Gender integration strategies stand out among the best practices in prenatal care in the context of Zika in the Dominican Republic

By Elga Salvador, Senior Gender Technical Advisor, WI-HER, LLC

On April 10, the USAID-funded Applying Science to Strengthen and Improve Health Systems (ASSIST) Project held the second “Learning Session” with the Quality Improvement (QI) teams of the Prenatal Care Collaborative in the Dominican Republic. This Collaborative is implemented by health authorities and staff from hospitals located in different regions throughout the country.

The event enabled QI teams to share experiences and best practices that produced concrete and improved results in prenatal care, while strengthen the skills of QI teams in managing quality improvement methodology.

Among the diverse set of speakers, the WI-HER Senior Gender Technical Advisor, Elga Salvador, presented WI-HER and ASSIST’s approach to gender integration in Zika response, implemented in the Dominican Republic in 2018 and 2019.

The Dominican Republic was the first of the 13 countries in the Latin America and Caribbean region that focused on strengthening local partners’ capacity to identify and address gender issues. They utilized the result-oriented and science-based approach to improvement, iDARE, developed by the president of WI-HER, Taroub Faramand. At the beginning of 2018, WI-HER conducted an extensive literature review and, with support of the ASSIST team and local partners, an analysis of gender issues that influence quality improvement implementation in Zika response in the country. The team conducted field work in three of the areas with the highest rates of Zika infection: Santo Domingo, Santiago and Barahona. The findings of the gender analysis were integrated into a training for ASSIST technical staff, representatives of the National Health Service, and QI teams from the Prenatal Care Collaborative. The training focused on gender sensitization and strengthening capacities in gender responsiveness. Participants then replicated the training among their colleagues in their health facilities. Through this process, the QI teams have been able to identify gender gaps in their services and design interventions to address them.

At the Learning Session, Elga Salvador shared key findings from the gender analysis along with best practices for gender integration implemented by different health services under ASSIST. Her presentation also included a hands-on exercise for session attendees where they worked in teams to design gender responsive programs to address some of the underlying gender gaps that impact health outcomes in Zika response, previously identified in health facilities in the Dominican Republic.

For example, one key issue was resistance to condom use as a method for Zika prevention due to cultural barriers. One underlying factor contributing to this issue, is limited knowledge about sexual transmission of Zika, the consequences of Zika infection during pregnancy, and condoms as an essential method of prevention, specifically among men who are not usually targeted by informational campaigns in the health system.

Participants also discussed effective actions to address gender gaps associated with gender-based
violence which can contribute to sexually transmitted Zika, like limited male participation in prenatal care, the lack of gender sensitivity of health personnel and women’s limited power to negotiate condom use with their partners.

Several participants in different health services have highlighted the importance of gender integration to overcome barriers that inhibit the adoption of measures to prevent Zika during pregnancy and the importance of institutionalizing them.

"[...] Before, when a woman arrived home with condoms, her partner would have said: ‘How is this so? You are my wife! I shouldn’t have to use condoms with my wife, here, in my house!’ Now her partner comes [to the clinic], he accompanies her, ... now we have instances that when the man goes with her, he understands. [The health provider] explains to him: ‘You want a healthy and pretty child, right? Then you must make a small sacrifice during the pregnancy, and that is using condoms.’ This change has been welcomed in a wonderful way. In the last 10 months, 100% of pregnant women receive condoms [during prenatal care appointments]. We staple them inside the brochure, and she takes it, so that nobody sees that there are condoms inside. [...]” (Health provider of the Provincial Hospital Ricardo Limardo Health Center)

Male involvement in prenatal care appointments, gender sensitization of health personnel, the production of gender sensitive material, and alliances with key actors outside of the hospital, are just some of the best practices that representatives of the QI teams shared during the session.

These actions are essential to ensure gender equity in health services in Zika response. It is essential to address gender-based violence and to question traditional gender stereotypes in the health field, such as those that consider women as the sole responsible for pregnancy and child care and that, from the other side, exclude (or excuse) men from these responsibilities, so that both men and women can enjoy a better quality of health.
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[1] https://www.usaidassist.org/blog/authors/elga-salvador