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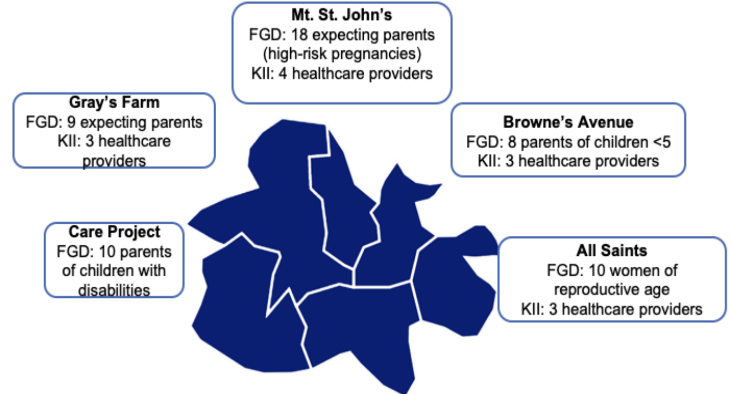
Applying Science to Strengthen and Improve Systems

Antigua Gender Analysis Highlights

Gender analysis identified key gender-related barriers, facilitators, and gaps influencing newborn and well-baby care systems in the context of Zika.



Methodology

Focus groups (5) and interviews (13) supported by desk review in a limited sample size (70 respondents).[1]

Knowledge about Zika

- Clients identified mosquito transmission
- Clients did not identify sexual transmission
- Clients understood effect on babies
- Misinformation exists: regarding symptoms (i.e. nose bleeding) and transmission (i.e. airborne).

Family Dynamics, Caretaking, and Health Seeking Behavior

Patterns of Power: Mixed perspectives on who is head of household in dual-parent households and there are many single-parent households (only 25% of people above the age of 15 are married); Both parents usually work outside of the household; In one FGD of men and women, all women (6/8 participants) thought that both parents make decisions about money, all men (2/8 participants) thought that women decide; Inside the home, all participants agreed women tend to do the majority of the housework, but all (8/8) agree that it should be 50/50.

Caretaking and Child Development: Both parents play a role in caretaking, but 7/10 participants identify mothers as the primary caretaker; Mothers and fathers believe that fathers can do just as good of a job as mothers in caretaking; Both parents are able to assess if their child is developing properly.

Table 1: Participants responses to "what makes a 'good' father and a 'good' mother?"

Fatherhood (provider)	Motherhood (caretaker/everything)
• Be there for their children • Support physically, financially, emotionally, spiritually • Raise a child even if it's not their biological child	• Spend time with her children • Be nurturing • Expect a full-time job

Support in Childcare: Many care seekers and providers cited that grandparents, older siblings, or other female relatives provide additional childcare support; Day care was cited as another option, but challenges (i.e. age cutoffs) exist.

Challenges in Caretaking and Disciplinary Practices: Variation in type of discipline and discipliner, and there can be a gender dimension to discipline; No evidence of disciplinary differences between children with and without disabilities.

Male Participation in Antenatal Care and Well-Baby/Child Visits: Men are sparse at ANC and well-child visits, but are increasingly coming by choice, particularly at referral services; 9/9 men in one mixed sex group had been to an ANC visit and 7/9 go every time, they say it's their choice; If men are unable to attend an ANC visit or well-child visit, they often involve themselves in other ways, such as financing and transport.

Health Seeking Behavior: Perception of masculinities are not changing, and men are still not coming to health facilities for themselves as frequently as women; However, while more women are coming to health facilities, men are increasingly coming with them; and the provider is playing an increasing role in this change by engaging men in family health models.

Laws and Policies: Discrepancy between day care policies and maternity leave policies that needs to be reconciled; Women generally receive 3 months maternity leave, depending on the job and employer; some women pair maternity leave with vacation to have more time; Men generally get no paternity leave, but it depends on the job and employer, and married men receive benefits that unmarried men do not.

Disability and Social Inclusion

Perception of People with Disability (PWD): There is a perceived discrepancy between what people think is happening and what parents of PWD are experiencing – most participants felt there was no outright discrimination, but families of

[1] Participants for focus groups and key informant interviews were selected by the participating ASSIST-supported facilities.

PWD feel that stigma and discrimination exist; There is a need for greater understanding (empathy) and community education around disabilities (e.g. types of disability and challenges).

Impacts of Disabilities on Families: There are many stressors on the family including a financial, emotional, physical toll; Gender dynamics - sometimes when a child is born with a disability, it is viewed as "her child" and the man flees and other times, men get more involved in the child's life (evidenced by the involved fathers at the Care project).

"It could go either way. The man could flee or he could get more involved to help." – Care provider

Other Impacts of Disabilities: In general, people feel that persons with disabilities may experience more violence, neglect, bullying, and teasing; Participants felt that girls may be especially prone to violence.

Services for Children with Disabilities: Limited services exist, but more needs to be done to improve them and increase access and awareness; Antigua needs improved PWD-friendly public infrastructure such as transportation, access to public spaces; There is a lack of awareness of services available at the primary health center and more broadly in Antigua; There are not enough psychosocial support services.

Additional Takeaways

Socio-Cultural Shifts: There are generational, cultural, social shifts (and perceptions of shifts) happening in the country that are affecting connectedness (shared experience and responsibility; support); For migrants, there are financial barriers due to challenges accessing benefits cards and language barriers.

Violence: Child abuse and violence against women exist in Antigua; Some tools and policies exist but they need to be updated and rolled out; there is a need to increase understanding of policies and response through continuous training.

Condom Use and Family Planning: Many respondents use male condoms; Females seem to have a say in whether condoms are used; While condoms are used, most children are not planned and contraception is seen as ineffective.

Other Barriers to Quality and Equitable Care: Financial challenges - if you are unemployed, you do not get the medical benefits card, and even if you have one it does not cover all costs; Clinic hours may conflict with work schedules; Customer service and bedside manners at facilities need to be improved; More psychosocial care, counselling, and therapy is needed at all levels (clinic to hospital; from more social workers to group support opportunities).

Recommendations

1. **Improve public education and awareness** related to stigma and disabilities, available services (health services, financial support, social security), public health, and family planning.
2. **Increase counselling opportunities and establish community support mechanisms** for (but not limited to) families of PWD, victims of violence, first time mothers and parents, and single parents.
3. **Improve coordination with other ministries/departments** – a) Infrastructure and public works; b) Health education in the school system.
4. **Create a web-based training platform for providers and staff** with yearly mandatory credits to keep licensure and additional optional topics. Topics could include: Gender awareness and sensitization; continuing medical education; sensitivity and cultural diversity training; working with persons with disabilities; customer care; handling child and gender-based violence and abuse.
5. **Update tools and policies based on input from community members and providers.** Ensure that they are available in other languages (Spanish and French/Creole) and providers are trained on them. Have a way to track implementation and impact. Policies may include: Maternity and paternity leave policies; gender-based violence policy; child abuse policies.
6. **Improve referral systems** (better coordination) and ensure clients understand their financial support options.
7. **Make structural shifts to improve the quality of care.** This will range from increasing human resources (allow for more time with clients), motivating staff and increasing moral (financial benefits and staff appreciation), allowing for greater customer feedback and accountability, and training on customer care.
8. **Improve psychosocial support at all levels of the health center** by improving the counselling skills of providers, having more dedicated social workers, developing a network of psychosocial care providers across the islands, and providing scholarships for people to study therapy.
9. **Establish a one-stop comprehensive center at the community level** and address challenges with working hours.

Additional Resources

Visit www.usaidassist.org/topics/gender

- **Technical Briefs:** "Responding to Gender Issues to Improve Outcomes in Zika-related Health Care" and "Addressing Provider Bias in the Context of Zika: A Four-Country Analysis"
- **Blogs:** "Working Together: A Regional Approach to Improving Skin-to-Skin Contact and Well-baby Care in the Eastern and Southern Caribbean", "Two to Tango: How Men's Health-Seeking Behaviors May Influence the Spread of Zika in the Caribbean", and "8 Reasons Why – Barriers to Care and Treatment in the Caribbean: What We've Learned since the Zika Outbreak"
- **Technical Guide:** "A Guide to Integrating Gender in Improvement"