

Background

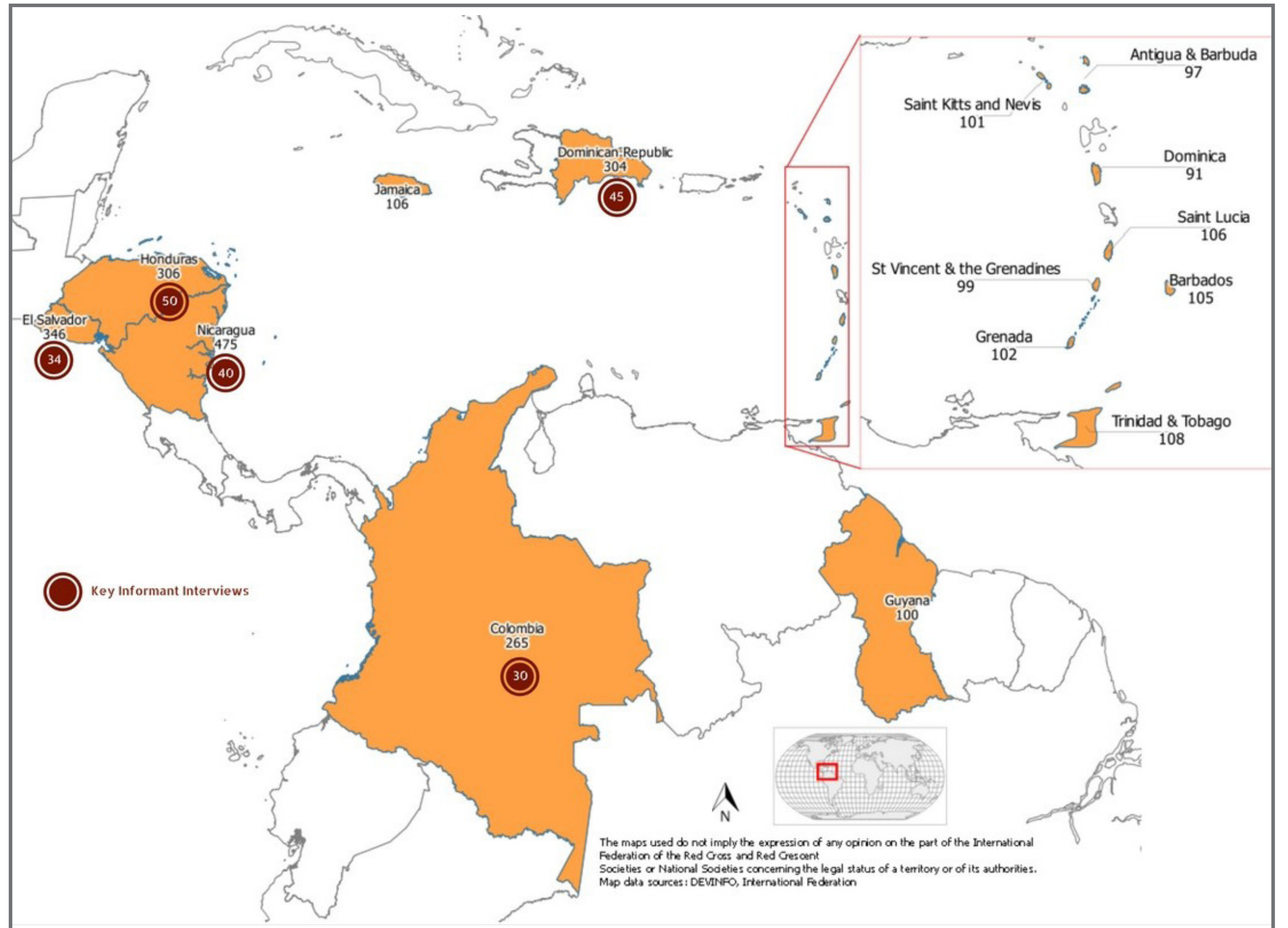
Zika became a Public Health Emergency of International Concern (PHEIC) in February 2016 garnering international attention. There was a need to understand risk perception and behaviours related to Zika specifically, but also to gain knowledge on how risk is perceived in the context of an emerging disease outbreak.

Description of Intervention

IFRC and Save the Children in Latin America and the Caribbean carried out a total of 2,711 Knowledge, Attitudes and Practices (KAP) surveys collecting data at the household level. 1,015 were collected in ten countries (Antigua and Barbuda, Barbados, Dominica, Grenada, Guyana, Jamaica, St Vincent and the Grenadines, St Lucia, St Kitts and Nevis, and Trinidad and Tobago) between December 2016 and April 2017, in English. 1,696 baseline surveys (including a more in-depth KAP survey and key informant interviews) were collected in Colombia, El Salvador, Honduras, Nicaragua and Dominican Republic during May-August 2017, in Spanish.

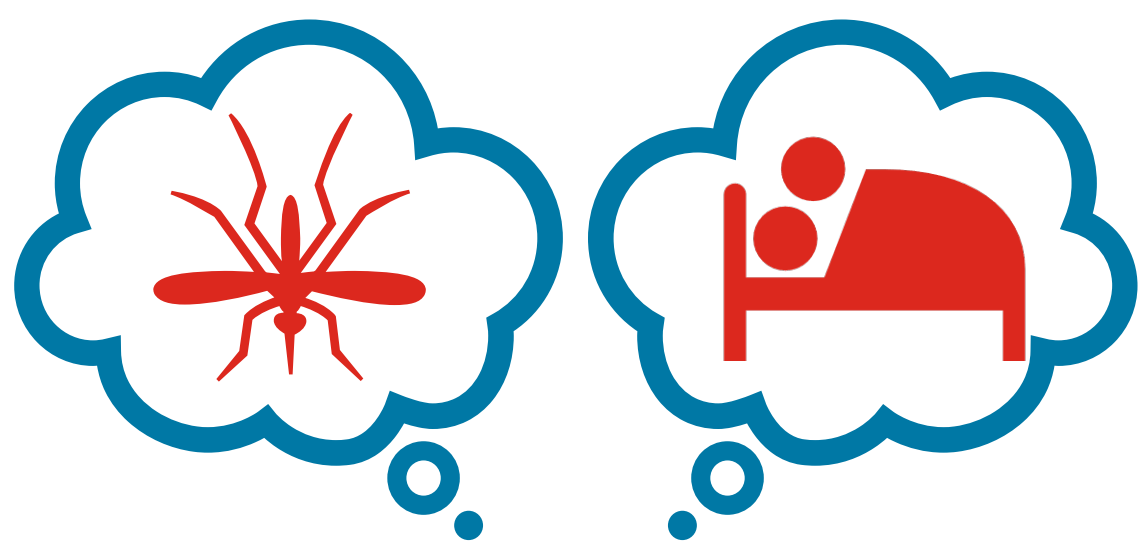
Methodology

The data was collected by conducting household surveys in the communities where the projects are being implemented in each country. The Community Action on Zika project applied the surveys on women of reproductive age (15-49 years) using the Lot Quality Assurance Sampling (LQAS) method; and the in depth interviews were collected among adolescents, health workers, local authorities, professors and community leaders through a quota & convenience sampling. On the other hand, the Caribbean Zika Prevention and Response Project used a low-resource cluster sampling method, increasing the number of clusters (20) and then applying random sampling at the field level, but with sample sizes of only 100 households per country. The surveys were conducted with any available household member over the age of 18.



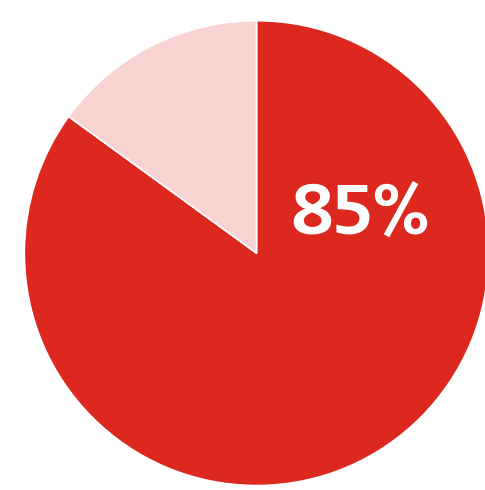
Map showing intervention countries with number of KAP surveys (Latin America and the Caribbean) and key informant in-depth interviews (Latin America Only)

Results and Lessons Learnt



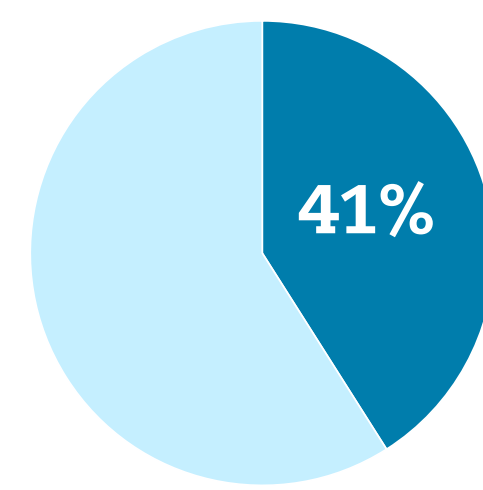
While awareness about Zika was high and most knew it was mosquito-borne few were aware that it can be sexually transmitted.

Community Action on Zika Project - Latin America

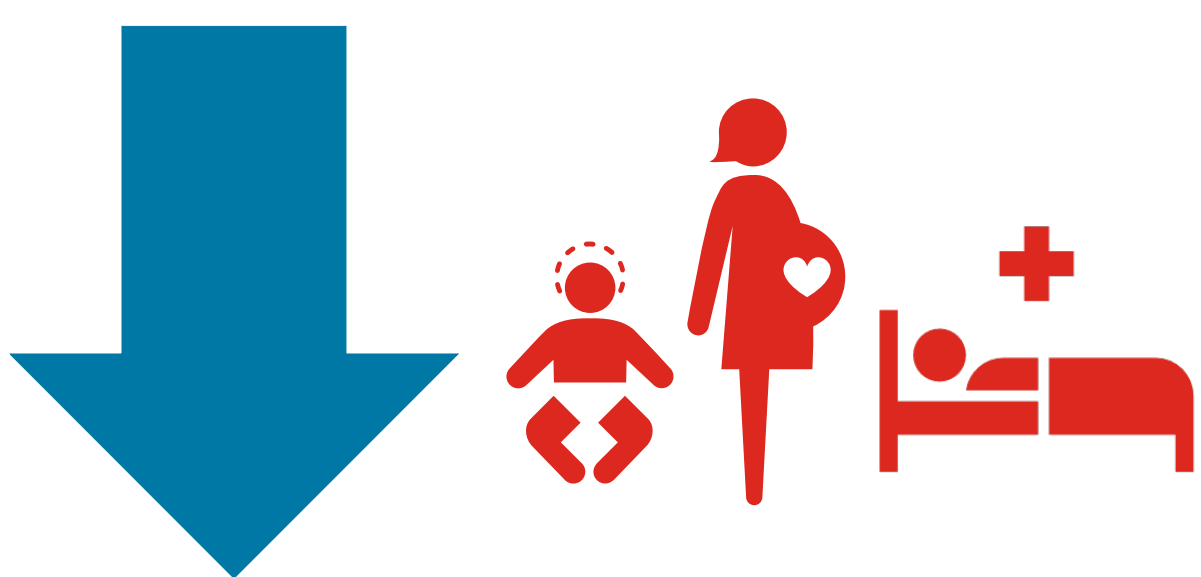


People were typically not engaged in reducing Zika risk in their community (85 percent and 41 percent in Latin America and the Caribbean respectively reported doing nothing to protect their communities).

Caribbean Zika Project - English-Speaking Caribbean



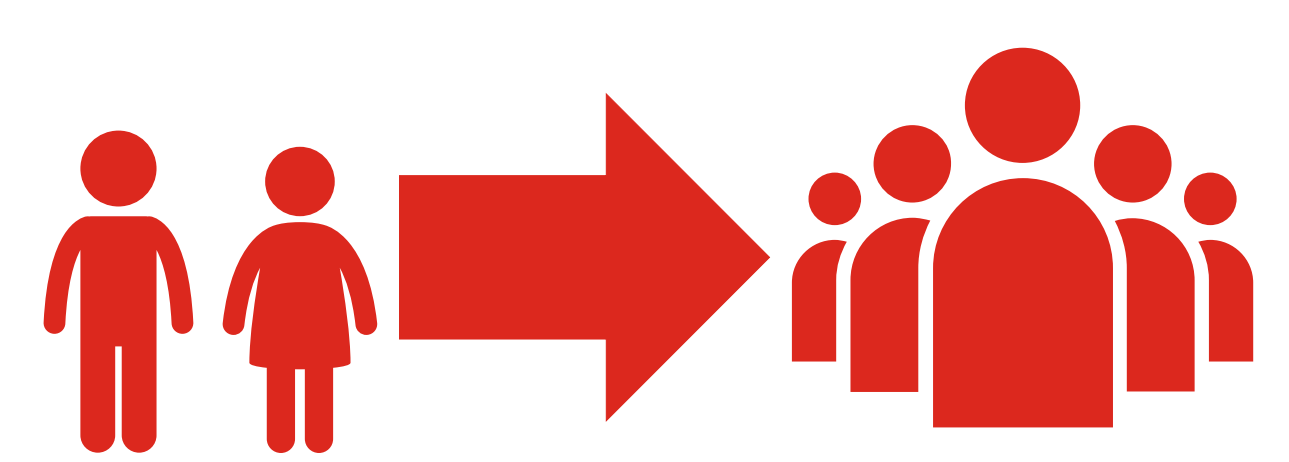
There is a common fear of death surrounding Zika infection.



Knowledge of the risk of complications of Zika was low, especially the risk to pregnant women.



Stigma and discrimination around Zika infection was low. Typically people reported not feeling ashamed of having Zika or indicating that someone they knew should be ashamed.



Zika education at school level was not seen as a way of reaching household members. Agents of change are not replicating messages as much as we assume.

Discussion and Implications for the Field

Results showed that awareness about Zika disease was high but understanding about what made it different from other mosquito-borne diseases was poor. Conversely, stigma and discrimination associated with the disease were low. Lack of knowledge about sexual transmission may have played a role in this. Risk communication plans should be careful to raise knowledge about new disease risk without increasing fear, stigma, or blame. Widespread media coverage on Zika combined with lack of knowledge about specific risks may have contributed to lack of adoption of risk reduction behaviors, including prevention measures at personal and community level.

Both the the IFRC and Save the Children aim to strengthen long term risk perception and knowledge about the Zika virus in the communities they work in so that people are motivated to improve individual and community behaviours to reduce risk of further waves of Zika. In a new and widely reported disease outbreak taking what a community already knows and providing them with actionable knowledge would be better than starting from scratch and assuming no knowledge.