The Road Ahead - Socio-Cultural Shifts in Antigua and the Impact on Health

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“As the role of the community is decreasing or changing, the role of the health center is increasing.”
(Male Registered Nurse, Antiguan Health Facility)

There are generational, cultural, social shifts – and perceptions of shifts – happening in Antigua that are affecting the connectedness of people across the island. Findings from a recent (soon-to-be published) gender analysis in Antigua – conducted by WI-HER and Women Against Rape, Antigua and Barbuda under the USAID ASSIST Project – revealed that socio-cultural relationships greatly impact child raising, caretaking, and support systems. This shift in connectedness has implications for the role of health institutions, and we must be cognizant of these factors and their growing role as new policies and programs are developed.

The recent gender analysis, consisting of focus group discussions with clients of health facilities and interviews with health providers, totaling 70 people, revealed three key areas – marriage, family, and community – where socio-cultural shifts are impacting childcare and support systems. These socio-cultural shifts are key factors that impact how maternal and child care is provided; and our learning from this assessment can be applied to maternal, newborn and child health (MNCH) as well as broader aspects of primary health care, including emergency response.

Participants in the Antigua gender analysis shared that there is less interest in marriage now than there was in previous generations (though some couples may live together and not be legally married) and that many children are born out of wedlock and into single-parent households.

“People are not interested in marriage now. Before, more people got married. They are
scared, don’t want to, or may have had a bad experience. People don’t face stigma being or not being married or having children outside of marriage.” (Female Care Seeker, Antiguan Health Facility)

In one group discussion, 9 out of 9 men reported attending antenatal care visits and planned to be there for the birth, but none of them were married to their partners. Similarly, Dr. Sharla Blank in her paper, An Historical and Contemporary Overview of Gendered Caribbean Relations (2013) [5], found that when looking at relationship dynamics, Afro-Caribbean populations experience low rates of legal marriage and high rates of single-motherhood. Specifically in the Eastern Caribbean she noted, almost 70% of children are born into non-nuclear families. The 2011 Antigua and Barbuda Population and Housing Census [6] further details that only 27% of the population is legally married, compared to 29% in 2001. While the evidence does not deeply support that people are getting married less (only a 2% drop in 10 years), there is a perception that marriage trends have changed; roughly all 70 participants in the gender analysis strongly responded that shifts regarding marriage exist.

This trend mirrors a global phenomenon of declining rates of marriage [1]. While the precise reasons behind this trend depend on context and are not always clear, there are a number of emerging theories. First is that society is becoming more secular – religious institutions advocate for marriage but as the importance of religion decreases, so does this emphasis on marriage. Other reasons include economic recession (marriage can be perceived as expensive), increases in women’s education and income (can result in women being choosier as it comes to picking a marriage partner), and a global rise in cohabitation [2, 3, 4].

According to participants, there has been a generational shift and a lessening importance of the extended family and a growing importance of the nuclear or immediate (in the case of single parents) family.

“It’s all different now. The younger generation is different; we used to be raised with whole family. Now it’s more about the nuclear family over the extended family. Family dynamics have changed.” (Female Care Seeker, Antiguan Health Facility)

The findings are similar to a Bernard van Leer Foundation paper by Christine Barrow with Martin Ince, Early childhood in the Caribbean (2008) [7], which states:

“Many of the people we met said that Caribbean communities are less supportive than in the past. This means that children are cared for increasingly by their mothers. Despite stereotypes of extended Caribbean families, many mothers are not involved in a wide network of female support. The feeling is that families are drawing in on themselves because of cultural change, including more television watching, and the fear of crime, especially from gangs of drug-fueled young men.”

This shift identified by Barrow and Ince parallel findings from the gender analysis. As one male care seeker shared, people nowadays tend to “Google” things, illustrating that technological advancements have also had implications on how people receive and pass information, including health knowledge.

Participants in the Antigua gender analysis agreed that there has been a reduced role of the community (extended family members, neighbors, friends, organizations) in childcare since when they were children. While clients and providers mentioned grandparents, older siblings, or other female relatives (immediate family members) as sources for additional childcare support, their contributions in looking after and caring for children was described as less significant than in previous generations. Similarly, participants shared that relationships with neighbors are not as strong as they used to be. One participant explained that their parents talked to their neighbors, but this generation doesn’t because people want their own privacy, or they don’t like their neighbors.
Several participants noted that this reflects a shift in personalities across generations.

“When I was going up the whole village would raise me. But now if Mommy says don’t talk to neighbor Tommy and Jane, you don’t talk to Tommy and Jane.” (Female Community Health Aide, Antiguan Health Facility)

The findings complement information from the early childhood report (mentioned above) which concluded that friends and neighbors have become less willing to look out for other people’s children, largely due to the fiscal and time burden. In some cases, mothers believe that leaving their children with friends or neighbors is frowned upon in a way it was not before. This is in part due to heightened security concerns and urban crime – ensuring your children’s safety has become an even greater matter.

What do socio-cultural shifts in marriage, family, and community mean for health?

These shifts in connectedness have implications for health institutions. People are becoming more individualized and centered around their immediate family. They have fewer support systems to share the work and to lean on when they need help. As one male health provider suggested, people are coming to the health facilities more now rather than relying on their neighbors for insights and advice related to raising children and experience with illness.

While the socio-cultural shifts may place a larger burden on mothers, these support system changes also present opportunities for both families and health facilities. First, health facilities can capitalize on increased male engagement in health to promote burden sharing within the home. During our analysis we found that men, despite the lack of a legal marriage, are starting to play a more active role in their families in terms of antenatal counseling and child care, which is promising considering that parental involvement from a young age has a positive effect on overall child development, health, and psychological growth [5]. Second, with a decreasing importance of communities (neighbors) and extended families, psychosocial support system may be lacking. Therefore, health facilities can also consider providing more counselling and other psychosocial support for parents of young children. As more and more people seek guidance from facilities, facilities themselves should be increasingly prepared to respond – in terms of personnel, services, and communication materials. Further, as health facilities play a more important role in the life of the family and development of the child, there are opportunities to influence healthy behaviors and lifestyles, to identify, recognize, and respond to social problems – such as gender-based violence (GBV) – and to influence social norms, addressing inequalities and advocating for human rights. These socio-cultural shifts can be an opportunity to scale up the role of the health facility to ultimately improve the health and well-being of the populations they serve.

WI-HER, LLC is a woman-owned small business that partners with international donors, national governments, non-governmental organizations and others to identify and implement creative solutions to complex development challenges to achieve better, healthier lives for women, men, girls, and boys. Founded by Dr. Taroub Harb Faramand in 2011, WI-HER, LLC works to integrate gender through contextualized, adaptable, and systems strengthening methods that can be seamlessly integrated into ongoing and new programs. WI-HER is committed to ensuring equal opportunities for women, men, girls, and boys, as well as all other vulnerable groups.

[5] https://pediatrics.aappublications.org/content/104/Supplement_1/164 [12]