo-

cacy and actions to increase public awareness and draw support from the highest level of decisionmakers.

"We had to commit ourselves to this objective because maternal mortality is a problem in Central and West Africa," said Lobbo Toure of Mali, who is also a midwife by profession.

Toure said that in Mali, advocacy efforts were supported by legislation that increased the health budget.

This, she said enabled the country to provide free Caesarean section services for women, malaria prevention and care for pregnant women, and training and recruitment of medically trained personnel. In addition, a reward system was established as incentive for any organisation that made significant gains in the improvement of maternal health.

She acknowledged, however, that though the advocacy efforts have yielded significant gains, "clearly there is more work to be done."

For her part, Compaore emphasized that the involvement of other players such as parliamentarians and the media can positively influence the movement to reduce maternal deaths.

She said that advocacy efforts

*"We had to commit ourselves to this objective because maternal mortality is a problem in Central and West Africa."*

Lobbo Toure, First Lady, Mali

aimed at parliamentarians helped to create a program in 2004 that provided free care for pregnant women and emergency obstetric care without demanding money at first contact.

An annual day has also been set aside to commemorate safe motherhood, she said, and there are plans to start a literacy program for girls to enable them understand reproductive health care messages.

Compaore said the interventions have led to a rise in skilled attendance at childbirth, from 36 percent of births in 2000 to 43 percent in 2006, and a modest increase in use of family planning.

"In spite of these gains, we are yet to reach the goals of Vision 2010, and now we must tackle maternal mortality like a scourge, just like HIV/AIDS, and this requires that everyone must come on board," she said.

## Credits

This newsletter has been made possible through Women's Edition, an activity of the Population Reference Bureau (PRB) launched in 1993 that brings together senior women editors and producers from influential media organizations around the world to examine and report on issues affecting women's reproductive health and status in society.

The mission of Women's Edition is to inform policy decisions through accurate and timely media coverage that reflects women's needs and perspectives. By providing information to millions of women in developing countries on issues that affect them, Women's Edition also attempts to shape public discussion of the problems and helps women make informed decisions on matters related to their livelihood.

The articles presented in this newsletter are the work of the Women's Edition journalists attending the conference.



### 2007 Members

Rosemary Ardayfio, *Daily Graphic*, Ghana  
Pamela Asigi Tsimangi, *Nation TV*, Kenya  
Taru Bahl, *Mint*, India

Beathur Baker, *SABC*, South Africa  
Deepa Gautam, *Nepal Television*, Nepal  
Claudia Izaguirre, *Peru.21*, Peru  
Pushpa Jamieson, *Health Check*, Malawi  
Elizabeth Kameo, *Africa News*, Uganda  
Cristina Liberis, *Realitatea TV*, Romania  
Florence Machio, *Africawoman*, Kenya  
Sandra I. Mallo, *La Razon*, Bolivia

Editorial team: Deborah Mesce, Charlotte Feldman-Jacobs, and Sara Adkins-Blanch, PRB

Photos on pages 1 and 8 by Arjen Van De Merwe.

## Teenagers, Neglect, and Unwanted Motherhood

By Claudia Izaguirre

Violence during pregnancy is the invisible side of neglect, according to Dr. Catherine Bonnet, a psychiatrist who works with children and adolescents in France and the United Kingdom.

Dr. Bonnet painted a dramatic view of teenagers and unwanted motherhood. In these complicated years, if the pregnant teens are not supported or advised, she said, there is risk of violent, impulsive thoughts during pregnancy, and even suicide by some of the girls who choose to die with their unborn child. In other cases, the girls experience delivery denial.

This is not a problem only in developing societies, but also in industrialized nations. For example, Bonnet,

speaking on a Women Deliver conference panel on violence during pregnancy, mentioned the cases of France, Italy and Austria, where systems of “anonymous delivery” were created by the European Court of Human Rights in 1993.

In the United States and some European countries, “baby boxes” were created to provide a solution to desperate young girls. Similar to incubators, the boxes are placed in hospitals or private clinics and provide a safe place where mothers can leave their babies and make them available for adoption. The mothers are not obliged to identify themselves, but they give the baby a name and some basic health data for

the future adoptive parents.

Some mothers prefer not to see or touch the baby, but others say a quick good-bye to the newborn.

Dr. Bonnet said that unwanted motherhood may be an indicator of sexual abuse in teenagers – with the abuser often being the teen’s father or another relative – of partner violence. At other times, it is an indicator of a war rape, as seen in Bosnia or Rwanda, where several women have asked for abortions even in the last trimester of pregnancy, because they don’t want to give birth to the child of a tormentor who may have assassinated their families.

## Coming of Age in the 21<sup>st</sup> Century: Delivering for Youth

By Beathur Baker

Coming of age in the 21<sup>st</sup> century is proving to be a greater challenge than anyone had expected, as young people struggle to secure their rights. Despite the advance of technology and the progress of the previous generation, mass action is still needed to get governments to invest in young people.

Young activists say that making their voices heard, as opposed to being spoken for by others, is needed to accelerate the drive toward youth rights’ becoming human rights.

Participating panelists from Latin America, the Caribbean, the Mideast, China and Africa each spoke of their concerns and outlook on youth, at a Women Deliver session on Thursday. Speakers described what coming of age means in their region and assessed young people’s gains and losses in different socioeconomic contexts.

The young panelists’ message was clear: We need to step up the pace in challenging the status quo, and young people need to get involved and get mov-

ing to ensure change will come.

Promoting collaboration among organizations as well as youth participation and leadership will help to mobilize and educate other young people in communities worldwide into one strong, united and effective force, the young speakers said.

“This is the time for us to organize among ourselves,” said a Mexican participant. “The way governments are structured politically makes activism very difficult, but we have a right as young people to access decisionmaking and policies – this is our time.”

The group reviewed the progress or the lack thereof since the launch of the Youth Coalition 10 years ago and the remaining challenges in education and health service delivery to young people. Participants questioned the place of youth on government agendas for development and the lack of consistent consultation with young people.

From the different experiences voiced, it became clear that serious

*“We have the right as young people to access decision-making and policies — this is our time.”*

Youth activist from Mexico

social and economic challenges remain in several areas.

- HIV and AIDS: Of the 40 million people living with HIV/AIDS worldwide, one third are aged 15-24 years and roughly half were infected during their youth;
- Early marriage and poor access to information on reproductive rights, to education, and to health services that could curb maternal mortality, high teenage birth rates, and HIV infections;
- Violence within the home and in the community, particularly targeted at young women.

## New Dawn for Family Planning

By Elizabeth Kameo

Advocates are pushing family planning's role in development to the front of the line in their efforts to raise its visibility on political agendas for development.

Though family planning can improve the health of women and their families, funding for family planning programs has been dropping, said Thoraya Obaid, executive director of UNFPA, at the Women Deliver conference session "Wanted: A New Perspective on Family Planning."

"At the moment it has stalled and resources have been reduced," she said. "In poor countries, women remain unprotected against unwanted pregnancies; yet, death can be averted if the women have access to family planning."

Family planning programs have been highly successful over the past 30

*"Death can be averted if the women have access to family planning."*

Thoraya Obaid, executive director, UNFPA

years in providing women in developing countries with access to contraceptive services which can reduce fertility rates.

However, budgets for family planning programs have been shrinking, even as the world's population has been increasing. Nearly all of this growth is occurring in developing nations where fertility rates remain high.

This high fertility runs counter to the preferences expressed by women in poor countries to have smaller families. Family planning programs are associated with improved health of

women and their children. With smaller families, women are better able to feed and clothe their children.

"Renewing family planning as a development tool is significant," Obaid said. "There is need to invigorate the family planning agenda."

Steven Sinding, a senior fellow at the U.S.-based Guttmacher Institute, said that "the absence of commitment to family planning has direct implications to achieving the Millennium Development Goals," in particular MDG5, which seeks to cut by 75 percent the number of maternal deaths in the developing world by 2015.

Diana Barco of International Planned Parenthood Federation, Colombia, said men have a significant role to play in acceptance of family planning.

## Nepal Minister: We Are Serious About Women's Health

By Deepa Gautam

Nepal is committed to ensuring that all of its women have access to high-quality health services, says the country's minister of state for health and population, Shashi Shrestha, who was in London this week attending the Women Deliver conference.

"There are lots of health activities going on all over the country to reduce maternal mortality, but specific project-based assessments need to be carried out. We are working on it," she said.

However, the country's current political crisis is diverting the government attention away from health issues, she said.

"I am already serious about announcing some new initiatives, but since the country is going through a political crisis, it is political and economic stability that are at the center of our government's agenda at the moment," she said. "But I do feel that

politics is connected with women's health."

She added that half of Nepal's people do not meet basic health standards on nutrition, reproductive health, and safe motherhood. But, she said, "We have to first ensure that every woman can access safe health services."

Asked whether the government had intervened to prevent presentation of a paper on uterine prolapse at the conference, she said: "We in the government have no objection to anything being presented. Rather, it is in the interest of people that facts be known."

Uterine prolapse is a significant



problem in Nepal. Also known as fallen womb, it is a painful and debilitating condition that can result from prolonged labor, pregnancy at an early age, improper delivery techniques, returning to work too soon after childbirth, or births too closely spaced, according to UNFPA.

UNFPA estimates that 600,000 Nepalese women of reproductive age, about one in 10, suffer from the condition to some degree. About two thirds of them need corrective surgery, but very few have access to it.

## Bridging Modern Medicine and Indigenous Traditions

By Sandra Mallo

Bolivia and Ecuador, both Latin American countries with large indigenous populations, are advancing toward a new concept in maternal health services whereby biomedical techniques and traditional indigenous practices complement each other.

The idea is to create a bridge between modern medicine and the traditions of indigenous people to increase the number of births attended by skilled professionals and reduce maternal deaths.

Maternal deaths in the countries of the Andean-Amazon region of Latin America, along with countries in the Central Caribbean, are the highest in the area, especially in the rural and semi-urban areas that are the poorest and where most indigenous women live.

In Bolivia, for example, at least 623 women die each year due to complica-

tions related to pregnancy and childbirth. Compared to other rates in Latin America, Bolivia's is high.

According to data from the Quality Assurance Project in Latin America and its director there, Jorge Hermida, Ecuador has 300 maternal deaths each year. His presentation at the Women Deliver conference focused on how to give indigenous women better access to health services to reduce maternal deaths. His presentation, along with others given during the session on initiatives to improve maternal health in Andean multicultural settings, presented the picture.

Both in Ecuador and Bolivia, most indigenous maternal deaths take place at home because these women have the least access to health services. The barriers they face include physical distance to health centers and hospitals, lack of information, and lack of finan-

cial resources. Cultural practices, including the women's preference to deliver in a crouching position and to keep their clothes on rather than donning a hospital gown, also keep women from going to hospitals and health centers to give birth.

To reduce maternal deaths, health systems in both countries are implementing birth attendant models that are complementary and include trained health providers, traditional birth attendants and representatives of women's organizations.

Ecuador and Bolivia have the same basic goal: to break down economic, geographic, and cultural barriers so progress can be achieved. And, to be successful, projects must respect the vision, knowledge, practices, and traditions of indigenous women.

## The Cost of Maternal Health: Priceless

By Taru Bahl

Globally 300 million women become ill during pregnancy and childbirth every year at a cost of \$US4-6 billion. Beyond numbers and statistics, lies the fact that while the cost of maternal mortality and morbidity may run into billions of dollars, the cost of seeing one's mother on graduation day or of seeing your newborn's first smile is priceless. This fact was brought home by Shereen el Feki of Al Jazeera/Canada, moderator of a session on "Financing Maternal Health: Global and Country-level Challenges and Opportunities" on day two of the Women Deliver conference.

The panelists agreed that a priority in meeting MDG 5 is to assure that maternal health is reflected in the budget and implementation plans at the country level. State health ministers must make a case for prioritizing maternal health on their

government's health and development agendas.

Some presenters said that the money is often not spent quickly enough or is allocated to other causes, like malaria, TB and HIV. According to Stewart Tyson, head of DFID's Health Advisory Group, on review visits to Asia and Africa, DFID found that in many cases 20 percent of health budgets were unutilized. In one particular instance, he said, eight months into the financial year money had not been released for even one single project. Tyson added that in some cases 50-60 percent of aid ended up going to academic institutions, contractors and areas outside the national system; in another country 60 percent of the entire health budget was allocated only to a single hospital in the capital.

Both Amina Ibrahim, senior special assistant for MDGs to the President of Nigeria, and Paul Fife, director of the Global Health and AIDS Department of the Norwegian Agency for Development Cooperation urged that citizens must repeatedly press their demands. "They must present forcefully what has been spent, in what time frame and on what. Only then will maternal care and survival be a tracer and measure of health system performance," Fife said.

Charles MacCormack, president of Save the Children Federation, added that "civil societies need to step in and private sector and non state actors have to pitch in to expand maternal health financing."

## Malaria Can Be Life Threatening During Pregnancy

By Pushpa Jamieson

For pregnant women who are infected with HIV, opportunistic diseases like malaria are especially life threatening because the usual treatments pose a danger to them.

Malaria in HIV-positive can cause severe anemia, miscarriage, retarded growth of the fetus, and premature birth and delivery of an underweight baby.

In sub-Saharan Africa, malaria causes 400,000 cases of severe maternal anemia, claiming the lives of about 10,000 women annually.

Although malaria is considered a danger to expectant women, certain interventions during pregnancy can reduce the risks of complications or death of both mother and infant.

Dr. Scott Filler of the U.S. Centers for Disease Control and Prevention (CDC) discussed the WHO recommendations for prevention and control of malaria in pregnant women. He said women should be supplied with anti-malarial drugs as Intermittent Preventative Treatment (IPT) and that all preg-

nant women living in areas of stable malaria should receive at least two doses of IPT after the first trimester.

The recommended anti-malarial drug is sulfadoxine-pyrimethamine, more commonly known as SP, because it protects against infection for a longer period than IPT medications.

Reports of malarial resistance to SP has resulted in antenatal clinics being advised to provide the IPT to pregnant women each time they visit a clinic, provided there has been a time lapse of more than four weeks, to ensure that she remains protected against malaria. Providing IPT at antenatal clinics ensures that medical staff observe that the medication has been administered.

The use of insecticide-treated bed nets by pregnant women was also highlighted. Where possible, insecticide-treated nets should be provided to pregnant women at their first visit to an antenatal clinic. The use of the nets should be encouraged throughout pregnancy and after delivery. Provid-

ing the nets to a woman before her first trimester protect her from malaria until she is able to take SP.

Effective case management of malaria and anemia for all pregnant women should be guaranteed, and iron supplements should be given to those who need it. Screening for anemia should be routine, and cases of moderate to severe anemia should be properly managed, presenters at the session said.

Though WHO's recommendations can reduce malaria-caused maternal deaths, the majority of the countries with extremely high maternal mortality are also some of the poorest and least developed and lack the necessary health systems. In fact, the provision of maternal health to women is considered by some to be the litmus test for the state of a country's health system.

Insufficient staff, lack of medication, and an improper and effective referral system have been the primary reasons that the recommendations have not been implemented.

---

## Every 2 Minutes a Woman Dies of Cervical Cancer

By Claudia Izaguirre

Every two minutes, a woman dies of cervical cancer, the second most common cancer in the world and a major problem in developing regions, according to the makers of a vaccine that can prevent the disease.

The laboratories – Merck, which makes Gardasil, and GlaxoSmithKline, which makes Cervarix – said Friday at the Women Deliver conference that they had made a commitment with WHO to continue doing screenings and donating treatments in the countries most in need.

The cancer is caused by human papillomavirus (HPV), an easily transmitted virus. But many people don't know about HPV and its consequences,

so many women don't receive the proper care.

The highest death rates from cervical cancer are in African, South American and Caribbean countries.

A big challenge is motivating parents to have their teenagers vaccinated, said Jacqueline Sherris, vice president of PATH, a U.S.-based NGO.

The vaccine consists of three shots over six months, and researchers say it would be most effective in 10 to 13 year olds who are free of the disease. However, the vaccine is costly and some parents believe that vaccinating their young daughters against a sexual infection sends the wrong message and may encourage early sex.

Merck has done clinical trials with 25,000 women aged 15 to 26 worldwide, while GlaxoSmithKline did trials with 18,000 women in a similar age range.

Sherris said a case study being developed in three regions of Peru involving 10- and 11-year-old girls. Results will be released in a few months.

Dr. Randall Hyer said Merck will continue supporting WHO projects in Vietnam and Peru, among other countries, and will donate 3 million doses of the vaccine.

Kate Taylor, vice president of Market Access of GSK Biologicals, said her laboratory will continue supporting health projects in developing countries.

## Innovation in Health Care Pays as Can Be Seen From the South Asia Example

By Taru Bahl

India, Bangladesh and Pakistan contribute to one third of maternal deaths worldwide. They have common socio-cultural indicators that makes it easy to understand the circumstances that underpin women's maternal health issues. Case studies were undertaken by the three countries in specific districts.

### Key Findings

- All three countries acknowledged weak implementation and lack of accountability at grassroots level, despite having policies and legislation in place;
- They agreed a more robust system of monitoring, evaluation and review would make a difference;
- While hospital deliveries have increased substantially, they were more marked in the private sector;
- Human resource crunch was the biggest factor contributing to women not being able to access medical services. Absence of specialists in public health centers, lackadaisical attitude of nurses and attendants, poor infrastructure and management structures, and having no protocols compounded the issue;
- Often women could not access services because they could not travel or pay for travel;

- India is in the process of reviving the midwifery program in partnership with the Swedish International Development Cooperation Agency.

In India, a study on safe motherhood was carried out in rural pockets of Gujarat. According to Dileep V. Mavalankar, professor at the Indian Institute of Management, Ahmedabad, "in a first of its kind initiative, the state government launched a public-private partnership on a pilot basis for two years (2005-07), accrediting and paying private obstetricians and gynecologists to provide delivery care to below the poverty line population. A financial incentive of \$40 per delivery was given to the doctor, motivating him to work in rural areas." What made the initiative unique was the government's realization that the public health delivery mechanism is weak and that choices of better services must be provided to users. Its success can be gauged by the fact that more than 81 percent of women availed of the service.

In Pakistan, the study was carried out in two districts of Sindh (Sukkur and Malir) on "Filling information gaps - verbal autopsy of maternal deaths." Saadiqua Jafarey, president of the National Committee for Maternal and Neonatal Health, said that one mother

dies every 20 minutes due to a pregnancy-related complication and 70 percent of deliveries continue to take place at home, making the role of the Lady Health Worker critical. Her study focused on how reporting of births and deaths was being streamlined, with audits of maternal deaths now being mandatory at all hospitals.

In Bangladesh, which recorded an impressive 38 percent drop in the maternal mortality rate from 1990 to 2000, the concern was over the vast disparity in high and low performing districts. Dr Iqbal Anwar, associate scientist, International Centre for Diarrhoeal Disease Research pointed out that while Essential Obstetric Care facilities in high performing districts satisfied minimum UN criteria, low-performing ones did not.

Also, evidence-based practices were more apparent in high performing than in low performing areas, though were found wanting in both. Maternal death reviews were rare and shortage of blood and the high degree of centralization of financial and administrative procedures were other reasons for delays. The three countries agreed that manpower training could bridge some of the gaps.

## Female Genital Mutilation: Are We Making Any Strides?

By Pamela Asigi

"It is one thing to pass a resolution and another to implement it," Kul Gautam, deputy executive director of UNICEF, said of the practice of Female Genital Mutilation (FGM). There has not been enough progress made in most African countries, and this is what world leaders attending the Women Deliver conference are still grappling with.

Speaking at the conference session on "Making Strides against Female Genital Mutilation/Cutting: New Knowledge and

Partnerships," Burkina Faso's first lady, Chantal Compaore, says much progress against FGM has been made in her country. Burkina Faso is one of a handful of African countries that has so far enforced a law that bans the old and harmful practice. Passed in 1996, Burkina Faso law has been backed up by an anonymous hot line on which incidents can be reported. Hundreds of practitioners have been successfully prosecuted.

"We have arrived at a stage where we can actually carry out surgery to repair some of the harmful effects of the FGM," Burkina Faso's first lady said. "This is something we must encourage."

Over the last seven years, thousands of villages in West Africa have joined together in public pledging ceremonies to abandon FGM, bring-

(continued on p. 8)



## Men: Part of the Solution (continued from p. 1)

to change the prevailing perceptions about masculinity and potential as partners in their communities.

Working with men is a win-win situation from participation through child care, men are good news or at least can be, according to Dr. Peju Olukoya of WHO's Department of Gender, Women and Health. Olukoya said that men have their vulnerabilities but added that their presence is good for overall development of children and they can be allies in ensuring the well being of women.

"The idea of what defines a man and the social definitions of manhood is still strongly linked to prevailing social definitions and perceptions," she said. "Spaces should be created for men to talk about issues openly."

Successful examples of program interventions at community level were presented from South Africa (Men as Partners), and Brazil (Promundo). For programs to succeed men should have the desire to participate and succeed in gender sensitivity programs.

A key factor toward changing norms, according to Andrew Levack, director of Men As Partners (MAP) in



South Africa, is to involve mobilizations of men by men to create a social norm that stands against gender inequality.

Levack believes individual change is achievable and that we now have to escalate activism and intervention programs to a national level that challenges and involves governments in the work done.

He is also part of the global alliance, Men Engage, who are successfully addressing men in their communities and challenging prevailing social attitudes to foster new attitudes about masculinity and roles as fathers, partners and support figures. One of their successful programs launched and implemented in Latin America is the

Promundo initiative.

There was agreement among the presenters on best practices in interventions:

- Allowing men to participate in at least 10-16 sessions in a group or on an individual basis in workshop program;
- Conducting intervention and awareness programs at

community level, among peers;

- Combining the workshops with high-quality media and advocacy campaigns and other forms of activism such as testimonials and marches to raise awareness; and
- Involving men in the messages of new masculinities that will target other men and women.

One of the remaining questions is at what age to start targeting men in order to influence their notions of masculinity and to raise awareness of positive male identities. Whenever such interventions do occur, presenters recommended that it last not less than 4 to 6 months.

## Female Genital Mutilation: Are We Making Any Strides? (continued from p. 7)

ing greater hopes of ending the practice globally within a single generation.

"The most effective approaches to this issue have been found not by punishing perpetrators but through encouraging and supporting healthy choices," said Kul Gautum.

Every year, three million girls in 28 countries on the African continent are subjected to the practice. Globally, between 100 and 140 million girls and women have been cut or mutilated.

In Senegal, where Tostan, a non-governmental organization that focuses on educating communities about human rights and human dignity, has

worked for years tens of thousands of people have declared their abandonment of the practice.

In Egypt, the FGM-Free Village Model project brings together government and UN partners to encourage villages in the southern region to make public declarations against FGM. In Sudan, religious leaders are using their authority to affirm that FGM is a violation of spiritual and theological principles.

Gautum says that ending this discriminatory and dangerous practice is essential to the success of the Millennium Development Goals on improv-

ing maternal health, promoting gender equality and reducing child mortality.

UNICEF continues to work with partners who have identified several critical elements necessary for mass abandonment of the practice. These include using a non-coercive and non-judgmental approach; raising awareness in the community about the harmfulness of the practice; encouraging public declarations of the collective commitment to abandonment; and spreading the abandonment message within communities.