Zika, Condom Negotiation, and Gender-Based Violence in Latin America

"The women say, 'I understand', they take the condoms from their antenatal care appointment, but they never tell their partners for fear of how they will react. They prefer to be silent ... and there is a risk that the pregnant women will be hit." (Health Provider, Zacapa, Guatemala)

Zika is a virus that is endemic in the Latin America and the Caribbean region and while it is most known for being mosquito-borne, it is also sexually transmitted. Zika is linked with a spectrum of birth defects called Congenital Syndrome associate with Zika (CSaZ), most notably microcephaly, when a pregnant woman becomes infected. This is why the CDC and WHO recommend that couples use condoms during pregnancy to prevent Zika transmission. However, this isn’t an easy sell in Latin America where machismo culture contributes to strict gender norms and where women may have limited autonomy over their sexual and reproductive health. While health facilities are starting to distribute condoms to pregnant women at their antenatal care (ANC) appointments, many health providers have found these same condoms in trash cans at the end of the day. Some women did not feel comfortable taking condoms home to their partners, so what is happening here?

WI-HER is working in partnership with USAID’s Applying Science to Strengthen and Improve Systems (ASSIST) Project in 13 countries in Latin America and the Caribbean. WI-HER has conducted interviews and focus groups with health providers, pregnant women, and their partners, to uncover gender insights to help increase condom use among pregnant couples and increase male engagement in Zika response the Dominican Republic, Guatemala, and Honduras. However, a consistent theme that comes up time and time again is that women fear violence and maltreatment from their partners. Our previous blog introduces the scope of gender-based violence (GBV) in Latin America and why GBV contributes to women’s vulnerability to Zika infection, but this time we’ll be analyzing violence in the context condom use and Zika in order to design more effective prevention efforts.

The interviews and focus groups revealed that proposing condom use within a married or committed relationship signals that they do not trust their partner. Since condom use is traditionally associated with cheating or sex work, a woman’s request to use condoms can be perceived as an offense, lack of trust, an accusation of infidelity, or it can rouse suspicion about the woman’s fidelity. Many men perceive this as threatening their authority and control over their family.
“To ask the husband to use condoms is considered a lack of respect. It is as if you do not trust him.”
(Woman, Barahona, Dominican Republic)

“Once I had enough getting injections for family planning and told my husband: ‘if you don’t want me to get pregnant, let’s use condoms’; he told me: ‘You are crazy! I prefer we break up, tell me if you are cheating on me with another man’. He got jealous; I was his wife, in his home.” (Woman, Santo Domingo, Dominican Republic)

Many women prefer to keep silent instead of proposing condom use to avoid violent or aggressive reactions from their partners. In many cases, men refuse to use condoms and force their partners into sexual relations without protection. This is a form of violence in itself.

"Sometimes it's better to keep quiet so a man does not fight you, does not insult you. He does not contain himself." (Pregnant Woman, Amatitlán, Guatemala)

Several forms of psychological violence were mentioned, including insults and threats to leave them for other women if they insisted on using condoms.

“Maybe it might not arrive to physical violence, but yes there is psychological violence, they threaten the woman. For example, they tell him that if they do not want to have sex they will leave them for other women. This is the woman's biggest concern." (Pregnant Woman, Amatitlán, Guatemala)

"If you're not going to give it to him, it's going to look for it elsewhere. So you don’t use a condom so that he does not look for others (although they always have others).” (Pregnant woman, Zacapa, Guatemala)

Many women shared accounts of neighbors and female friends where men did not believe them about the consequences of Zika and the importance of using condoms. This too can lead to violence and discord in relationships.

"Where I live, a woman came from the clinic and said 'they gave us condoms' he told her 'these are lies. Why should I use this?' They fought. This is a big problem." (Woman, Nueva Santa Rosa, Guatemala)

Both men and women must be aware of using condoms to prevent CSaZ because aggressive reactions can go both ways. A few men also expressed concern about proposing condom use to their partners.

“I’d never dare ask my wife to use condoms; she would throw all the pots in the kitchen at me.” (Man, Santo Domingo, Dominican Republic)

ASSIST staff, health providers, and partners that have been trained in gender integration by WI-HER recognize that GBV is a critical issue that limits condom use during pregnancy and prevention of CSaZ. Some providers are setting their sights on increasing male engagement in Zika response to reduce Zika transmission and gender-based violence. Some facilities have promoted male participation in Zika prevention through workshops, presentations, and activities for men or with pregnant couples. Some health facilities have established alliances with community leaders and organizations to reach men, and have developed promotional materials (posters, pamphlets, etc.) specifically addressing men about Zika. There are also several initiatives to invite men to ANC visits along with their partners to address condom use and violence together.

“Of course, counseling partners together reduces violence. It makes men more aware why it is important to wear condoms to protect their future child.” (Pregnant woman, San Pedro Sula, Honduras)

Involving men in Zika response and addressing power imbalances in condom negotiation is a good starting point to effectively reduce rates of Zika infection, children with CsaZ, and GBV.
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