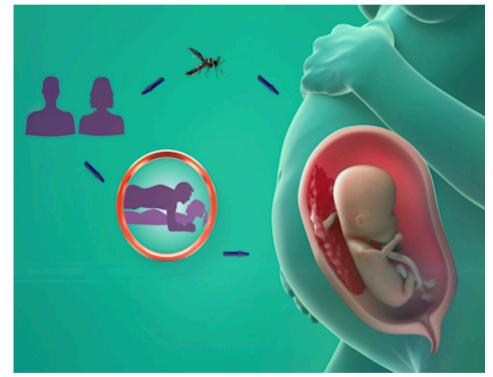
How Did Communities Respond to the Zika Virus Epidemic? A Meta-analysis of Knowledge, Attitude and Practice (KAP) Studies Across 6 Latin American and Caribbean Countries





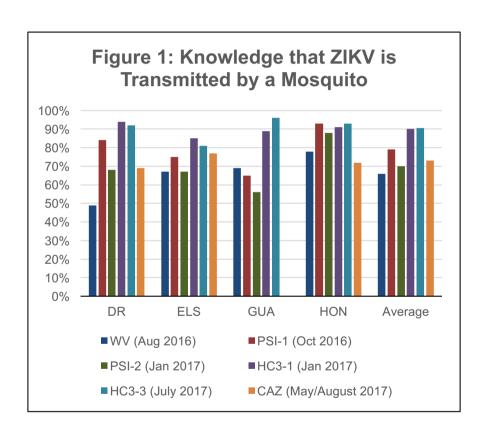
KEVIN BARDOSH, PhD

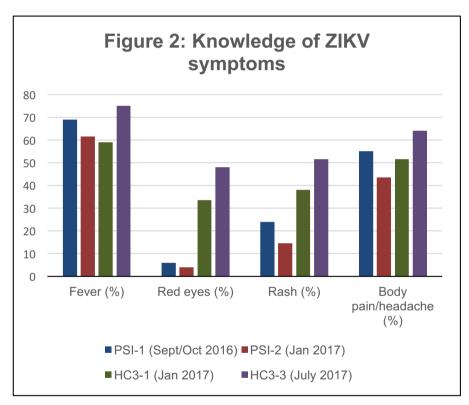
Research Assistant Professor
Anthropology, Global Health & Emerging Pathogens
University of Florida

Methods

- The meta-analysis is based on 22 KAP studies from 2016 and 2017:
 - 14 quantitative social surveys, n=41,657 participants
 - 8 qualitative studies, 52 focus groups, 41 in-depth ethnographic interviews and 218 semi-structured and structured interviews
 - Over 100 risk communication material analyzed
- This data was gathered by Ministries of Health, NGO partners and multilateral agencies in 6 selected LAC countries: Dominican Republic (DR), El Salvador (ELS), Guatemala (GUA), Honduras (HON), Nicaragua (NIC) and Peru.

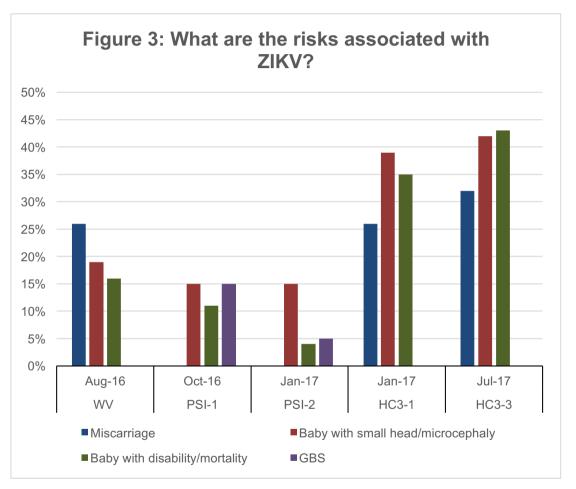
Basic Knowledge of ZIKV





"I worry about the fact that people...are saying that Zika does damage to the body. That it can leave damage; that 10 years later you can still get sick...And we don't know if that's true or not." Pregnant women, DR

Perceptions of ZIKV consequences



"When pregnant women were asked about the relationship of Zika to microcephaly, their responses were accompanied by many emotions, in body language and phrases, associated with fear, pain, anguish, and uncertainty." (NGO report, DR)

- 15% to 40% of the populations know about CZS
- No knowledge about asymptomatic link
- ZIKV is "a mild flu" whereas with CHIK "the whole family was out"
- Zika skepticism and rumors
- Possible influence on pregnancy rates; mediated by "Machismo" culture.

Risk communication about CZS

"When we had the cholera epidemic [in the 1990s]...people saw that people were dying, they became aware. Messages based in fear [of death or suffering] gave results; it forced change...[with Zika] it seems that they want to avoid panic. But the population needs to know the benefit of preventing the disease. Economics is always a powerful tool. [Zika] is painful, costly and does irreparable damage... it kills in a way. It kills dreams of normality. This should be communicated."

- Senior epidemiologist, Peru





Health System Issues

- Health education material, access to diagnostics and basic knowledge of ZIKV is severely lacking at many health facilities, including on sexual transmission and mosquito control
- Low level of priority given to ZIKV, especially after the initial epidemic wave.
 - "Overburdened health workers are not willing to invest in a low priority disease [like Zika]."
- Important gap in child development programming between the education, health and social protection sectors

Care and support to affected families

- Empathy and accompaniment is very important.
 - Communicating hope
 - Religious beliefs are important resources of strength and meaning (i.e. informed ambassadors)
- Stigma and misinformation is a major issue
 - Cases of the husband leaving and family/social networks ostracizing the mother/child. Stress and anger were also common.
 - A study in GUA showed that parents affected by CZS believed that microcephaly was due to:
 - "Inbreeding"
 - The full moon
 - And that once a mother gives birth to a CZS baby they become infertile.

What does this all mean?

