

Zika Frontline Research: Preliminary Findings

Presented by

Society of Medical Anthropology Zika TIG

January 18, 2017

AAA Webinars



SMA Zika Group

Facebook page

<https://www.facebook.com/groups/1650483251869010/>

Research Assessment Survey

<http://goo.gl/forms/5Bgv6N7Rihts5BFG3>

Questions: Contact Kristin Hedges- Grand Valley State University

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Social Science and Operational Research

Zika

Juliet Bedford PhD

AAA webinar
18 January 2017

Anthrologica

Zika

- PHEIC – 1 February to 18 November 2016
- Care and support programming
- 70 countries and territories reported evidence of mosquito borne Zika virus transmission since 2015
- 7 with possible endemic transmission or evidence of local mosquito-borne Zika infections in 2016 or 2017
- 13 have reported evidence of person-to-person transmission of Zika virus
- 29 have reported microcephaly and other CNS malformations potentially associated with Zika virus infection, or suggestive of congenital infection (CZS)
- 21 have reported an increased incidence of GBS and/or laboratory confirmation of a Zika virus infection among GBS cases

Zika

- 2 cases in Angola in past week (11 January)
- Africa Region – Cape Verde, Guinea Bissau, Angola
- W. Pacific Region – American Samoa, Fiji, Malaysia, Marshall Islands, Micronesia, New Caledonia, Palau, Philippines, Samoa, Singapore, Tonga, Vietnam
- S.E. Asia Region – Indonesia, Maldives, Thailand
- Americas Region – Anguilla, Antigua and Barbuda, Argentina, Aruba, Bahamas, Barbados, Belize, Bolivia, Bonaire, St Eustatius and Saba, Brazil, British Virgin Islands, Cayman islands, Colombia, Costa Rica, Cuba, Curacao, Dominica, Dominican Republic, Ecuador, El Salvador, French Guiana, Grenada, Guadeloupe, Guatemala, Guyana, Haiti, Honduras, Jamaica, Martinique, Mexico, Montserrat, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, St Barthelemy, St Kitts and Nevis, St Lucia, St Martin, St Vincent and Grenadines, St Maarten, Suriname, Trinidad and Tobago, Turks and Caicos, USA, US Virgin Islands, Venezuela

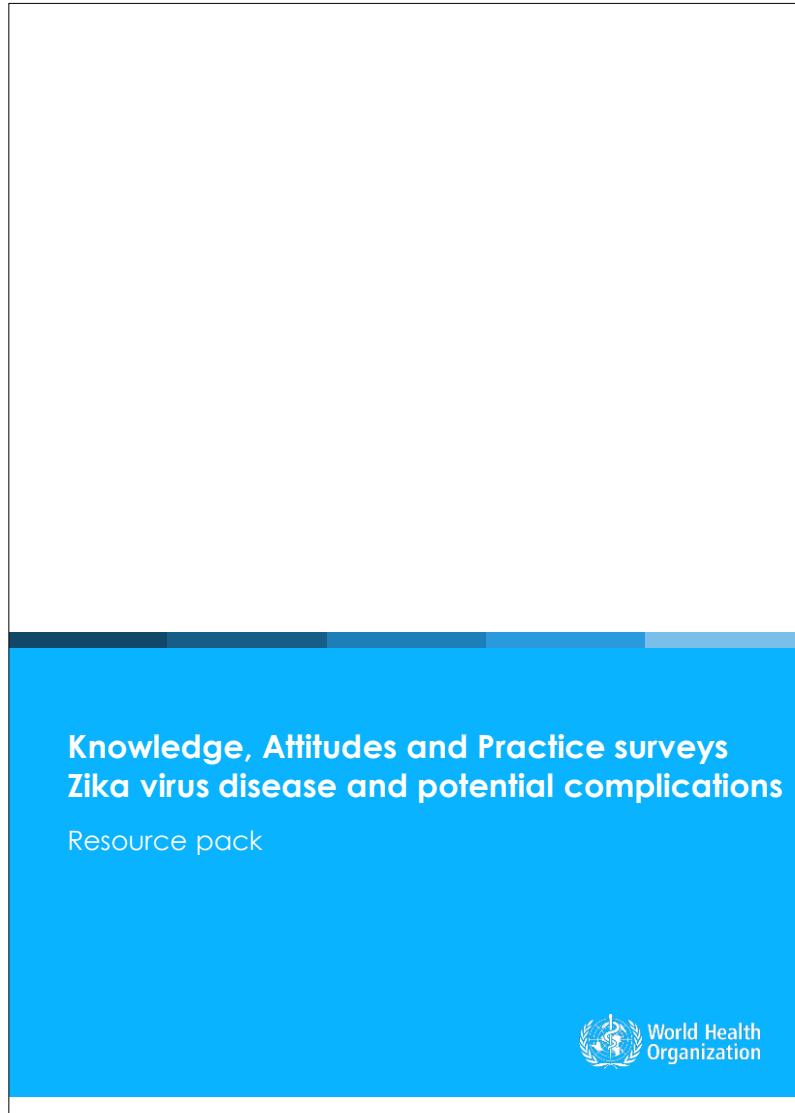
Zika

- <http://www.who.int/emergencies/zika-virus/situation-report/en/>

Research activities

- Spectrum of research
- Rapid research – operational research – longer-term research
- KAP resource pack

KAP resource pack



- English
 - Spanish
 - Portuguese
 - Chinese
 - Arabic
 - Russian
-
- <http://www.who.int/csr/resources/publications/zika/kap-surveys/en/>

Research activities

- Spectrum of research
 - Rapid research – operational research – longer-term research
 - KAP resource pack
 - Mapping social science and operational research
- <http://www.who.int/risk-communication/zika-virus/rcce-activities/en/>

Interactive map



Guatemala



El Salvador



Honduras



Dominican Republic

MoH with UNICEF support

Type of study: Qualitative

Methodology: Focus groups

Key focus: KAP regarding personal protection

Key stakeholder: Pregnant women and women of reproductive age

Timeframe: September 2016

Status: DRCO is reviewing the TOR with the MoH

World Vision

Type of study: Quantitative

Methodology: KAP (smartphone)

Key focus: TBC

Key stakeholder: Adult/Adolescent community members

Timeframe: July 2016

Date when findings could be shared: September 2016

Status: Data collection concluded. Analysis started 15 August

For more information please **contact:** Adriana Yepes

(adyepes@hotmail.com)

Health Communication Capacity Collaborative (HC3 - USAID)

Type of study: Qualitative

Methodology: Interviews

Key focus: Rapid assessment of communication in USAID priority countries

Key stakeholder: Key stakeholders

Timeframe: March-April 2016

Status: Report available

at <http://www.zikacommunicationnetwork.org/zikacomresource/hc3-landscaping-summary-report-zika-coordination-communication-four-countries-honduras-el-salvador-dominican-republic-guatemala-march-april-2016>

For more information please contact: Gabrielle Hunter - John Hopkins Centre for communication programs (gabrielle.hunter@jhu.edu)

Type of study: Quantitative

Methodology: SMS Survey

Key focus: Perceptions on Zika modes of transmission, use of preventive measures, risks of Zika during pregnancy

Timeframe: August 2016

Key partners

- Action Aid
- CDC
- HC3 (JHU)
- IFRC
- PAHO
- PSI
- Save the Children
- UNDP
- UNICEF
- UNFPA
- World Vision
- USAID
- Wellcome
- NIH
- DFID
- EU
- Academic institutions
- Governments
- CBOs / CSOs

Research activities

- Spectrum of research
- Rapid research – operational research – longer-term research
- KAP resource pack
- Mapping social science and operational research
<http://www.who.int/risk-communication/zika-virus/rcce-activities/en/>
- Crowd-source information
- Network of anthropologists / social scientists activated

Focal Countries

- American Samoa
- Argentina
- Barbados
- Belize
- Bolivia
- Brazil
- Brunei
- Cape Verde
- Colombia
- Costa Rica
- Dominica
- Dominican Republic
- Ecuador
- El Salvador
- Guatemala
- Haiti
- Honduras
- Hong Kong
- Jamaica
- Mexico
- Mozambique
- Nicaragua
- Trinidad & Tobago
- Panama
- Peru
- Philippines
- Samoa
- Saudi Arabia
- Suriname
- USA
- Venezuela

Today's presentations

- 1015-1025 Christine Ricardo
Brazil
Gender and reproductive health practices and decision making
- 1030-1040 Lucia Guerra-Reyes
Peru
Gendered hierarch decision making around pregnancy
- 1045-1055 Shir Lerman
Puerto Rico
Political economy of Zika
- 1100-1110 Kristin Hedges
TIG and future plans
- 1115-1200 Discussion and Q&A

Social Science and Operational Research

Zika

Juliet Bedford PhD

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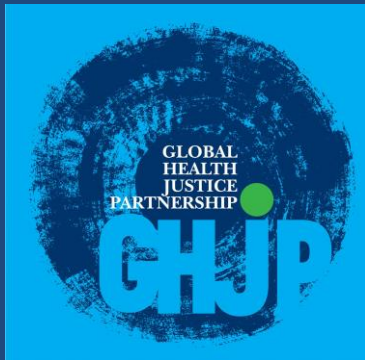
AAA webinar

18 January 2017

Anthrologica

Reproductive health experiences and decision-making in the context of Zika:

Preliminary findings from a qualitative study with women, men, and couples in Rio de Janeiro Brazil



AAA Webinar: Zika Frontline Research
January 18, 2017

Christine Ricardo

Clinical Fellow, Global Health Justice Partnership

Support: Gruber Program for Global Justice and Women's Rights

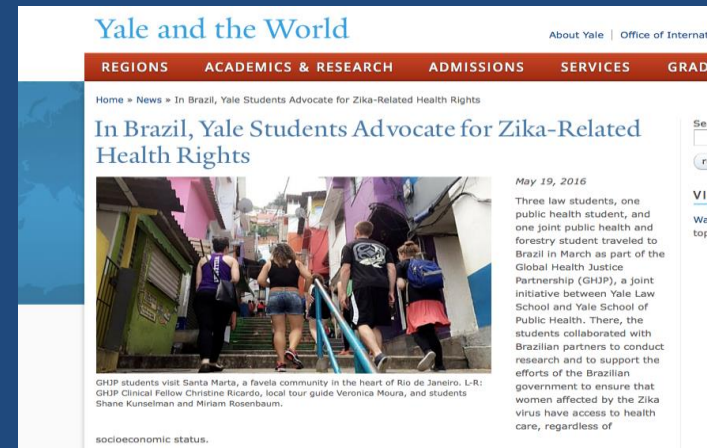
Co-researchers

- **Beatriz Galli**, Ipas
- **Marcos Nascimento**, Instituto Nacional de Saúde da Mulher, da Criança e do Adolescente Fernandes Figueira, Fundação Oswaldo Cruz (Fiocruz)
- **Vanessa Fonseca**, Universidade Federal Fluminense
- **Wendell Ferrari**, Universidade Federal do Rio de Janeiro

Support: Gruber Program for Global Justice and Women's Rights

Expert's Statement for Zika petition to Brazilian Supreme Court

Current Ministry of Health protocol: “ignores the complex realities associated with women’s reproductive decisions. It does not account for the practical challenges that many individuals, particularly poor women, face in obtaining and using contraception, nor does it make any mention of abortion, legally available or otherwise. To advance public health and human rights, the protocol must be rooted in women’s lived experiences, rather than merely in theoretical solutions.”



Location: Rio de Janeiro, Brazil



Recruitment

Adult women and men,
ages 18 to 45:

- Who have visited a healthcare facility at least once for a reproductive health concern since October 2015 (when Brazil first reported a suspected association b/w Zika infection and adverse pregnancy outcomes)



Adult women and men,
ages 18 to 45:

- Who were recently or currently pregnant at time of interview, OR recently or currently planning to get pregnant

Sampling & Specific Locations

Combination of convenience and snowball sampling →
Low-income (Nova Holanda, Complexo da Mare) and
Middle-income (Grajaú, Laranjeiras, Leblon)



Interviewees

(n=15, including 3 couples)

Women (n=10)

- 22 – 37 yrs. / avg. 29 yrs.
- 7 from low-income communities
 - 3 had completed college
 - 2 currently in college
 - 2 had only completed high school
- 3 from middle-income neighborhoods
 - All 3 had completed college
- Pregnancy
 - 4 currently pregnant (@ interview)
 - 3 recently pregnant (last 4-5 months)
 - 1 planning to get pregnant
 - 2 avoiding (birth control)

Men (n=5)

- 25 – 34 yrs. / avg. 30 yrs.
- All 5 from low-income communities
 - 2 had completed college
 - 1 currently in college
 - 2 had only completed high school
- Pregnancy
 - 2 currently had pregnant partners
 - 2 recently pregnant (last 4-5 months)
 - 1 planning to get pregnant

Health-care seeking behaviors and experiences

Health systems/ Motives for seeking care

- **Health services utilization**
 - Brazil public health system: Sistema Único de Saúde (SUS)
 - Nationally, approx. 30% have private health insurance
 - Study → 8 interviewees had private health insurance
 - For others, patchwork utilization – mostly reliance on SUS, but for certain services might prefer to go without or pay out-of-pocket
- **Frequency/motives for seeking care → As we see in most other settings, women seek out (preventive) health services more regularly than men**
 - Women - Most common reason for seeking services is for gynecological/preventive care – everyone goes at least once a year
 - Men – Only in emergencies (one exception, PE teacher)

Socio-cultural barriers to health care-seeking: machismo

- Both men and women spoke of a culture of machismo in which boys and men were not socialized in the habit of caring for their health

Men don't go to health services because of a perception that care is not something that they need.

-Man, 34 years old

I think it's still more difficult for men to go to the doctor...Particularly here. When we go to a health clinic – it's very rare to see men. You see mostly elderly people, women, pregnant women. . . My brother – he recently had sex without a condom and then had these things appear on his penis. He came to me and asked – What should I do? ... Sometimes men just don't know what to do – like my brother. Women have a habit of check-ups – of course not all women go, but if something happens, they know to go to the gynecologist. Men can be a bit lost. They don't have this habit – they don't develop the habit of caring for their bodies.

-Woman, 24 years old

Institutional (& socio-economic) barriers to health-care seeking

- Perhaps most noted barrier to care, for both women and men, was institutional one – essentially the shortcomings in public health care system → interviewees spoke about frustrations with public health care system (SUS) - including long waits, understaffing, and unequal quality of services across locations:

In Mare, there aren't many doctors. I found out that the person who was doing pap smears is actually a nurse – it wasn't even a doctor. We don't even have adequate providers. The health clinic also doesn't function properly, it closes whenever.

-Woman, 28 years old

For emergencies, I prefer to go to the Ilha – it takes a long darn time, because it's still not a quality service, but we get good care, tests are timely, results are timely – timely in "quotes" because it takes more than an hour and a half. But the experience we have had in Mare – we don't even try anymore. I went once with my mom and never went back – my mom was really ill and it was terrible care. It's screwed up – I think about how UPA (Unidades de Pronto Atendimento – Emergency Care Units), is a government system, the state government, yet UPA in Botafogo (middle-class neighborhood) is going to have one kind of care, UPA in the Ilha another kind of care from Mare – you know, it's a differential service, just like public security, it's not equal.

-Man, 32 years old

Institutional (& socio-economic) barriers to health-care seeking

- **Many spoke about how frustrations with SUS influences frequency/ motives for seeking out health care:**

Now that I have health insurance, I generally go once a year. (When I didn't have health insurance), I would go without a doctor. SUS is really complicated, I'm only able to go when I have an emergency. Even at the clinic, you have to be sick to be seen.

-Woman, 26 years old

- **Several spoke of the preference to pay out-of-pocket to ensure more timely care:**

When I go to the doctor, I pay for my consultation. I prefer to pay for a consultation because the public system take too long, take too long to be seen.

-Man, 31 years old

I go to a private gynecologist because I find it easier – the exam results come quicker. For everything else, I go to the public system.

-Woman, 37 years old

Pregnancy prevention

Responsibility / gender roles

- **Most spoke of a disconnect between what they believe the division of responsibility between women and men *should be* and what happens in practice i.e. women generally carry the burden of avoiding an unplanned pregnancy**

I believe that the two have a certain responsibility. However, in practice, in the day-to-day, I think that the responsibility falls to the woman. She assumes the responsibility because society puts it on her - she's the woman and she has to take this precaution.

-Woman, 24 years old

Normally, it's the woman who has to manage...in my other relationships it was always like that for me, if I didn't protect myself, there would be another 10 kids in this city.

-Woman, 26 years old

Normally, the issue of prevention rests entirely with the woman, the woman has to worry about the pill, the woman has to worry about asking her husband or boyfriend to use a condom.

-Man, 32 years old

The responsibility is on both, but that's not how it happens. There's really no way around it – we live in a patriarchal and machista society.

-Man, 34 years old

Communication with partners

- Although some spoke of openly communicating with their respective partners about pregnancy prevention and contraception, general recognition that this was not necessarily representative of most couples in their cohort/community (across casual/fixed relationship)s:

In terms of using condoms, I know lots of girls who are not able to have that space, not even to ask to use a condom. Because if her boyfriend doesn't want to use it, she ends up having sex without a condom, in order to not have to get into a discussion.

-Woman, 24 years old

I don't remember, but we never had this conversation, like oh, we shouldn't do anything because we are not using a condom. We never had that conversation. We would have sex when we wanted and that's how it happened (how they got pregnant).

-Man, 31 years old

I don't think we ever talked about prevention, not in the sense of avoiding pregnancy. Of course, in our heads, we didn't want it to happen right away, because of how much responsibility we knew a kid would be. But actually delving into it, let's use some method, condom, the pill, something – no.

-Man, 32 years old

Birth Control Methods

- No strong opinion regarding a method that was particularly ideal or good - most commonly used were pill and the condom, although negative perceptions regarding both.
- Pill → concerns re: side effects and costs
- Condoms → in addition to strong symbolic association between non-use and trust, there were concerns about being “bothersome” or causing allergies

In the beginning of the relationship, we used condoms because we were still getting to know each other. It's very common - you act on the basis of trust. I know that's not recommended, because things can happen along the way, but in the end it's a matter of trust. In other relationships I had, that weren't stable, I used a condom because I knew I had to take care of myself. But now in a relationship of four years, I decided at about a year and a half (to stop using condoms), because it's that question of care – I believe he is careful with me, like I am with him. It's an exchange.

-Woman, 24 years old

It was a bit my decision. I have difficulty with the condom, it's not a prejudice – I just don't like them very much.

-Man, 34 years old

Unplanned pregnancies

- **Majority of the pregnancies were unplanned (as we saw w/communication, for many couples, inconsistencies between reported pregnancy intentions and birth control use)**

It wasn't planned but it was something that could happen at any moment. We only used the calendar method. We didn't use condoms, or pills.

-Woman, 26 years old

It was a shock. In truth, I didn't use any contraceptive methods. I used the withdrawal method. I knew it could happen, but it was something that we hadn't, let's just say, put in the agenda to happen.

-Woman, 37 years old

I don't know what happened. I don't think there was any imprudence on her part, because I always saw her taking the pill, every day. I don't know if it's because of how long she was taking it, because she didn't switch pills. I've heard that there are gynecologists who make you change every few years, and she had been taking the same pill for practically five, six years. I think it was that.

-Man, 25 years old

Pregnancy & Health Services

Pre-natal care / SUS

- **Similar barriers to care as discussed earlier, interviewees spoke of seeking out private services for ultrasounds during their pregnancy, both to avoid long waits but also because they wanted more ultrasounds than what was provided in the public health system**

It's really difficult to get an ultra-sound via SUS. I think you are only entitled to two ultra-sounds during the entire pregnancy. If you don't have the money then you're not going to do ultra-sounds, you're not going to have the accompaniment. 2 ultra-sounds over nine months, 40 some weeks. That's too few. The most important one – the morphology scan towards the end, SUS doesn't cover that one, you have to pay. And the cheapest place that I found was 180 reais....Imagine a teenage girl who doesn't have a job, or the support of her family, she's not going to pay 180 for an ultra-sound, one that is really important for knowing various things about the baby's development. I think the younger, the poorer, the more difficult it will be to access services.

-Woman, 22 years old

I don't really have a good financial situation, but we are very committed to making sure we have the best in terms of the necessary information for us to feel confident about the baby. . . And so we are doing private ultra-sounds – SUS offers ultras-sounds but they take a long time to schedule, 2-3 months....the doctor said there would be a delay, that we could go through the private system and so that's what we decided.

-Man, 32 years old

Male participation

- Although three of the men spoke about going to ultrasound/prenatal appointments, general consensus that this is not typical.

I go to every ultra-sound. I leave work and I go. I think it's the minimum that we can do to accompany our wife during the pregnancy: showing up at the ultra-sounds. And being present throughout the pregnancy. For me, being present is not just about being physically present, but also helping. Particularly at home. It doesn't do much to say you are present, go to the ultra-sound, but then when you get home you lie down and your wife does everything else.

-Man, 25 years old

I'm happy (that my husband participates in the pregnancy) because we know how difficult fatherhood is here in Brazil, here in Rio de Janeiro where we live. I have friends who got pregnant, had kids and it was rare for the fathers, husbands, companions to go to pre-natal, the ultra-sound. Generally, when I go to the ultra-sound and he's with me, my family is with me, I see usually 1 or 2 fathers max. It's usually the women on their own, or with friends, or their mother

-Woman, 22 years old

Zika as possible entry-point: He went to the first ultra-sound. He was worried about Zika.

-Woman, 37 years old

Zika – knowledge/perceptions

Doubts re: association w/microcephaly (July/August 2016)

- Although interviews were carried out several months after WHO declared “strong scientific consensus” re: link b/w Zika infection and microcephaly, there was still a substantial amount of doubt/uncertainty among most of the interviewees.

It was really scary. Even though I, in particular, don't think it was Zika that caused the surge in microcephaly, because it was mostly in Ceara, not in other places. For example, in Rio, there have been very few cases. We don't really hear about cases in Rio. And so, (what I did) was more for precaution

-Woman 26 years old, son was born in July 2016

I honestly don't believe that microcephaly is caused by Zika. But, I don't have a concrete study. My wife and I, we looked for a case in Rio, but when we looked we couldn't find any cases of microcephaly. I don't even know if there are any. But we couldn't find any on the internet. So that's why we felt a bit relieved. But she is using repellent.

-Man, 25 years old, partner was 7 months pregnant

Patchy knowledge re: sexual transmission (July/August 2016)

I didn't know about that (sexual transmission of Zika). I knew that was something about kissing on the mouth, I had heard people say don't kiss on the mouth otherwise you'll pass it. I think it was related to Zika or Chikagunya.

-Man, 25 years old, partner was 7 months pregnant

I heard something – but I haven't sought out more information. If the guy has Zika, he can infect you. (But I've only spoken to my husband) a little. It's really not something that has come up. But we do talk about everything it's strange in fact now that I think about it.

-Woman, 28 years old, trying to get pregnant

Range of reactions to pregnancy in time of Zika

I don't know if folks are limiting themselves because of this factor, because of Zika. A friend of mine was pregnant and she took certain precautions. She would put on repellent all the time. She changed a few habits. But it wasn't an issue of oh, I can't have kids now.

-Woman, 24 years old

I was very worried. I even told her, if we could have avoided it, I would have. I wouldn't have take the risk like this. Because it's a delicate moment, it's a disease that's still being discovered, they don't actually know all of the collateral effects....And so I told her that I would have avoided it. But that now that's pregnant, ok, let's be careful.

-Man, 32 years old, partner was 9 months pregnant

When I found out I was pregnant, it was when this all began...I got really worried, because it seemed to be really serious and not just sensationalism... I was still in shock over the pregnancy, and I still wasn't actually happy about it. I was really afraid, thinking about a lot the things I would have to give up, because it wasn't something I had planned. But when I found out about all of the virus's impacts, (abortion) was definitely something that went through my mind...in fact, (Zika) was the only thing that made me even think about (terminating the pregnancy).

-Woman, 37 years old, son was born in August 2016

Zika: prevention during pregnancy

Prevention: Repellent

- All women/couples who were currently/ recently pregnant spoke of using some prevention method against Zika infection – at least initially.
- Most common prevention method was use of repellent (by women).
 - Often encouraged by health service providers, albeit without adequate guidance:
 - We researched a lot about the use of repellent – because there wasn't a lot of information at the clinic. We were told to use repellent, but what type of repellent? There really wasn't much guidance either at the pharmacy...It was when I was researching online, I found out about the ingredient we had to avoid – I forget now what it was. And so we would read labels at the pharmacy. Without any guidance from the pharmacist, nothing.
 - Man, 32 years old, partner was 9 months pregnant
- But no consistent use among male partners:
 - I would ask him to use repellent but sometimes he wouldn't use it...he wasn't as neurotic as I was.
 - Woman, 33 years old, 8 months pregnant

Prevention: Sexual transmission

Like knowledge, measures were limited:

- The doctor didn't say anything about using a condom, about not kissing. Just to use repellent.
-Woman, 25 years old, 9 months pregnant
- I did hear about sexual transmission and the doctor also mentioned it. That if my husband had Zika, I would have to be careful. It wasn't 100% certain, only a precaution. But since he never had Zika, I didn't worry.
-Woman, 26 years old, child born in July

Compare: We started using a condom during the pregnancy. We had never used a condom, she and I have never used condoms...We even avoided kissing. We began to do research and I realized, man, this is really serious stuff....I understood that I could be infected, even if I didn't have symptoms.

-Man, 32 years old, partner 9 months pregnant

Other topics:

- Perceptions/criticisms of media coverage of Zika (“psychological terrorism”, unreliable, yet influential i.e. when news dropped off, so did concern/precautions)
- Perceptions/criticisms of actual and proposed government responses, including access to abortion, counseling women to delay pregnancy, and mosquito eradication efforts

Gender and Reproductive decisions under threat of Zika in Iquitos Peru

Lucia Guerra-Reyes, Indiana University Bloomington

Ruth Iguiñiz-Romero, Universidad Peruana Cayetano
Heredia

NSF-RAPID#1642729

The Study

Objective:

Explore gender dynamics of reproductive decision making under threat of Zika

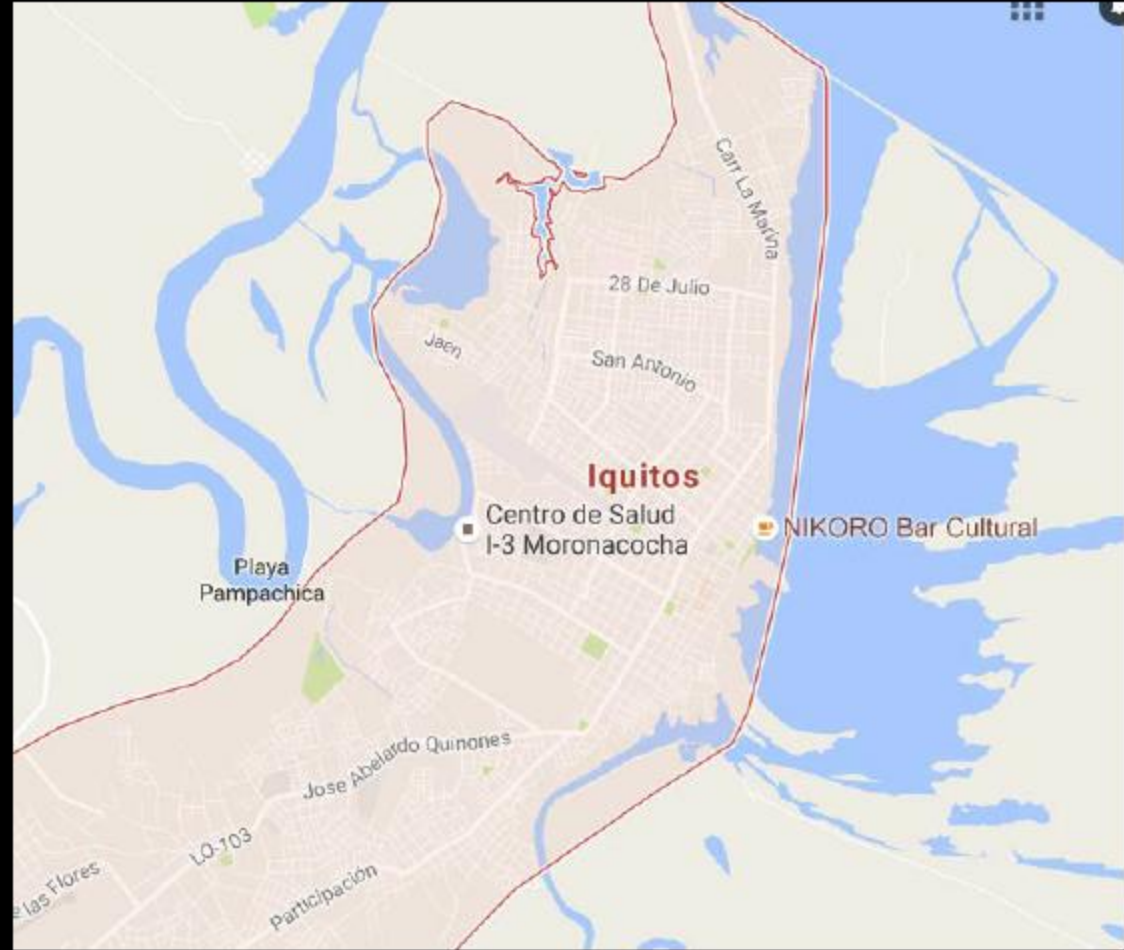
Questions:

Do women and men in unions discuss, negotiate, decide on: number of children, use of contraception, condom use?

What is the level of knowledge of the reproductive implications of Zika, including male and female perceptions of personal risk of infection?



The Place and the People



The Place and the People



Public Health Zika Response

“ The mosquito that transmits Dengue and Chikungunya, also transmits Zika. Don't let the mosquito into your house. Eliminate all mosquito breeding areas in your house” (Ministry of Health PSA)



Reproductive Decisions -1

Pre-Union

- Early sexual initiation (15/16)
 - Men with “public women”
 - Women with boyfriend
- Performing purity-no contraception they use withdrawal (*darla fuera*).

“I had some knowledge of condoms and contraceptives from school, but I didn’t want to say anything to him” (Woman, 25)

“When I met her, I liked that she was quiet (*de su casa*), not like others that I’ve known that are ‘out there’, they like to go to parties, drink..” (Man, 30)



Reproductive Decisions-2

- Union (living together) occurs on discovery of unplanned pregnancy: “I told him I was pregnant. He said: *I know I’ve been your only man, so I’m sure this is my child, so I will look after you and we will be a family*” (Woman 20)
- Public vs Quiet women dichotomy persists after union established:
 - “He has condoms in his wallet, but doesn’t use them with me” (Woman, 19)
 - “Condoms only when it’s a hookup (choque y fuga), not with your partner, that’s how I care for her” (Man,35)

Reproductive Decisions -3

- If your partner asked you to use a condom:
 - “ I would think he had unprotected sex with a dirty woman” (woman, 32)
 - “ I would think she is stepping out on me” (man, 25)
- Contraception discussions only after first child. Men's influence is large.
 - “Once she had the baby I had her get the injectable” (man, 30)
 - “In the hospital after the birth the nurse said you can leave only with a contraceptive. I said I have to talk to him and finally we left the hospital with condoms” (woman, 22)
 - “ With 2 children you can get good education, good nutrition, good quality if life” (man, 30)

Low Perception of Zika risk

- Most heard of Zika, but had not heard of sexual transmission or reproductive implications.
- Even among health professionals there was doubt of the link between Zika and severe cognitive impairment.
- Belief was that it was a fever like Dengue, with no more or different implications. This meant that interviewees:
 - Expected to have dengue like fever and pain symptoms;
 - Assumed it had no physical effects other than the ailment itself and perhaps death; and
 - Assumed it had a cure.



What does that mean?



Make specific Zika messages highlighting the reproductive consequences for unborn children; explicitly recommending contraceptive use; and providing clear concise information on how to get free/low cost contraceptives.

Extend target populations for messages beyond women. Men have to be included.

Target secondary school, university and technical institute populations.

Consider the training needs of health care workers.

Questions?

The Political Economy of Zika in Puerto Rico

Isa Rodríguez-Soto, PhD, University of Akron

Shir Lerman, PhD, MPH, University of Massachusetts Medical School

AAA Webinar

January 18, 2017

Puerto Rico

- U.S. Commonwealth (territory), 1898
- Receives less in federal funding for healthcare (e.g., Medicare) than mainland states
- Brain drain: practitioners moving to U.S.
- PR hit hard by Zika

Setting the Stage

- Public statement with Drs. Adriana Garriga-López, Jessica Mulligan, Alexa Dietrich, Carlos E. Rodríguez-Díaz, & Ricardo Vargas-Molina
- Main vector: anthropophilic mosquito (*Aedes aegypti*)
 - Standing water, access to clean water & waste management
- Need for informed use of birth control, reproductive & natal care
- High levels of toxic chemicals

Current Research

- Collaboration with Dr. Isa Rodríguez-Soto (University of Akron)
- Two research waves
 - August-September 2016 (90 people interviewed)
 - January 2017-Summer 2017 (ongoing)
- Online survey, focus groups, key informant interviews
 - Survey: 74 questions

-
- Economic crisis (external debt in trillions) = massive migration = buildings unattended & standing bodies of water as breeding grounds for mosquitoes
 - NALED spraying unapproved by Puerto Rican government or people
 - CDC officials (from the U.S.) insisted it be used
 - President Obama recorded a video urging Puerto Ricans to follow CDC recommendations

Preliminary Results

- Distrust of:
 - Puerto Rican and government & agencies
 - U.S. health agencies (e.g., CDC)
- CDC
 - Vigorous community opposition to CDC's aerial spraying of NALED
 - CDC employees no longer wear badges with CDC logo due to opposition
 - PR as laboratory

Lack of concern

- People not very concerned about Zika
 - Mostly pregnant women or those trying to become pregnant, are concerned
 - Not taking additional precautions to protect against Zika
 - Seen as latest in long list of infectious diseases: e.g., malaria, chikungunya, & dengue
- Guillain-Barré
 - Its relationship with Zika & its consequences are not clear to people
 - Lack of information = people unconcerned about it

Vectorship

- Extensive experience with mosquito-borne diseases (e.g., malaria)
 - People understand prevention for mosquito-borne diseases
- Sexual transmission aspect of Zika is novel
 - Women not thinking about contracting the virus through sex
 - Women already pregnant, so not thinking about using a condom

New Concerns

- First child with Zika-associated microcephaly born, October 2016
 - Put a face to the epidemic
- Another child born with microcephaly linked to Zika
 - Family of the child went public (contacted the media directly) because they were referred to pediatric neurologist and could not get an appointment (few specialists, long wait times to see them)

New Concerns

- Lack of funding for healthcare under new government administration (both local and federal level)

Zika Frontline Research: Preliminary Findings

Presented by

Society of Medical Anthropology Zika TIG

January 18, 2017

AAA Webinars



SMA Zika Group

Facebook page

<https://www.facebook.com/groups/1650483251869010/>

Research Assessment Survey

<http://goo.gl/forms/5Bgv6N7Rihts5BFG3>

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