



Gender considerations for “Preconception, prenatal, and post-partum counseling in the context of the Zika epidemic:” A supplemental resource for the ASSIST Zika counseling guide

Background

- The Zika virus is transmitted through *Aedes* mosquito bites, through sex, through blood transfusions, and to children during pregnancy or at birth,
- The Zika virus spread rapidly across the Western Hemisphere in 2015 and 2016 (1). There are still new cases, and in some areas Zika incidence is increasing (2).
- While Zika infection for adults is often mild, with 80% of cases being asymptomatic, Zika transmission during pregnancy has been linked with microcephaly and a unique pattern of birth defects and brain anomalies called Congenital Syndrome associated to Zika (CSaZ) (2).
- Currently, there is no vaccine or cure for Zika, therefore medications can only alleviate the symptoms caused by the infection.

Purpose

- This document serves as a job aid to provide guidance on gender integration in the context of the Zika epidemic. It is intended to support health care providers and decision makers to improve Zika response/prevention through a gender-sensitive lens.
- These considerations can enhance health providers' ability to identify and manage gender-related barriers that may affect health outcomes in Zika response. An example of a gender-related barrier could be when women or couples are restricted to comply with the standard recommendations to prevent Zika before and during pregnancy.
- This information can be used to adapt counseling guides to local contexts and needs, to facilitate gender integration into national protocols and norms, or as a standalone tool to assist frontline workers in providing care for women, partners, and families in the context of Zika.

Why Gender?

- International recommendations on Zika prevention and public health response efforts often do not account for and/or address gender, cultural social realities and contexts.
- Recommendations that encourage women to avoid or delay pregnancy, practice safe sex using effective forms of contraceptives consistently, or abstain from sex during pregnancy assume that women have high levels of autonomy and empowerment over their sexual and reproductive health (3).
- However, data and analyses indicate that many women in the region have limited access to contraceptives and other reproductive health services, experience high rates of sexual violence, and face other reproductive health decision-making barriers that result in high rates of unintended pregnancies and associated negative health outcomes (4).
- Gender norms and inequalities and gender-based violence (GBV) affect health outcomes for all people, and in particular women who historically experience violence at high rates. Understanding the unique needs and vulnerabilities of women, men, girls, and boys helps us identify target populations, design appropriate responses, and dedicate resources where they are most needed.

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Gender issues related to Zika infection

- According to data across several countries, Zika affects more women than men, particularly women of reproductive age, 20 to 49 years (5,6).

Gender considerations	Suggested actions
<p>Traditional gender roles in the division of labor increases women's risk of vector-borne infection.</p> <ul style="list-style-type: none"> • Women and girls perform most of the unpaid domestic labor associated with water, sanitation, and hygiene (WASH), where poor infrastructure and waste management creates standing water around the house and mosquito breeding sites (5). • Men and women who work in professions exposed to the outdoors, such as farmers and ranchers, may be also at high risk for exposure through mosquitos. 	<ul style="list-style-type: none"> • Ask the patient about family members' role and occupations, both inside and outside the house, to determine who is most vulnerable to infection. • Ask the patient about water, sanitation, and hygiene conditions in their home. • Recommend personal preventative actions for all family members, with emphasis on pregnant women in case there are limited resources. Actions include: using mosquito nets, wearing long-sleeved shirts and long pants, and using repellent consistently. • Invite the patient to talk with all family members, of both sexes and different ages, to sensitize and motivate them to adopt preventative behaviors and vector control actions, including: <ul style="list-style-type: none"> - Eliminate all standing water and other mosquito breeding sites around the home by emptying, turning over, covering, or throw out items that hold water, such as tires, buckets, planters, coconut shells, toys, pools, flowerpots, or trash containers. - Regularly clean water tanks by emptying and brushing the walls and bottom to eliminate mud and possible mosquito breeding sites. • Invite families to take action together with neighbors and refer them to community workers that can support them.
<p>Women could be at higher risk of sexual transmission of Zika and face additional obstacles in prevention.</p> <ul style="list-style-type: none"> • Although male-to-female and female-to-male sexual transmission has been documented, data suggests that differences in infection rates between men and women could be explained by the persistence of genetic traces of the virus can persist in semen for several months (6). To date, maximum time Zika has been detected in semen is 188 days after the onset of symptoms (7,8). • Some women (and men) may not have access to comprehensive sexual education; complete information about Zika and its risks; face obstacles in accessing health services, condoms and other family planning methods; have limited decision-making power regarding their sexual and reproductive health (9,10). 	<p>If patients exhibit symptoms of Zika, test them immediately and consider the following:</p> <ul style="list-style-type: none"> • Provide a private space for counseling potentially infected patients to ensure confidentiality. • Discuss with the patient the mode of transmission, emphasizing that they could have been exposed while living or traveling in an area where Zika is endemic via mosquitoes or from a blood transfusion from or having unprotected sex with someone infected while living or traveling in those areas. • Inform the patient about how to prevent the sexual transmission of Zika by consistently wearing condoms. • Counsel patients on how to disclose Zika infection to their sexual partners. • With the consent of the patient, sensitize partners if women would like support in speaking with family. • Discuss consequences of transmission, especially in case of confirmed, possible or planned pregnancy.

Gender issues in preconception counseling

Gender Consideration	Suggested actions
<p>Traditional gender norms and stigma about sex.</p> <ul style="list-style-type: none"> In “machismo” culture, men may be expected to initiate sexual relations at an early age and to reinforce their macho image by having multiple sexual partners, even when married (11). Men may feel social pressure to take advantage of any sexual opportunity, even when they are unprepared to practice safe sex. They are often expected to exert pressure on women, which can sometimes lead to sexual violence (11). Women are often expected to wait until marriage to initiate sex, be faithful and to be submissive to their male partner. This severely affects some women’s ability to negotiate condom use with their partners (12). Women who defy these norms by initiating sexual relationships, having multiple partners, seeking out condoms and contraception, proposing condom use with their partners etc., may face pressure, stigma, social exclusion, and in some cases violence. Beliefs from family networks, religious groups, political organizations etc. can play a significant role in discouraging women who look for reproductive health services (13). 	<p>Ensure all guidance is tailored for men, women, and adolescents of both sexes, to reflect sociocultural realities, and is delivered in an unbiased, respectful, and supportive manner.</p> <ul style="list-style-type: none"> When working with men: <ul style="list-style-type: none"> Discuss and clarify that having sex without the full consent of the partner is a form of violence and offer tools and resources that support healthy, respectful communication. Explain and emphasize that practicing unprotected sex with multiple concurrent partners significantly increases their risk of contracting Zika or other sexually transmitted infections (STIs) and passing that on to their partners or harming their child during pregnancy. Distribute condoms and explain/demonstrate on a model how to use them correctly and consistently. Do not assume they already know how to use it correctly. When working with women: <ul style="list-style-type: none"> To prevent/reduce stigma, deliver condoms in a discrete manner (e.g. in a disguised envelop or container). Ensure they have access to both female condoms and male condoms and demonstrate how to use them correctly and consistently. Counsel women on negotiating condom use with their partners. If she expresses doubts about her ability to persuade her partner to use condoms, ask her to return to the health facility with her partner and, if she agrees, write an invitation or send supporting educational material. If the woman wants to avoid pregnancy but insists condom use is not feasible, offer her a choice of other available modern contraceptive methods. Be aware of signs of gender-based violence (GBV) and screen when appropriate, providing proper counseling and linkage to services according to national regulations and WHO guidelines. Counsel couples on non-violent and equitable relationships with safe communication and negotiation of condom/contraception use. Encourage couples to have an open dialogue about how Zika can be transmitted sexually, the importance of wearing condoms, or using other forms of consistent contraception and invite them to reflect on when they want children and on how to plan accordingly.
<p>Perception of condom use with a committed partner vs. casual partner(s)</p> <ul style="list-style-type: none"> Proposing condom use within committed relationships can sometimes be perceived as a lack of trust in their partner and an accusation of infidelity, 	<ul style="list-style-type: none"> Emphasize that using a condom to prevent Zika is not about infidelity. A person can be infected by Zika through mosquito bites but pass the virus through sexual contact. A condom, if used correctly and consistently, is the only method providing dual protection against both unintended pregnancy and sexually transmitted infections like Zika and HIV.

<p>or can raise suspicion of their own fidelity (9).</p>	<ul style="list-style-type: none"> When distributing condoms, give the patient informational material that explains the role condoms can have in preventing Zika and cases of CSaZ, so that they can take this home to help explain to their partners.
<p>Fear of gender-based violence (GBV)</p> <ul style="list-style-type: none"> In some Latin-American and Caribbean (LAC) countries, domestic violence rates are as high as 50%. Women are vulnerable to violence at home, in transport to health care facilities, and fear of violence or mistreatment by health care professionals (14). Men who are violent towards their partners are more likely to have multiple sexual partners, and women who experience violence are also more likely to get HIV and other STIs (15). Fear of violence from partners can prevent women from seeking counseling and testing, returning for test results, and getting treatment (15). 	<ul style="list-style-type: none"> If a woman has symptoms of STIs, screen for GBV and strengthen the provision of support services (e.g., counseling, pregnancy testing, emergency contraception). If the woman shows evident signs of violence, invite her to test for Zika, HIV and other STIs in compliance with national regulations. Assess for signs of depression, anxiety, stress and other mental health issues, including risk of suicide, homicide and other forms of violence. Offer linkages to appropriate health and emotional support, social, and legal services for the woman. Consider safe and appropriate ways to follow-up on women you suspect may be experiencing violence (e.g. sending a message or a call). Be aware of your own safety when dealing with and counseling situations that you suspect involve violence.
<p>Reporting biases and discrimination by health care workers</p> <ul style="list-style-type: none"> Women and adolescent girls report that they frequently feel judged and are mistreated when seeking medical care, particularly for sexual and reproductive health (4). 	<ul style="list-style-type: none"> Provide quality, inclusive adolescent-friendly services in health facilities. Initiate trainings in your facility for other providers to address issues of abuse and bias and promote inclusive and adolescent-friendly care. If possible, ensure both male and female providers are available for counseling and testing.
<p>Barriers to women’s access and use of reproductive health services</p> <ul style="list-style-type: none"> 10.6% of women of reproductive age in Latin America and the Caribbean have an unmet need for contraceptives (16). These statistics increase significantly for adolescents (17). It is estimated that 66% of all unintended pregnancies come from women with unmet need for contraceptives (18). Social and gender norms in the region dictate that men are the primary decision-makers in the family (19), including in reproductive matters and household finances (15). Without a partner’s permission and financial resources, it is much more difficult for a woman to secure contraception. Even if contraceptives are available for free at public facilities, sometimes there are stock-outs (20). 	<ul style="list-style-type: none"> Offer all women, men, and adolescents appropriate modern contraceptive method and service without judgement. Counsel women on a full range of high-quality, voluntary, and user-friendly contraceptive methods (e.g., LARCs, condoms, male condoms, pills, injections, emergency contraception, etc.) that will be acceptable and feasible (e.g., cost, logistics). Encourage couple communication around family planning and men’s support to their partners in this area as well as men’s own use of family planning methods. Address myths of contraception and emphasize the importance of using contraceptives to prevent Zika transmission and unintended pregnancy. Frame it as important for their health, their partner’s health and the health of their future family. If stock-outs occur, link patients with nearby health facilities or pharmacies where they can obtain contraceptives.
<p>Reproductive health care services target women and often overlook men</p>	<ul style="list-style-type: none"> When agreed upon by the female client, welcome male partners in clinical visits and health discussions.

<ul style="list-style-type: none"> Reproductive health services have been traditionally tailored to address women, not men. Men’s involvement in reproductive health services is crucial because they have their own reproductive health concerns, their sexual and reproductive well-being and behaviors directly affect their partners, and decisions on the matters of reproductive health care occur within relationships that affect both men and women (21). 	<ul style="list-style-type: none"> Try to speak with both the pregnant woman and the man, to listen their concerns, address them properly and balance power dynamics. Ensure the health facility environment is welcoming to both women, men, girls, and boys (ensure toilets for men and are available; neutral décor; reading materials for both sexes and for a variety of ages). Ensure promoters and/or providers of both sexes are available during preconception counseling. Reach men in other community contexts to sensitize them on sexual and reproductive health, prevention of STIs including Zika, and using condoms.
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Antenatal Counseling

- Gender-related barriers previously mentioned under preconception counseling also apply to antenatal care counseling: *traditional gender roles related to sex; perception of condom use with a committed partner vs. casual partner(s); barriers to women’s access to maternal, child, and sexual and reproductive health services; and fear of GBV.*

Background information	Suggested actions
<p>Perception of condom use</p> <ul style="list-style-type: none"> In addition to what already stated in preconception counseling, often men do not understand why they should use condoms if their wives are already pregnant. 	<ul style="list-style-type: none"> Deliver condoms with informational material (brochure, leaflet, etc.) on Zika, transmission pathways, prevention methods, and the importance to use condoms to prevent Zika during pregnancy. If the partner is not present at the ANC appointment, they can take these materials home with them to help explain to their partner.
<p>Lack of male involvement in ANC and pregnancy</p> <ul style="list-style-type: none"> In the LAC region, there is low participation of men in antenatal care visits. Engaging men during pregnancy through antenatal care (ANC) visits is a critical entry-point for Zika prevention by encouraging condom use, to improve maternal and child health, and to address couples’ decision-making dynamics. ANC visits increase men’s knowledge about the importance Zika prevention and maternal, postnatal, and child health services which can make them more invested in the health of their partners and children (22). Many men choose not to participate in ANC visits because they view pregnancy support as a female role, they perceive the health system as unwelcoming, intimidating and unsupportive of male participation or for logistical reasons such as clinic hours coinciding with their work hours (23). 	<ul style="list-style-type: none"> When agreed upon by the female client, ask them to bring their partner to the next ANC appointment and provide an invitation letter if necessary. Try to speak with both the pregnant woman and her partner, to listen their concerns, address them properly and balance power dynamics. Encourage men to participate by stressing the importance of male involvement in ANC visits by emphasizing that its linked with better maternal and infant health outcomes and its cost-savings since preventative care is less expensive than emergency care due to lack of planning and that it is also beneficial for his own health and bonding with his family. Ensure the health facility environment is welcoming to both women, men, girls, and boys (ensure toilets for men and are available; neutral décor; reading materials for both sexes and for a variety of ages). Ensure promoters and/or providers of both sexes are available. If available, provide links to a support group for expectant and new fathers, classes on parenting, and fatherhood skills. Reach men in other community contexts to sensitize them on sexual and reproductive health, prevention of STIs including Zika, and using condoms.

Post-partum Counseling

Background information	Suggested actions
<p>The burden of caring for children with CSaZ often falls to the mother Maternity and childcare are often considered ‘instinctual’ and ‘natural’ gender roles for women. Mothers are usually in charge of caring for children with CSaZ, and sometimes must leave paid employment, studies and social obligations. This can make women and families vulnerable to social marginalization, financial constraints and other adversities (24).</p>	<ul style="list-style-type: none"> • Ensure that mothers feel supported in their care role using judgment-free language and providing them with appropriate attention. • Encourage the father and the rest of the family to participate in the care of the infant through early stimulation activities, and balance of burden of care. • With the consent of the patient, invite the male partner to participate in clinical visits and health discussions to ensure that the father is committed to the family.
<p>Psychosocial support for all family members</p> <ul style="list-style-type: none"> • Many mothers need psychosocial support, such as counseling, to address issues like as post-partum depression. However, if a family has a child with CSaZ, she and other members of the family like the father, might also need support. 	<ul style="list-style-type: none"> • Screen women for post-partum depression. • With the female client’s consent, invite her partner or other key family members to support groups and/or counseling sessions. • If available, connect the mother and other family members with social services that can continue giving them support on a long-term basis.
<p>Stigma and abandonment</p> <ul style="list-style-type: none"> • Many pregnant women and mothers of children with CSaZ report feeling stigmatized and judged by their family members, community and service providers. Many women report feeling blamed for their child’s birth defects because they did not adequately protect themselves from Zika during pregnancy. In addition, men can be stigmatized for fathering a child with CSaZ, further reinforcing stereotypical norms related to virility, fertility, and machismo. In some cases, this has led to the abandonment of their partners and children (25). • If abandoned by her partner, the woman may have additional need for emotional, financial and social support because caring for child with CSaZ can be costly and requires a considerable amount of time for care, treatment and therapy. 	<ul style="list-style-type: none"> • Link family of children born with CSaZ to longer-term care such as rehabilitative services, early stimulation, social assistance and protection, psychosocial support, and specialized health care and education, including at home services if available. • Ensure that the mother, father, and other key family members, are aware of the special attention and care the child will need. • Promote self-help groups among mothers and other family members who share similar health situations.

Resources to learn more

For more information on gender considerations related to Zika, please see USAID ASSIST technical brief, “Responding to gender issues to improve outcomes in Zika-related reproductive and neonatal health care,” or contact ffaramand@wi-her.org.

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