

AMCA 2019 SOCIAL ASSESSMENT ON INTEGRATED INTERVENTION

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INTRODUCTION

An integrated intervention model for the prevention for Zika (ZIK) and other Aedes-borne diseases (ABD) in pregnant women and their families was conducted in Merida, Mexico from 2017-2018. They were provided with: Insecticide-Treated Screens (ITS) on doors and windows of their houses, a preventive kit (repellent and larvicide recommended by the Mexican Ministry of Health, educational brochure for the promotion of good practices to avoid the risk of mosquito bites and for the elimination and control of breeding-sites, thermometer for fever monitoring, a personal symptom monitoring card compatible with ZIK and Carnet for recording laboratory tests, condoms), access to a 01800-0-ZIKA Call Center to report cases with suspected symptoms and clinical follow-up.

OBJECTIVE

A social assessment study was conducted to address the community acceptance and the perceived efficacy of the whole integrated intervention model performed.

MATERIALS AND METHODS

The general project was performed in Merida, Mexico, from 2017-2018. From the whole universe of participants (200), we interviewed a sample of 30 pregnant women.

The social assessment of the integrated intervention model was divided in three stages. First, we applied a semi-structured interview to address what kind of knowledge the pregnant women related to Zika diseases and other ABD infections. Second, a household survey was performed on community acceptance and perceived efficacy of Insecticide-treated screens. Third, a social assessment on the perceived benefits of the intervention *Embarazo sin Zika* was conducted. A follow-up ethnography process was considered in every stage.

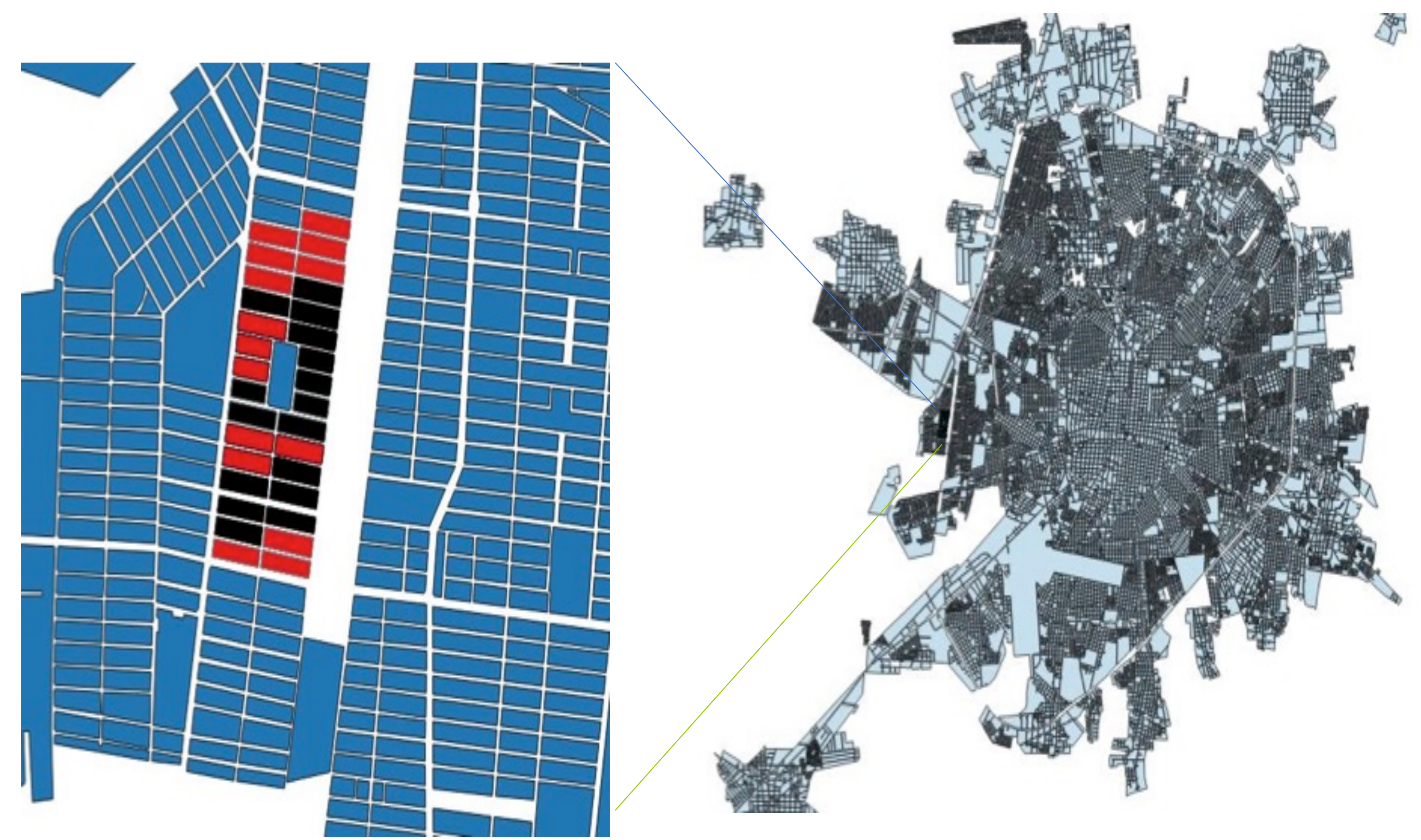


Figure 1. The city of Merida, Yucatan, Mexico and the location of the neighbourhood Juan Pablo II. Intervention clusters are coloured in black and control clusters are coloured in red.



Figure 3. Prevention-Kits for pregnant women.

RESULTS AND CONCLUSIONS

Main acceptance reasons were: they were very worried of ZIK infecting their babies (41.86%); concerns about multiple Aedes-borne diseases circulation (20.93%), that they were pregnant at that time (18.60%), a relative's recommendation (13.95%); and that they had a relative infected with ZIK (4.65%). The majority of respondents (96.55%) reported that the vector reduction inside their homes was effective, mainly because ITS.

Overall, 83.33% of participants reported the use of the topic repellent; either provided initially by the project or another commercial brand. Educative information on ZIK (symptoms, preventive measures, and transmission routes) was perceived as good; but 53% confirmed that Zika can be transmitted sexually and 43% disagreed. All recommended the scaling-up of the intervention because they considered Zika infection as a dangerous illness to mothers and newborn.

These results show that pregnant women can be provided with free or low-cost integrated interventions with methods of known efficacy and educative strategies to enhance maternal-child health for Zika and other ABD.



Figure 2. Aedes aegypti-proof houses.