Behavior change in response to Zika among US-Mexico Border women

October 25th, 2017

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Find a topic

Decide whether it’s a Manuscript/Book*

ADVISOR!

Access to Data/Data Collection

Prospectus/Proposal Meeting

Data Analysis; Excel, SPSS, R, SAS etc.

Write the Report, Right Again.! 

Disseminating findings; conferences, journals, etc.

Disseminating on Campus: GRAS, 3-Min Thesis, Swidhr, etc.
Healthy Start Border Alliance
The Case of the US-Mexico Border

Estimated northern range for:  
- *Aedes albopictus*  
- *Aedes aegypti*

**Uninsured Women of Reproductive Age**

- % of women aged 15–44 who were uninsured, 2014:
  - 4–10
  - 11–14
  - 15–19
  - 20–27

**Unintended Pregnancy Rate**

- Per 1,000 women aged 15–44, 2010:
  - 32–41
  - 42–47
  - 48–54
  - 56–62
Research Questions

• Are women in the border region taking actions to protect themselves and their families against ZikV.
• Secondly, what specific actions are they women taking against ZikV?
• What was the most helpful source of information for women?
Methods

• Pregnant and interconceptional women currently enrolled the five border Healthy Start programs
• Surveys - Convenience sample
• 326 Interviews in 5 sites; October - November 2016
• 23 home visitors and 2 outreach workers
• Data collection software provided by CommCare
• We used chi-square tests and 95% CI
• All analysis was conducted in SPSS software, version 23.0
Variable List

• Demographic factors
  • Ethnicity
  • Age
• Level of Education completed
• Pregnancy Status
• Recent travel (past 6 months)
• Program Site
Variable List

Behavioral variables

• Taking Any Action; taking at least one action
• Clinical Action: getting tested, speaking to primary physician
• Individual Protection: mosquito repellent, protective clothing
• Using Contraceptives or more contraceptive: condoms, abstinence
• Avoid travel: avoiding/limiting travels, restricting destinations

Information sources

• Television/Radio
• Other media sources: social media, government websites etc.
• Community Resources: pastors, schools, public forums etc.
• Health Care professionals (HCP)
### Distribution of Demographic Factors

<table>
<thead>
<tr>
<th>Categories</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>96.9</td>
</tr>
<tr>
<td>Non Hispanic</td>
<td>3.1</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
</tr>
<tr>
<td>&lt; High School</td>
<td>33.6</td>
</tr>
<tr>
<td>High School</td>
<td>37.6</td>
</tr>
<tr>
<td>&gt; High School</td>
<td>28.4</td>
</tr>
<tr>
<td><strong>Pregnancy Status</strong></td>
<td></td>
</tr>
<tr>
<td>Pregnant</td>
<td>30.3</td>
</tr>
<tr>
<td>Not Pregnant</td>
<td>69.7</td>
</tr>
<tr>
<td><strong>Travel Status</strong></td>
<td></td>
</tr>
<tr>
<td>Travelled</td>
<td>30.3</td>
</tr>
<tr>
<td>Not Travelled</td>
<td>69.7</td>
</tr>
<tr>
<td><strong>Age(years)</strong></td>
<td></td>
</tr>
<tr>
<td>15-24</td>
<td>33.6</td>
</tr>
<tr>
<td>25-30</td>
<td>32.1</td>
</tr>
<tr>
<td>31+</td>
<td>34.3</td>
</tr>
</tbody>
</table>
No Behavior Change (n=110)
Reasons for Behavior Change or Not

Why Did you take an action? (n=195)

- Myself: Count, %
- Family: Count, %
- Others: Count, %

Why DIDN’T you take action? (n=54)

- Pregnant XX: Count, %
- What To Do?: Count, %
- No Time: Count, %
- Can’t Afford: Count, %
- Other: Count, %
Specific Behavior Changes % (n=305)

- PREGNANT (N=91)
  - Clinical %
  - Ind. Protection %
  - Contraception %
  - Avoid Travel %

- TRAVELED (N=96)
  - Clinical %
  - Ind. Protection %
  - Contraception %
  - Avoid Travel %
Helpful Sources of Information (n=305)

- **TV/RADIO**: YES 160, NO 40
- **OTHER MEDIA**: YES 120, NO 80
- **COMMUNITY**: YES 100, NO 100
- **HCP**: YES 100, NO 100
• Taking action was associated with age (p<.005) but not education or pregnancy status.

• Most women who took action did so to protect themselves and or their unborn babies.

• Most women who did not take action did so because they were either not planning on getting pregnant or did not know what to do.

• Women who took action reported other media sources such as social media and government websites, community sources and health care professionals as a helpful source of information.

• Adjusted analyses are currently being calculated to assess best predictors of behavior change
• This is the first Zika study assessing behavior changes on the US-Mexico Border.
• Interventions should aim at **EMPOWERING WOMEN** and **PROVIDING** resources they could use to actually take action.
• Health departments, and other agencies should use community partners such as religious leaders and health care professionals such as medical doctors to disseminate information rather than relying on TV/Radio sources.
• Further study can explore the impact of religion on specific actions women took.
• The generalizability of findings from this study has not been assessed.
• The analysis was limited by small numbers of participants from individual study sites, which limited our ability to identify significant variables.
Appreciation

- **Thesis committee members**
  - Jill McDonald, PhD, Department of Public Health Sciences, NMSU
  - Anup Amatya, PhD, Department of Public Health Sciences, NMSU
  - Stephanie Lynch, PhD, School of Nursing, NMSU

- **Other experts**
  - Katherine Selchau, MA, Project Concern International
  - Healthy Start Staff, Case Workers and Clients from the participating Healthy Start programs
The single biggest problem in communication is the illusion that it has taken place.

-George Bernard Shaw

Any Questions... Just Ask!