Guatemala indigenous municipalities: COVID-19 knowledge, attitudes, and practices

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GUATEMALA INDIGENOUS MUNICIPALITIES: COVID-19 KNOWLEDGE, ATTITUDES, AND PRACTICES

Population Council Guatemala
May 1, 2020
Overview (1)

- Indigenous population prioritized because of its vulnerability to COVID-19 due to social and economic marginalization

- Phone-based key informant interviews conducted April 14–18
  - 10 indigenous municipalities: Chisec, Patzúñ, San Andrés Semetabaj, San Juan Ostuncalco, San Juan Sacatepéquez, San Pedro Carchá, Santa María Chiquimula, Sololá, Totonicapán, and Uspantán
  - 144 interviews completed
  - 87.8% participation rate in interviews
  - 98% of informants willing to participate in future rounds
Overview (2)

• Groups of key informants selected on long-standing partnerships with indigenous municipalities with the following profiles:
  – Heads of household (mostly female)
  – First respondents at the community level
  – Young indigenous women trained as mentors in Population Council programs
  – Municipal and health workers
  – 72% female
  – Mean age: 38 years (range 18–70)

• 100% awareness of COVID-19
Key Informant Groups (N=144)

- Heads of Household: 23%
- Frontline Health Workers: 25%
- Young Indigenous Women (Mentors): 16%
- Community Leaders: 15%
- Municipal Officers: 12%*
- Teachers: 9%
- **Midwives, Community Health Promoters, and Clinic Health Workers: 25%**

*Offices for Youth and Women
Who can be infected with Coronavirus?

- Anybody: 74%
- Elderly: 27%
- Children: 19%

More teachers reported that children can be infected (85%) but had lower awareness that anyone can be infected (8%).
Who is at high risk of severe illness if they get COVID-19?

Frontline health workers and teachers mentioned that deportees could be at high risk.
What are the symptoms of COVID-19?

- Overall high knowledge around fever and cough
- Mixed knowledge on difficulty breathing

![Bar chart showing the percentage of people with each symptom across different categories]

Percentage (%)

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Overall High Knowledge</th>
<th>Mixed Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td>98%</td>
<td>85%</td>
</tr>
<tr>
<td>Cough</td>
<td>95%</td>
<td>78%</td>
</tr>
<tr>
<td>Difficulty Breathing</td>
<td>88%</td>
<td>55%</td>
</tr>
<tr>
<td>Headache</td>
<td>72%</td>
<td>34%</td>
</tr>
<tr>
<td>Body Pain</td>
<td>68%</td>
<td>29%</td>
</tr>
<tr>
<td>Sore Throat</td>
<td>60%</td>
<td>30%</td>
</tr>
</tbody>
</table>

Categories:
- All
- Heads of Household
- Frontline Health Workers
- Municipal Officers
- Community Leaders
- Teachers
- Mentors
How can infection be prevented?

More knowledge on handwashing and masks as preventative measures compared to social distancing.
My chances of getting infected with COVID-19 are:

38% of young indigenous women (mentors) considered themselves to be at low risk of infection.

More frontline health workers (67%) and municipal officers (57%) reported being at higher risk.
Why do you think you are at low risk or not at risk of getting COVID-19?

Both heads of household (23%) and community leaders (29%) reported being low/not at risk related to faith/religion.
Of the sources you use for information, which do you trust the most for COVID-19 information?

- Television Programs: 37%
- President Announcements: 35%
- Television Advertisements: 25%
- Radio Programs: 17%
- Public Health Facility: 12%
- Social Media: 6%
- Internet: 5%

24% of respondents reported unlisted sources of information.
What are your main fears regarding COVID-19?

- Will Infect Others
- Dying
- Loss of Income
- Food Shortage

Percentage (%)

All
Heads of Household
Frontline Health Workers
Municipal Officers
Community Leaders
Teachers
Mentors

Bar chart showing the percentage of different groups of people and their concerns regarding COVID-19.
The government’s reaction to the current COVID-19 outbreak is:

A majority (81%) of respondents think that the government has been either somewhat or very truthful about the COVID-19 outbreak.
What activities have you done more in this past week compared to a month ago?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stopped Attending Social Gatherings</td>
<td>94</td>
</tr>
<tr>
<td>Washed Hands</td>
<td>94</td>
</tr>
<tr>
<td>Checked the News</td>
<td>81</td>
</tr>
<tr>
<td>Informed People of Illness Symptoms</td>
<td>80</td>
</tr>
<tr>
<td>Stayed at Home</td>
<td>74</td>
</tr>
<tr>
<td>Kept Distance of at least 2 Meters</td>
<td>74</td>
</tr>
</tbody>
</table>
Groups that have stayed at home more in this past week compared to a month ago:
If you had symptoms of COVID-19, what would you do?

- Go to Clinic: 90%
- Go for COVID-19 Test: 87%
- Wash Hands More Frequently: 83%
- Stop Attending Social Gatherings: 80%
- Keep Distance of 2 Meters: 80%
- Stay at Home More: 52%
What are your community's challenges to self-isolating?

- Single room household: 38%
- Cannot afford to lose income: 30%
- Need to leave for groceries/pay for services: 19%
- No money for place to self-isolate: 19%
- Shared toilet/facilities: 17%

56% of informants think that fellow community members would be able to stay at home for 14 days if asked.
What are your community’s challenges to frequent handwashing or using hand sanitizers?

- No personal source of water: 50%
- Price of hand sanitizers is not affordable: 42%
- Cannot afford/access soap: 30%
- Not used to washing/sanitizing hands: 26%

More heads of household (53%) and community leaders (52%) reported that the price of hand sanitizers is not affordable.
If you were told by the government to stay in your house for the next two weeks, what would your critical needs be?

- Food: 100%
- Water: 30%
- Medicine: 10%
- *Hygiene: 42%
- **Basic Services: 42%

Municipal officers reported more need for water (46%) and medicine (23%) compared to other groups.

More teachers reported basic services as a critical need (42%).

*Hygiene (personal hygiene and cleaning products)
**Basic services (electricity, water, housing, and waste removal)
Recommendations: Knowledge and Perceptions

• The Government of Guatemala should intensify efforts to deliver accurate information on the prevention of COVID-19 to indigenous communities with a focus on:
  – Developing a COVID-19 road map for community action after the first case is identified in a given municipality, considering alternatives for self-isolation for poorest households.
  – Conveying tailored, actionable information with a multilingual approach.
  – Engaging and mobilizing community leaders, teachers, midwives, and young indigenous female mentors to deliver information at the community and household levels.
Recommendations: Government Emergency Plans

• Support frontline health workers and municipal officers who say they are at high risk and are not able to stay at home due to their profesión by providing personal protective equipment.

• Central and municipal government should intensify efforts to address the impact of food insecurity and loss of income, and guarantee indigenous communities access to hygiene products and medicine.
Partnering with national health ministries and other government agencies in sub-Saharan Africa, South Asia, and Latin America, Population Council global and in-country scientists are conducting COVID-19 public health and social science research to produce relevant and timely evidence to support policymakers in controlling the spread of coronavirus, evaluating the effectiveness of prevention and mitigation measures, and assessing the longer-term health, social, and economic effects of the pandemic.


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