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Guatemala: COVID-19 knowledge, attitudes and practices—Perspectives from 144 key informants in 10 indigenous municipalities. Results from the second round of data collection, July 21–26, 2020

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Guatemala: COVID-19 Knowledge, Attitudes & Practices

Perspectives from 144 key informants in 10 indigenous municipalities—
Results from the second round of data collection, July 21–26, 2020

Highlights

- There is a high adoption of prevention practices against COVID-19: 99% of informants are wearing a mask, 77% have stayed at home more, 97% have washed/sanitized hands more frequently, and 97% stopped attending social gatherings.
- Knowledge on symptoms of severe illness remained mixed, and knowledge on sore throat and difficulty breathing were mentioned by less than half of informants in rounds 1 and 2 of surveys.
- Access to health facilities continues to be a challenge: 37% of informants have access to a health clinic in their community and 54% would have to travel to the nearest municipal city if exhibiting COVID-19 symptoms. 62% of informants have stopped attending health centers/clinics, while few have received home visits from health promoters (22%) or midwives (8%).
- People are consuming information on COVID-19 from more sources compared to three months ago. Social media and radio programs gained importance over presidential announcements as the main sources of information.
- By the end of July, only 26% of informants had received any form of social assistance. The biggest unmet needs as the country continues to face restrictions are food (61%) followed by money (39%), hygiene products (18%), and medicine (14%).
- Half of participants expressed feeling somewhat anxious (52%)—with higher feelings of discomfort among young indigenous women/former girl program mentors (68%), municipal officers (67%) and heads of household (62%).

Key Informant Interviews

The Population Council has a longstanding partnership with indigenous communities in rural Guatemala through [Abriendo Oportunidades](#), a girl-centered, mentor-led program. As of mid-August 2020, government restrictions allow for inter-district mobility at the national level, classes remain suspended, and businesses are allowed to operate in compliance to COVID-19 prevention protocols.

To better understand indigenous knowledge, perspectives, and evolution of needs related to the COVID-19 pandemic in Guatemala, we conducted a second round of phone interviews with 144 key informants in 10 municipalities. The second round was conducted on July 21–26 and represents 75% (n=108) of the cohort interviewed on April 14–18, 2020. Thirty-six new informants were recruited to round 2 for a total sample of 144 informants. Respondents were 23% male and 77% female, average age 38 years, half had completed at least secondary school and 97% live in the same location as three months ago.

Respondents were comprised of the following groups: frontline health workers (28%), heads of household (20%), young indigenous women/former girl program mentors (17%), community leaders (14%), municipal officers (13%), and teachers (8%).

Guatemala:
60,284 cases
2,296 deaths

As of August 16, 2020. Source:
Johns Hopkins Coronavirus Resource Center.

Knowledge on Transmission and Symptoms

Between round 1 and 2, knowledge on symptoms of severe illness remain mixed and more people reported that everyone is at risk of severe illness if infected with COVID-19. Knowledge on other symptoms like sore throat and difficulty breathing were mentioned by less than half of informants in both rounds.

- 28% of informants identified that everyone is at risk of severe illness compared to 8% in round 1, and there was a slight increase on the identification of risk for immunocompromised people (41% in round 1 to 44% in round 2).
- Accurate identification of the risk of severe illness for the elderly declined from 92% to 67%.
- Awareness of symptoms remained on similar levels between April and July, with a decrease on coughing as a symptom (78% to 64%) and mixed knowledge on sore throat and difficulty breathing (listed by less than half of informants in both rounds). Loss of taste (15%), tiredness (14%), and loss of smell (10%) were reported as symptoms and had not been identified in round 1.
- Overall, frontline health responders and municipal officers reported greater knowledge of severe symptoms.
- Different from round 1, fewer informants would go to a clinic (90% to 68%) and fewer would look for a Corona test (87% to 13%) if they had symptoms. New actions reported in case of symptoms include: self-quarantine (36%) and take traditional medicine (29%). These actions respond to the challenging access to health services, as only 37% of informants looking for Coronavirus-related healthcare would have access to a clinic in their community, and 54% would have to travel to the nearest municipal city.

Risk Perception

Overall, levels of perceived risk of infection shifted from a high to a medium level among all informants. At the time of the survey, only 1 of the 144 respondents reported having been sick with COVID-19 (though we did not ask for confirmation of test results).

- There was a reduction in the number of informants who reported feeling at a high risk of infection (46% in round 1 to 30% in round 2).
- Informants who reported feeling at a high risk of infection were municipal officers (53%), frontline health workers (43%), and teachers (40%). Perceptions of high risk were lower among heads of household (19%), young indigenous women/former girl program mentors (15%), and community leaders (13%).
- Similar to round 1, municipal officers (67%) and health workers (55%) have stayed at home less, compared with all other groups.
- Informants who reported perceptions of low and no risk (24%; n=38) associated these perceptions with the implementation of social distancing (53%), hand washing (32%), and remote location of their communities from crowded urban areas (29%). Respondents did not associate risk perception with myths or religion.

Sources of Information

Respondents were consuming information on COVID-19 from more sources, compared to three months ago.

- In round 1, television programs and presidential announcements accounted for 72% of main sources of information. In round 2, social media (46%) and radio programs (34%) gained importance over presidential announcements (31%) as top sources of information on COVID-19.

Prevention Methods

Social distancing: Informants have been consistent in practicing social distancing compared to three months ago, as 77% have stayed at home more, 97% have washed/sanitized hands more frequently and 97% stopped attending social gatherings.

- In the past two weeks, respondents were avoiding public transportation (85%) and stopped traveling to the center of the municipality (69%). By the time of the survey, restrictions on mobility were more flexible as compared to a full restriction on public transportation in April.

Face masks: 99% reported wearing a mask for protection against COVID-19 transmission.

- 52% of informants have access to surgical masks 80% have purchased their own masks, 15% have received a mask from the government at no cost and 13% are manufacturing their own masks. Use of surgical, KN95, and N95 masks is higher among municipal officers and frontline health workers.
- Reasons that keep community members from wearing a mask were mainly that they are uncomfortable (29%), that people do not believe in Coronavirus (28%), and that they are unaffordable (23%).

Hand washing/sanitizing: 66% of respondents said that communities have access to hand washing or sanitizing stations.

- Only 4% of participants say they wash their hands 1–3 times a day, and 82% said they washed their hands 7+ times a day.
- According to respondent's opinion, barriers to hand washing were lack of hand washing habits (39%), cannot afford sanitizer (32%), cannot afford water or soap (29%), and lack of access to water (19%).

Effects of and Coping with the Response to COVID-19

Food insecurity: 30% of informants said they had eaten less of skipped meals in the past month because of COVID-19.

- Food (61%) was mentioned as the biggest need for participants as the country continues to face restrictions to prevent the spread of the virus, followed by money (39%), hygiene products (18%), and medicine (14%).

Economic impacts: 74% reported increases in household expenses and 31% reported loss of income.

Health impacts: 62% have stopped attending health centers/clinics, while only 22% have received home visits from health promoters or midwives (8%).

- Midwives, included in the frontline health worker category for analysis, reported increased burden in services provided to pregnant women and the entire community and challenges in being able to access personal protective equipment.

Lack of assistance: 26% of informants have received any of the following types of assistance: cash/bonus (51%), soap/sanitizer (32%), food (30%), and masks (22%).

- Main sources of assistance come from the national government (76%), followed by non-governmental organizations (27%), and municipal government (8%).

Community reactions: Most common reactions when communities learn about people with symptoms include social isolation (66%), gossip (63%), and locking up their houses against their will (19%). Locking houses is a practice enforced by community leaders to prevent spread of the virus but is considered an aggression, and this practice is not recommended by public authorities.

Anxiety and stress: 52% reported feeling somewhat anxious, with higher feelings of discomfort among young indigenous women/former girl program mentors (68%), municipal officers (67%), and heads of household (62%).

- Informants also report spending more time taking care of children (59%), more household tensions (54%), and more arguing in the household (20%).

Prevention of violence: 72% of informants said they know what number to call in case of violence in the community.

- 91% of male respondents (n=33) know what number to call in case of violence, compared with 66% of female respondents (n=111). This gender difference may be explained by the breakdown of the sample (77% of respondents are female) and the occupation of male respondents (80% community leaders, 27% frontline health workers, and 11% municipal officers) who would know the number because of their role.

Recommendations

Consistent with recommendations from the Pan American Health Organization,¹ our analysis confirms that **indigenous leaders and community responders need to be engaged in actions to detect cases early, obtain access to testing, isolate confirmed cases, and trace and quarantine their contacts.** To do so, the national and municipal government should increase their efforts to focus on:

- **Strengthening the COVID-19 roadmap for community action** to guide frontline responders on testing, supporting people with severe symptoms and providing guidelines on how to refer patients to the national health system in case of complications.
- **Supporting community first responders** such as health promoters, nurses and midwives with personal protective equipment, considering their role as first responders.
- **Disseminating targeted multilingual information**—through the national and municipal government—on COVID-19 symptoms, ways of transmission, and characteristics of people at a high risk of severe illness. Increasing knowledge on severe symptoms such as difficulty breathing is a key strategy as this provides a sign to seek immediate clinical attention.
- **Addressing the economic and social impacts of COVID-19**, with special attention to:
 - Ensuring that indigenous communities have access to the COVID-19 cash transfers program (“Bono Familia”).
 - Promoting more awareness on the channels available to access legal services, like emergency lines 110 and 1572.
 - Coordinating actions between the government and NGOs to distribute food, medicine, and hygiene products.

¹ <https://www.paho.org/en/news/20-7-2020-paho-calls-countries-intensify-efforts-prevent-further-spread-covid-19-among>

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 longer-term health, social and economic effects of the pandemic.

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