

Dominica Gender Analysis Highlights

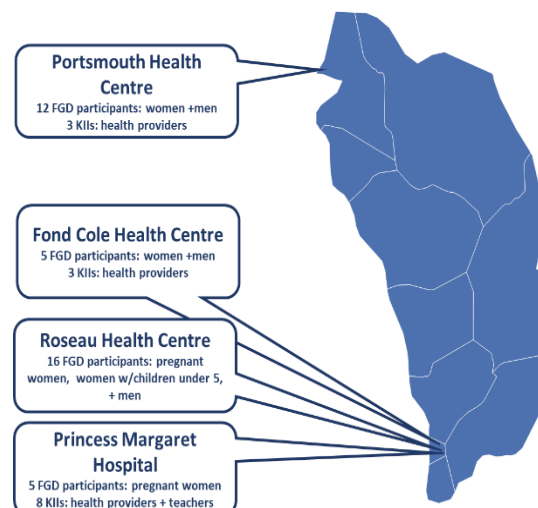
Gender analysis to identify key gender-related barriers and gaps that influence newborn and well-baby care systems in the context of Zika.

Knowledge about Zika

- Most participants knew Zika is transmitted by mosquitos and that it makes babies' heads smaller (referring to microcephaly).
- No one mentioned sexual transmission.
- No one knew anyone who had Zika, but men and women felt equally concerned about the threat of Zika.

Disabilities and Social Inclusion

- Focus group participants and teachers reported that children and people with disabilities are generally misunderstood, highly stigmatized, and in some cases hidden from society.
- Teachers mentioned that parents may have little information about their child's disability, and may have difficulties coping, disciplining their children, or understanding what medication/ health services their children may need. They may not have the full support of their extended family due to stigma and be discouraged from enrolling their child in schools for disabilities.
- Several female focus groups participants mentioned that disabled children require more attention, so it is difficult for caretakers to work. There is a double financial burden of lost income and increased medical expenses.
- Interviews with health providers and teachers revealed that there are limited services for people with disabilities. In the health systems, there is a referral system from district clinics to Princess Margaret Hospital, and support to get international treatment if not available in Dominica. However, school for children with disabilities, and specialists like pediatricians, are only available in Roseau.



"We have a list from the Ministry [of Education] of children with disabilities, but some parents don't show up with their kids. They get pressure from family members to not bring them in, but sometimes it's the distance – kids can't come from the northern part of the island." (Teacher, Roseau)



Gender - Gender norms and beliefs:

	Fatherhood	Motherhood
Female perspective	<ul style="list-style-type: none"> • Supporting, committed, spends time with children, available, caring. • Provider, security, contributes financially. • "He shows interest in your babies." (Woman, Portsmouth Health Centre) 	<ul style="list-style-type: none"> • "Mom does everything, gives love and attention, doesn't get a lot of sleep." (Woman, Fond Cole Health Centre) • "She's a seamstress, football coach, teacher - mother is everything." (Woman, Portsmouth Health Centre)
Male perspective	<ul style="list-style-type: none"> • "Always provide." • Respect in the household. • Demonstrate leadership skills, in the family and community. 	<ul style="list-style-type: none"> • "Mothers are more patient, they are with the children more often than we are." (Man, Roseau Health Centre)

Male participation in healthcare: Male and female focus group participants reported that men generally avoid engaging with the health system unless they are gravely injured or ill. Health providers confirmed this trend and reported that it is rare for men to participate in antenatal care or well-baby care appointments with their partners. Some participants claim that logistically they can't make appointments since they work, some women claim that men still would not come because they want to avoid the health system or because they view it as a woman's issue. However, most men are present at the birth of their child, which provides a key opportunity to educate men on how they can participate in their child's development.

Female participation in the labor force, and the double burden of domestic and childcare: Women are increasingly participating in the labor force at almost equal rates as men (particularly during reproductive age), and yet they are still

tasked with the double burden of domestic work and childcare. Both men and women in focus groups reported that domestic work and childcare is supposed to be equally distributed between mothers and fathers, but that in most households it falls to the mother. Many women also cited grandparents, older siblings, or other female relatives that provide childcare support. Daycare was cited as another option, but often as a last resort.

“The man used to be the head of the household. It was instituted by code, it was the rules, it was in the bible, but that is changing.” (Woman, Portsmouth Health Centre)

“Women are better managers; they know the home.” (Woman, Portsmouth Health Centre)

“If you want to ask the man what’s in the kitchen, he has no idea. If you want to do the laundry, he has no idea.” (Woman, Fond Cole Health Centre)



Access and control over resources:

The majority of male and female focus group participants mentioned that both mothers and fathers contribute to and have access to money in the household. Women often manage of the money – particularly for buying food and household necessities and putting aside funds for household savings.

Patterns of power and decision making:

Many female focus group participants touched upon a transition in household power, mentioning that traditionally men were thought of as the head of the household since they brought in the most money, along with other religious and cultural-patriarchal values. However, they mentioned that view has been increasingly changing as more women enter the workforce, earn more money and manage the household finances and activities.

Laws, policies, and systems:

- The National Gender Policy and Action Plan (2006) reaffirms government’s commitment to gender equity and establishes strategy to mainstream gender and close gender gaps.
- Universal access to health care is guaranteed until the age of 16, but often test and medication still cost money and are a barrier for families with children with disabilities.
- Maternity leave (3 months) vs. paternity leave (4 days), institutionalizes the norms Around fathers’ limited engagement and participation in their child’s early development.

Recommendations

Promote male engagement in well baby care:

- Develop a social behavior change communication (SBCC) campaign – posters, TV, etc., specifically targeting men on well-baby care and the importance of their involvement in health care for their children.
- Develop a male engagement program to support efforts to improve health outcomes among children in coordination with MOH staff and Princess Margaret Hospital.

Create services for children with disabilities and their caretakers:

- Implement early disability detection and intervention programs to ensure smooth transition of children with disabilities to preschools and other education programs. Train “Roving Care Providers.”
- Encourage well-baby visits to monitor child development according to national calendar, immediately after childbirth and up to age 6 and make appropriate referrals to pediatrician or developmental specialist in case of suspected developmental delay.
- Monitor children’s development using validated screening and surveillance tools, diagnose children with disabilities and provide counseling and education to parents on appropriate development and therapeutic early stimulation. Provide sensitization training to health and school personnel about social inclusion and disability.
- Increase public awareness of disability to reduce stigma and importance of early detection for timely intervention and good care outcomes through public campaigns (SBCC campaign.)
- Provide quality support for parents with children with disabilities – support groups through health centers.
- Improve the scope and inclusiveness of data collection by collecting and tracking data on disability.

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.”
- “A Guide to Integrating Gender in Improvement”

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