



Ministry of Health

Message Guide for Zika Communication

Jamaica
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Contents

ACRONYMS 4

ACKNOWLEDGEMENTS 5

INTRODUCTION 6

 About the Message Guide6

 Message Guide Development Process7

 Structure of the Message Guide8

 How to Use the Message Guide9

BACKGROUND 12

 Zika in Jamaica12

 Communication Response13

SITUATION ANALYSIS 13

MODELS OF BEHAVIOUR CHANGE 16

 The Social Ecological Model.....17

 The Extended Parallel Process Model.....18

COMMUNICATION GOAL 19

TOP MESSAGE AREAS..... 19

WHAT EVERYONE NEEDS TO KNOW ABOUT ZIKA 20

PRIORITY AUDIENCES 22

 Women of Reproductive Age Intending to Become Pregnant22

 Women of Reproductive Age Not Intending to Become Pregnant25

 Pregnant Women.....27

 Male Partners of Women of Reproductive Age.....30

Tyre Shop and Fleet Owners/Operators.....	33
Persons Who Store Water in 45/55 Gallon Drums	35
Schoolchildren	38
Community Leaders.....	40
Families Affected by Zika Congenital Syndrome.....	43
Families Affected by Guillain-Barré Syndrome	46
TOOLS AND RESOURCES	48
CONTACTS	49
ANNEX A: WORKSHOP AND MEETING PARTICIPANTS	50
REFERENCES	52

Acronyms

ANC	Antenatal Care
CCP	Johns Hopkins Center for Communication Programs
EPPM	Extended Parallel Process Model
GBS	Guillain-Barré Syndrome
HC3	Health Communication Capacity Collaborative
IFRC	International Federation of Red Cross and Red Crescent Societies
JRC	Jamaica Red Cross
JSIF	Jamaica Social Investment Fund
KAP	Knowledge, Attitudes, and Practices
MOH	Ministry of Health
NFPB-SHA	National Family Planning Board–Sexual Health Agency
NGO	Non-governmental Organization
PAHO	Pan American Health Organization
SBCC	Social and Behaviour Change Communication
SEM	Social Ecological Model
UNICEF	United Nations Children’s Fund
USAID	U.S. Agency for International Development
VCW	Vector Control Worker
ZCS	Zika Congenital Syndrome

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Introduction

About the Message Guide

The *Message Guide for Zika Communication* (Message Guide) is a practical tool meant to be used by all partners and stakeholders implementing Zika activities in Jamaica. The guide aims to identify priority audiences and objectives for Zika communication at this point in the epidemic, and establish compelling positioning statements, outline key messages, and suggest communication approaches and activities for each audience. Most importantly, the Message Guide helps to ensure that messages are technically accurate, consistent across communication channels, responsive to the specific gaps identified in the situation analysis, and targeted to the agreed upon priority audiences. The guide is intended for use by a variety of national- and sub-national-level actors working on Zika in Jamaica. These include, but are not limited to, the following:

- **Ministry of Health (MOH) Health Promotion and Education Units, Regional/Parish Health Educators, health communication experts, Social and Community Development Committees, and local non-governmental organisations (NGOs):** To adapt messages to the local context and design communication strategies to include messaging in existing or new activities.
- **Family Planning Board–Sexual Health Agency, Family Health Unit, Environmental Health and Vector Control units, National Solid Waste Management Association, and sub-national counterparts:** To ensure that messages are effectively integrated at various points in the health system, as appropriate, such as pre-service or in-service training, service delivery and social and behaviour change communication (SBCC) programmes.
- **Donors/International NGOs:** To support countries in operationalising the evidence through strategic communication approaches using existing or new programmes.

All stakeholders are urged to use this document to guide the development of their communication strategies, messages, materials, and activities moving forward. The Message Guide may be used to develop new activities or to update or modify existing messages and materials. For instance, the guide could be used to create or adapt:

- Zika-related content in training curricula for Health Educators or Vector Control Officers;
- talking points on sexual transmission and condom use for healthcare providers to use during group antenatal care (ANC) sessions or to discuss with pregnant women privately during consultations;
- posters demonstrating high-impact Zika prevention behaviours;
- guidelines for call centre workers when callers ask questions about Zika;
- brochure(s) for families affected by Zika on where and how they can seek support;
- radio or TV spots featuring couples discussing the use of family planning to avoid unintended pregnancy and prevent the sexual transmission of Zika; and
- a digital health platform that provides comprehensive information on Zika.

Different stakeholders may use different parts of this document. Environmental health and vector control stakeholders, for example, may choose to focus on tyre shop owners and operators and people who store water in 45/55 gallon drums. Family planning and reproductive health stakeholders, on the other hand, may prioritise women not intending to become pregnant. The Message Guide can be used to fit each individual group's needs.

The Message Guide is NOT intended to be a static product. Rather, it should be responsive to an ever-changing environment and focus, and continuously updated to reflect new information and population needs.

Message Guide Development Process

The MOH led the development of the *Message Guide for Zika Communication*, with technical assistance from the Johns Hopkins Center for Communication Programs (CCP) Health Communication Capacity Collaborative (HC3) Project through the support of the U.S. Agency for International Development (USAID). The process was a highly collaborative effort, involving the Health Promotion and Protection (Public Relations and Health Promotion and Education), Environmental Health, Vector Control and Family Health units within the MOH, the National Family Planning Board–Sexual Health Agency (NFPB–SHA), and the MOH’s regional public relations, health education, medical, and environmental health officers. The Pan American Health Organization (PAHO)/Jamaica, United Nations Children’s Fund (UNICEF), the International Federation of Red Cross and Red Crescent Societies (IFRC), Jamaica Red Cross (JRC), and the National Youth Service were also an invaluable part of the process.

HC3 held introductory one-on-one meetings during the week of April 3-7, 2017 with these key stakeholders to learn about Zika communication activities, research findings, upcoming plans, challenges encountered, lessons learned, and recommendations for future programming. The team also conducted three site visits to gather insights from select audiences: (1) tyre shops on Spanish Town Road, to see how tyres are typically stored and observe the extent of *Aedes aegypti* mosquito-breeding sites in these locations; (2) two households in Happy Grove settlement (Kingston), to gain a better understanding of how people store water in 45/55 gallon drums; and (3) the Stony Hill Health Centre on ANC day, to speak with both health providers – community health aides, midwives, and the public health nurse – and pregnant women about Zika. HC3 also conducted a desk review of Jamaica’s existing Zika materials, documents, and research findings.

On April 10-11, 2017, the MOH and HC3 facilitated a two-day working meeting at the MOH to develop the Message Guide. The workshop examined the current status of Zika in Jamaica; explored Zika knowledge, attitudes, and practices (KAP); and synthesised lessons learned to date. The team set the goal for Zika communication in Jamaica, considered appropriate models of behaviour change to inform Zika interventions, and prioritised the following ten audiences, based on the criteria below.

Considerations for Prioritization	Audiences Selected
Vulnerable groups for Zika, especially in the endemic phase	1. Pregnant women
Groups that have received little attention in Zika communication to date (“gaps”)	2. Men 3. Women of reproductive age not intending to become pregnant 4. Women of reproductive age who do wish to become pregnant 5. Families affected by Zika Congenital Syndrome 6. Families affected by Guillain-Barré Syndrome
Groups connected to the most important breeding sites for <i>Aedes aegypti</i> mosquitoes	7. Persons who store water in 45/55 gallon drums 8. Tyre shop and fleet owners/operators
Influential groups	9. Community leaders 10. Schoolchildren

Participants then developed audience profiles, communication objectives, positioning statements, key messages, and strategic communication approaches and activities for each of these audiences. The group discussed the way forward and agreed on next steps, timelines, and roles and responsibilities. HC3 compiled the first draft of the document, which was reviewed electronically by the MOH, USAID, and partners, and revised accordingly.

HC3 conducted a second technical assistance trip to Jamaica the week of June 5-9, 2017, in order to review the document with the MOH, medical officers, health education and promotion officers, public relations officers, and stakeholders. The final version was submitted to the Chief Medical Officer, Permanent Secretary, and Minister of Health for approval.

The approach and much of the content in this Message Guide have been adapted from *Strategic Communication for Zika Prevention: A Framework for Local Adaptation*, a product of HC3.

Structure of the Message Guide

The Message Guide contains background information on the Zika outbreak and current status in Jamaica as well as an analysis of the key determinants affecting social and behaviour change. This is followed by an overview of two models of behaviour change – the Social Ecological Model and the Extended Parallel Process Model – relevant for Zika and the overall goal of Zika communication in country. “What Everyone Needs to Know about Zika” lays out the key information important for every audience. Rather than repeating the content for each scenario, this information has been given its own, dedicated section. **It is essential for users of the Message Guide to refer back to “What Everyone Needs to Know about Zika” for each audience.**

The main section of the Message Guide is segmented into ten priority audiences: women of reproductive age intending to become pregnant, women of reproductive age not intending to become pregnant, pregnant women, male partners of women of reproductive age, tyre shop and fleet owners/operators, persons who store water in 45/55 gallon drums, schoolchildren, community leaders, families affected by Zika Congenital Syndrome (ZCS), and families affected by Guillain-Barré Syndrome (GBS). Each audience is further broken down into the following sections:

- **Illustrative audience profiles** help bring to life and personify each audience segment. The profiles embody the characteristics of the target population and focus on telling the story of an imagined individual within the group who can neutrally represent the intended audience. These profiles are important to ensure the messages are tailored to members of this selected group, and will resonate with them and motivate them to take action.
- The **communication objectives** articulate what the target audience is meant to know, feel, and/or do as a result of the Zika communication intervention.
- The **positioning statements** briefly describe the most compelling emotional and/or functional benefits of the behaviour for the priority audience. The statement articulates what is most likely to inspire change. This document includes illustrative examples of positioning statements for each target audience, however final positioning statements should be based on in-depth formative research (e.g. focus group discussions).

- The **key messages** outline the core information that should be conveyed to each audience across all materials and activities. Messages should cut across all channels and reinforce each other across these channels.
- The **communication approaches and activities** sections provide suggested examples of vehicles, tools, media, and other implementation approaches appropriate for each target audience across a range of communication channels – such as community outreach, interpersonal communication, radio/TV, print media, and digital media. Carefully select approaches and activities based upon timeline, cost, ability to reach the intended audience, creative considerations, and lessons learned from past activities, using a mix of approaches with mutually reinforcing messages to the extent possible. The recommended approaches and activities are an illustrative starting point. Close collaboration with communication and creative professionals can help ensure that design and execution are innovative and compelling.

The last part of the document contains links to useful tools and resources and includes contact information for individuals from the MOH, USAID, and HC3 that were involved in the development of this guide.

How to Use the Message Guide

The graphic on the following page provides additional guidance on how stakeholders can tailor the content in this Message Guide to their particular contexts and needs.

How to Use the *Message Guide for Zika Communication*

Analyse the Situation

A situation analysis of Zika communication should gather information on the severity of Zika in Jamaica, the people affected, the broad context in which Zika exists, and factors preventing or motivating behaviour change. The situation analysis should further examine the modes of Zika communication that have been utilized thus far and evaluations of those methods as well as any formative research, KAP surveys, and so on. The situation analysis will establish a holistic and detailed picture of the opportunities, resources, challenges, and barriers regarding Zika knowledge and prevention. When using this guide, refer to the situation analysis to first decide which barriers and/or gaps in communication you plan to address with your activities.

Read more about conducting a situation analysis [here](#).



Audience Prioritisation

Determine which of the key audiences included in this guide are the most important for your communication activities to reach. Note that the general public is **not** an audience. Key considerations for prioritisation:

- Who is most vulnerable to the consequences of or most affected by Zika? Who are the influencing audiences that can help you reach them?
- Are there segments of the population that have not yet been reached that can play a role in Zika prevention? These can include groups that can act directly to prevent Zika – such as tyre shop owners – or those who can further disseminate your key messages – such as community health workers.
- Did formative research – such as KAP surveys – indicate any groups of individuals with knowledge gaps relevant to your activities?

Read more about selecting your priority audiences [here](#).



Communication Objectives

Select from the communication objectives listed for your prioritised audiences, keeping in mind the barriers and gaps you want to address. If your communication activity will address knowledge gaps that have not been identified in the situation analysis of this guide, create additional objectives that directly relate to these gaps. Remember that your communication objectives should clearly state what it is that you want your audience to know, feel, and do with regard to Zika in Jamaica.

Read more about communication objectives [here](#).



Key Messages

Choose your key messages based on the communication objectives you selected in the previous step. Prioritise the behaviours you promote by the ones that will have the biggest impact for the audience. Your messages should relay the information that your audience needs to know, focus on barriers and gaps, and should be contextually appropriate so that the message resonates with your audience. Other key considerations include:

- Is the message clear? Does it relate to the communication objectives you have established?
- Does the message motivate the audience to act or describe the benefits of taking action? What are the internal and external [factors](#) that influence individual behaviour that should be considered?
- Does the message increase [risk perception](#) and self-efficacy?



How to Communicate with Your Audience

Once you have selected your messages, decide how best to communicate with your audience. There are four broad [categories](#) of channels: interpersonal, community based, mass media, and digital and social media. When choosing how to communicate with your audience, take into account:

- What barriers exist that could prevent information from reaching your target audience?
- What modes of communication will engage your audience?
- Which communication channels are trusted by your audience?
- Consider the [7 C's](#) of Communication

See the following resources for more information:

- [How to develop a creative brief](#)
- [Creative brief template](#)
- [How to Adapt SBCC materials](#)
- [Using and Adapting Resources from the Zika Communication Network](#)
- [How to conduct a pre-test](#)
- [How to develop a monitoring and evaluation plan](#)
- [How to develop indicators](#)

Background

Zika in Jamaica

Zika is caused by a virus that is transmitted primarily by the bite of an infected *Aedes aegypti* mosquito, which also transmits chikungunya, dengue and yellow fever, and is found in over 100 countries worldwide.¹ Symptoms commonly include fever, rash, joint pain, and conjunctivitis (pinkeye). Rarely, Zika infection can result in severe neurological conditions, such as GBS and ZCS, including microcephaly.^{2,3} The Zika virus is named after the forest in Uganda where the disease was first discovered in 1947 and, until recently, had been found primarily in Africa, Southeast Asia, and the Pacific Islands. In May of 2015, PAHO reported the first confirmed case of Zika virus infection in Brazil. Nine months later, the World Health Organization declared Zika an international public health emergency.⁴ As of June 15, 2017, over 566,130 suspected cases and almost 213,085 confirmed cases of Zika have been reported.⁵ PAHO defines a suspected case as someone who presents with rash and two or more of the following signs or symptoms: fever, arthralgia, myalgia, conjunctivitis, or peri-articular edema. Confirmed cases are those who meet the criteria for suspected disease and have a laboratory confirmation of Zika infection.⁶

The first notified case of Zika fever was reported on May 11, 2015.⁷ The MOH activated an island-wide surveillance system, which found that the outbreak peaked in the week 22 of 2016.⁸ As of June 23, 2017, there were 10,238 notifications for Zika, 77 per cent of which (n=7,887) fit the Zika case definition and were therefore classified as “suspected Zika”; two hundred and three of these 7,887 suspected cases have been confirmed.⁷

Also, according to the MOH, as of June 23, 2017, 838 cases of notified Zika virus infection were reported in pregnant women, with 708 of these classified as suspected Zika, and 78 of these suspected cases confirmed. Pregnancy outcome updates were received for 56 of the confirmed cases as of June 23, 2017; 53 reportedly delivered infants with no congenital abnormality, one of these confirmed cases was diagnosed with an intra-uterine death at 20 weeks gestational age, one patient delivered an extremely premature infant who died two days after birth, and one patient aborted. There have been 201 reports of microcephaly received by the National Surveillance Unit as of June 23, 2017, with 50 being classified as microcephaly and suspected ZCS. In addition, four infants had other congenital abnormalities and were also classified as suspected ZCS, bringing the total number of suspected ZCS cases to 54.⁷ Three of these 54 ZCS cases were classified as probable cases of ZCS.⁷

¹ International Federation of Red Cross and Red Crescent Societies (IFRC). (2016). *Emergency appeal Zika virus diseases global response*. Geneva: IFRC.

² American Academy of Neurology. (2016). *Zika virus may now be tied to another brain disease*. Press Release. www.ann.org.

³ U.S. Centers for Disease Control and Prevention (CDC). (2016). *About Zika virus disease*. Atlanta: CDC. Accessed: May 2, 2016.

⁴ World Health Organization (WHO). (2016). *Zika situation report*. Geneva: WHO. Accessed: August 4, 2016.

⁵ Pan American Health Organization (PAHO). (2017). *Zika cases and congenital syndrome associated with Zika virus reported by countries and territories in the Americas, 2015-2017: Cumulative cases*. Washington, DC: PAHO. Accessed: June 17, 2017.

⁶ Pan American Health Organization (PAHO). (2016). *Case definitions*. Washington, DC: PAHO. Accessed: July 29, 2016.

⁷ MOH National Epidemiology Unit. *Zika Report – June 23, 2017*. Received: August 23, 2017.

⁸ Pan American Health Organization (PAHO). (2017). *Zika-Epidemiological Report Jamaica June 2017*. Washington, DC: PAHO/WHO. Accessed August 23, 2017.

There have been thirty cases classified as suspected GBS based on the Brighton Criteria (one to three) and seven were clinically diagnosed as suspected GBS variants based on signs, symptoms, and investigation results, for a total of 37 suspected GBS cases; and four of these were Zika positive – three presumed and one confirmed Zika virus infection.⁸

The number of Zika cases continues to decrease each week, suggesting a transition from outbreak to endemic stage. The primary breeding sites for *Aedes aegypti* mosquitoes are 45/55 gallon water drums and unused tyres.⁹

Communication Response

Communication plays an important role in disease prevention, outbreak response, care and support, and mitigation efforts. Jamaica's communication response to the Zika outbreak was proactive, multi-sectoral, and multi-channelled. Learning from challenges during the 2014-2015 chikungunya outbreak, the MOH communicated quickly, clearly, and frequently, issuing regular press releases and utilising mass media extensively. The Minister of Health, popular musicians, and well-known comedians acted as ambassadors in the response. TV and radio spots, jingles, music videos, and billboards promoted vector control, personal protection from mosquito bites, delayed pregnancy, and dual protection. Brochures, flyers, booklets, and posters were produced at central level and distributed to regional and parish levels for further dissemination to health facilities and communities. The community-level response was similarly robust. "Operation Mosquito Search and Destroy" initiatives helped communities to identify and eliminate *Aedes* breeding sites, and entertainment-education approaches such as selfie and jingle competitions involved schoolchildren throughout the island. Vector control officers conducted household visits, town criers spread key messages, and multiple community forums – such as in town hall meetings or with community clubs or service groups – discussed Zika. The MOH used their website, Facebook page, and Instagram and Twitter accounts to keep the public updated, and encouraged people to call dedicated hotline numbers for more information. The MOH also distributed commodities, such as drum covers (both plastic and mesh), condoms, mosquito nets, and repellents; used larvicide to treat breeding sites; and carried out fogging activities. The MOH launched the dedicated Mosquito Control and Research Unit in March 2017.

Situation Analysis

Knowledge of Zika is high in Jamaica. This knowledge, however, has not yet translated into behaviour change. The key informant interviews, desk review, site visits, and the workshop identified the following as Zika communication gaps and priorities.

Transition from Outbreak to Endemic Phase

Jamaica is in the process of transitioning its Zika status from outbreak to endemic and, as such, communication efforts need to transition from emergency risk communication to sustained strategic SBCC. In the initial phase of the emergency, the focus of communication was (correctly) on quickly disseminating information to the general public about simple doable protective actions. In this subsequent phase, messages need to be refined to address changing attitudes and beliefs, new research findings and data, changing priorities, unexpected events, and specific target audiences who are most at risk or were highly influential in mitigating the emergency or outbreak. Zika is no longer an emergency in Jamaica. It is here to stay. This shift requires different communication objectives, messaging, and ways of communicating to the audience, all with an eye toward sustainability.

⁹ MOH Medical Entomologist, Ms. Sherine Huntley-Jones. Personal communication, received on April 3, 2017.

Rumours and Myths

Rumours and myths related to Zika are highly prevalent in Jamaica. While the majority of people report that Zika is transmitted by a certain type of mosquito, many people do not truly believe that *Aedes aegypti* mosquitoes are responsible for the virus. They fail to understand how something “that small” could wreak so much havoc – particularly when they have lived with these mosquitoes their entire lives. Many are sceptical that *Aedes aegypti* would suddenly start spreading a new disease. One of the most frequently heard rumours was that the plane crash off the west coast of the island was responsible for bringing Zika (and chikungunya) to Jamaica. People also believe that genetically modified mosquitoes carrying the Zika virus were released to kill Jamaicans. A large degree of “outbreak fatigue” is evident; people feel that the mosquito is blamed for everything. To dispel these rumours, open and honest answers to frequently asked questions and clear communication about what is known and still unknown about the virus is needed.

‘How could this thing that we’ve been living with forever suddenly be giving us these new diseases [Chik-V, Zik-V]?’

*‘Why would *Aedes aegypti* spread a new disease all of a sudden?’*

‘How did the mosquitoes suddenly pick up the disease?’

‘Where did the first person get Zika from?’

Lack of Perceived Threat

Zika presents as a mild illness, with symptoms such as fever, rash, joint pain, or red eyes lasting for a few days to a week. As such, people do not view Zika as a serious concern – particularly in contrast to the debilitating effects of chikungunya. Furthermore, only a small number of cases of GBS with suspected links to Zika and three probable cases of ZCS have been reported. Without visible links to the consequences of Zika, perceived susceptibility and severity to the disease are typically low. This suggests a need for increased emphasis on the full range of potential Zika consequences, namely ZCS, including microcephaly, and GBS. In addition, many people are not aware that the majority of people infected with Zika will not experience any symptoms. Given the implications of asymptomatic infection for sexual transmission, this was found to be a major gap in current communication.

*‘In Jamaica, we tend to tell persons a lot of what to do, but surveys have shown that **people know what to do** and what not to do. They are unable to **translate that into action**. Our communication efforts need to **go into the why’s and the how’s**, not just the what.’*

*‘We have **so many other competing issues**....There are greater risks that people face on a daily basis.’*

*‘It’s **a risk we can live with**.’*

*‘Our issue is not with messaging. The messages are there. It’s that mosquito control is at the **very bottom of people’s list**. They have lived with it all of their lives. Mosquitoes are transient. It’s just seven days down. Because of the hierarchy of needs, people think, “We can live with it.”’*

*‘They have not seen a lot cases so it’s not a risk they perceive. They have **not been faced with it**.’*

*'We're still in the process of trying to explain to people what microcephaly is. They know it makes the baby have a small head, but they **don't know everything that comes along with it and how to care for the baby.**'*

Vector Control Behaviours

Jamaica placed significant focus on vector control and personal protective behaviours in their initial Zika communication response. The MOH promoted a long list of vector control behaviours, including: searching for and destroying any mosquito-breeding sites in or around the home once a week; storing and disposing of garbage properly; covering all containers; poking holes in tins or other small unwanted water containers; cleaning roof gutters every week; disposing of old tyres, cutting holes in tyres, or filling tyres with dirt; and removing old appliances and vehicles from one's property. There is a need to prioritise this list to focus on the behaviours that will have most impact.

*'We have a long list of containers, but **have not zoomed in** on any particular ones.'*

*'Punching holes in tin cans is an **old message.**'*

At times, guidance on how to reduce or eliminate breeding sites was conflicting, incomplete, or outside of the scope of global recommendations. Tyre shop owners and operators, for instance, are informally encouraged to put used car oil in old tyres to disrupt *Aedes* breeding sites. While the evidence for such a practice is lacking, and it is not recommended from an environmental standpoint, the practice is utilised in this context as used car oil is readily available to owners/operators, and comes at no cost. During the site visits, no breeding sites were observed in tyres containing used car oil. The MOH does not promote the use of bleach as an effective vector control behaviour, and larvicide is only available from the ministry and is administered by vector control workers on site visits. Specific guidance on how to eliminate any breeding sites identified will go a long way in clarifying the message.

Sexual Transmission

The main calls to action delivered regarding Zika and family planning during the outbreak phase were to delay pregnancy and "choose two" methods of family planning (e.g. dual protection, using a condom and another method of contraception). While the NFPB-SHA's, "Choose two" campaign has been running for some time independent of Zika, and seems fairly non-controversial, it was frequently reported during the landscaping exercise that the public did not respond well to the message to delay pregnancy. People felt that the government was imposing on their personal right to decide when to have children. They also found the message confusing and wanted to know how long they should delay pregnancy for. With the shift to an endemic phase of the virus, there is a need to reframe and clarify the pregnancy prevention message.

*'Responses in the population have not been good. **Delay for how long?** We don't know, **why** are we delaying pregnancy? Sometimes with Jamaicans they are not planning for pregnancy and it **just happens.**'*

*'At this stage, you can't say, "Delay pregnancy." The message is now, "**If you're planning to get pregnant, do X.**"'*

Communication around sexual transmission, more generally, was noticeably lacking. The JRC KAP study found that knowledge of sexual transmission was a meager three per cent, and that no respondents

were concerned about unprotected sex. When HC3 asked health providers at the Stony Hill Health Centre site visit about sexual transmission, all providers stated that sexual transmission of Zika had not yet been confirmed, and that they were still waiting on the MOH to verify this mode of transmission. Similarly, ANC clients were consistently surprised when they heard that Zika could be sexually transmitted, that the virus can remain in semen for up to six months, and that most people do not experience symptoms, so their partner may not know they were infected. With the exception of the UNICEF music video, materials did not explicitly state that Zika could be sexually transmitted. Many materials targeting pregnant women encouraged personal protection from mosquito bites during pregnancy, and some encouraged dual protection with a condom and some other method of contraception, but no explanation was given as to why condom use was particularly important during pregnancy or when trying to conceive. ANC clients found the prospect of condom use during pregnancy laughable, saying that it would be impossible to convince their partners to use condoms, particularly when they were already pregnant. Specific messages on sexual and mother-to-child transmission and the role of men in protecting their unborn baby are needed.

'It hasn't been put into national psyche in the same way as cover your drums and wear your repellent has.'

*'Sexual transmission is **not an easy topic** to bring up here.'*

Families Affected by Zika Congenital Syndrome or Guillain-Barré Syndrome

Through its \$50 million Jamaican dollar commitment, the Government of Jamaica has made concerted efforts to offer medical, psychosocial, and other forms of support to families affected by Zika, to train relevant staff, and to develop guidelines for support. The next challenge is to ensure that families are aware of the types of care and support available, know where to seek that support, can care for babies affected by ZCS and/or family members with GBS, and feel able to handle stigma and discrimination.

'Quite a few people said that if they have the baby and they realise something is wrong with it, they will just leave the baby at the hospital because they don't think they have any support to care for the child.'

Personal Responsibility

Many people feel that it is the government's responsibility to clean up breeding sites and eliminate mosquitoes. Those working on the Zika response expressed frustration at the lack of personal responsibility felt among the general population to get rid of mosquitos in their own homes. They felt it was important to emphasise the message that everyone has a role to play in preventing Zika.

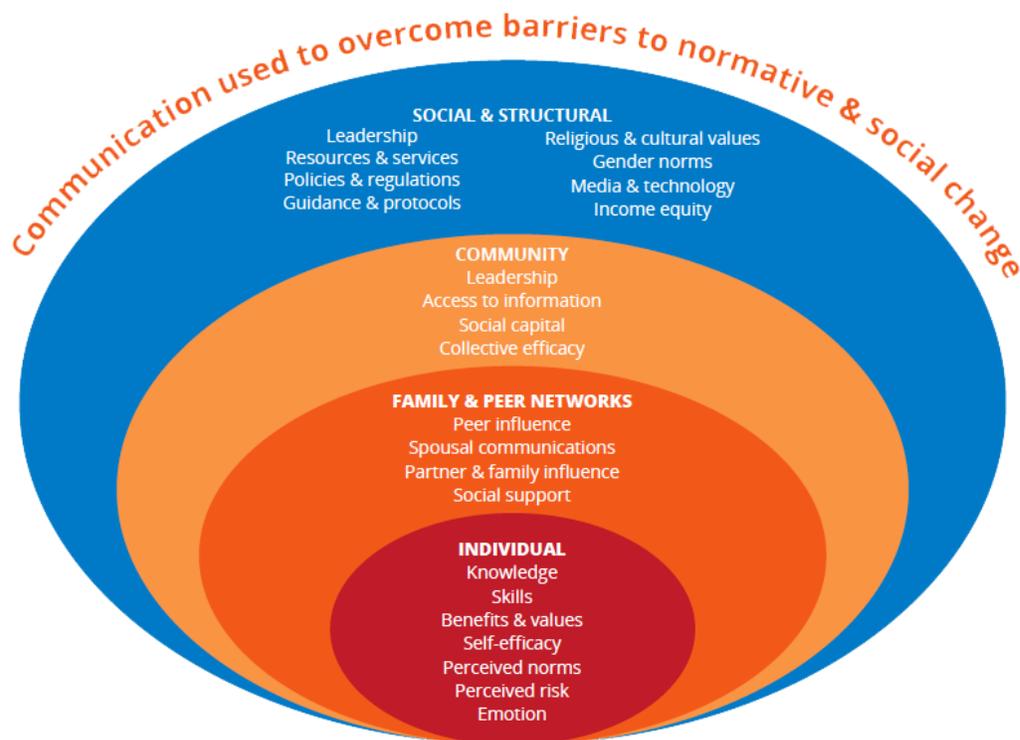
Models of Behaviour Change

Behaviour change models and theories are crucial for guiding the strategic design of SBCC interventions. By helping to understand why people act the way they do and why behaviours change, they help define the focus of the programme, including what or who to address and how. The two models of behaviour change relevant for the Jamaica context are the Social Ecological Model and the Extended Parallel Process Model (EPPM).

The Social Ecological Model¹⁰

The Social Ecological Model (**Figure 1**) recognises that behaviours take place within a complex web of social and cultural influences. This perspective views individuals as nested within a system of socio-cultural relationships – families, social networks, communities, and nations – that are influenced by and have influence on their physical environments. Within the model, individuals’ decisions and behaviours are understood to depend on their own characteristics as well as the social and environmental contexts in which they live. The social and environmental contexts, therefore, influence individual behaviours relating to Zika virus prevention.

Figure 1: The Social Ecological Model



Levels of the Social Ecological Model

- The individual level includes personal interactions, knowledge, attitudes, social norms, and religious beliefs, among others. In the context of Zika, this level includes factors such as level of knowledge on Zika prevention, risk, and transmission; self-efficacy to prevent Zika transmission; perceived norms for vector control; and perceived risk of Zika infection.
- Family and peer networks involve interactions with family and peers, communication with others and social support and norms. In the context of Zika, this level includes factors such as how family or sexual partners influence contraceptive and/or condom use, actions to avoid mosquito bites, reduction of breeding sites in and around the home, and family/peer support for those affected by Zika.

¹⁰ Kincaid, D.L., Figueroa, M.E., Storey D. & Underwood, C. (2007). *A social ecology model of communication, behavior change, and behavior maintenance. Working paper.* Baltimore: Center for Communication Programs, Johns Hopkins Bloomberg School of Public Health.

- The community level includes engaging local leadership and organised groups and enabling access to information, social capital, and collective efficacy. In relation to Zika, this level includes mobilising community groups to combat Zika and creating or supplementing community support structures to support those affected by Zika.
- The social and structural level involves policies, rules, regulations, resources, and leadership. Key elements at the social and structural levels include national Zika response plan activities; health service availability, such as prenatal, newborn, and family planning services; information provided by media outlets, vector control services, water and sanitation services; and supply chain of repellents and insecticides, among others.

The Extended Parallel Process Model

The EPPM stipulates that for individuals to take protective action they must: feel threatened by the consequences of a particular behaviour and, at the same time, feel able to take the necessary action to avoid that threat and believe that the action will be effective in mitigating the threat. The degree to which people feel threatened by an issue will determine motivation to act. Action will not occur unless people's confidence in their ability to take protective measures is high, and they believe that those actions will actually be effective in reducing risk.

Perceived **threat** has two domains:

- Belief that the threat is harmful (severity)
- Belief that one is at risk (susceptibility)

Perceived **efficacy/control** has two domains:

- Belief that solutions are effective (response efficacy)
- Belief about one's ability to practice the solutions (self-efficacy)

Table 1 shows how information about the audience's perceptions of threat and efficacy can be used to understand the barriers to adopting behaviour change, and how communication can specifically address those barriers. The model identifies four outcomes of behaviour depending on the individual's levels of perceived threat and perceived control (self-efficacy).

Table 1: Audience Perceptions of Threat and Efficacy

	High Efficacy Belief in effectiveness of solutions and confidence to practice them	Low Efficacy Doubts about effectiveness of solutions and one's ability to practice them
High Threat Belief that the threat is harmful and that one is at risk	<p>Danger Control People take protective action to avoid or reduce the threat.</p> <p>Strategy: Provide calls to action</p>	<p>Fear Control People are too afraid to act and only try to reduce their fear (deny existence of threat) to make themselves feel better.</p> <p>Strategy: Educate about solutions</p>
Low Threat Belief that the threat is trivial and that one is not at risk	<p>Lesser Amount of Danger Control People know what to do but are not motivated to take action.</p> <p>Strategy: Educate about risk</p>	<p>No Response People do not feel at risk and do not know what to do about it anyway.</p> <p>Strategy: Educate about risk and about solutions</p>

The EPPM suggests that messages should: (1) be relevant to the audience, (2) show the severity of the risk, (3) propose a behaviour the audience is capable of performing, and (4) persuade the audience that the recommended action is effective in reducing the threat.

During emergency situations, such as when the Zika outbreak in Jamaica first occurred, threat levels are usually high. People often believed that the threat was severe and that they were susceptible to the Zika virus. However, when Zika was no longer considered an emergency in Jamaica, many people lowered their levels of perceived susceptibility and severity to the threat. It is important to maintain a certain level of risk perception when people no longer sense the danger, even when it still exists. In both situations, it is important to provide tools, skills, and services that enable people to engage in risk reduction behaviours, thereby increasing self-efficacy.

Communication Goal

Jamaica's goal for Zika communication is to empower individuals, communities, and leaders to take action to mitigate the threat of Zika.

Top Message Areas

Based on the situation analysis, this guide emphasizes three message areas that will have the greatest impact towards the goal of mitigating the threat of Zika:

- **Sexual and mother-to-child transmission:** increasing knowledge of the asymptomatic nature of Zika infections and the implications for sexual transmission to pregnant women; emphasizing protecting mothers and unborn children.
- **Protecting pregnant women:** they are the most at risk group for Zika infection because of the consequences it can have on the baby; encouraging pregnant women and their partners to take special precautions to prevent vector or sexual transmission of Zika.

- **Rationale for personal responsibility:** we all have a role to play in preventing Zika, chikungunya, dengue, and yellow fever; emphasizing that the government is doing its part by larviciding, fogging and fumigating, but there is a lot you can do at your home to help reduce mosquitoes.

Note that this does not mean that Zika communication should focus exclusively on these areas. The messages should still be tailored to the audience, address specific knowledge gaps or barriers, and focus on the behaviours that will have the biggest impact towards achieving the communication goal outlined above.

What Everyone Needs to Know about Zika

This section highlights the information important for ALL priority audiences in the Message Guide. It is essential that users of this document refer back to this section for each audience.

Zika Transmission, Symptoms, and Risks

- Zika is a relatively new disease for humans, and there is a lot that we are still learning about the virus.
- Just like chikungunya and dengue, Zika is here to stay in Jamaica. We will likely still see Zika cases occur, particularly during and after the rainy season, when there are more mosquitoes.
- We *do* know that Zika can be transmitted in three primary ways¹¹: by infected *Aedes aegypti* mosquitoes, from one partner to another during sex, and from a mother to her baby during pregnancy.
- In addition to Zika, *Aedes aegypti* mosquitoes also transmit chikungunya, dengue, and yellow fever. Reducing the number of *Aedes aegypti* mosquitoes can help reduce all four diseases.
- *Aedes aegypti* mosquitoes become infected with these viruses when they bite a person who has the virus. The infected mosquitoes then spread the virus to other people through their bites.
- Many people infected with Zika virus may not ever know they have Zika. Unlike chikungunya and dengue, most people will not have symptoms at all, or will only have mild symptoms.
- The most common Zika symptoms are rash, red eyes, fever, or joint pain. These symptoms last for a few days to a week.
- Even though the Zika virus does not present as severe symptoms as chikungunya, it can have serious consequences:
 - In some cases, babies born to mothers infected with Zika during pregnancy may develop ZCS, which can include microcephaly.
 - Microcephaly is a condition in which a baby’s head is much smaller than expected and may result in serious neurological disorders.
 - ZCS is a pattern of birth defects resulting from Zika virus infection during pregnancy, including damage to the eyes, joint or muscle problems that limit movement, decreased brain tissue that results in brain damage, and severe microcephaly, where the skull partially collapses. Not all babies with ZCS will experience all of these problems, and some infants with ZCS may later experience slowed head growth or develop microcephaly.¹²
 - The full range of ZCS disorders are not yet known.

¹¹ Transmission through blood transfusion may be [possible](#) but has not yet been confirmed.

¹² U.S. Centers for Disease Control and Prevention (CDC). (2017). *Congenital Zika Syndrome & Other Birth Defects*. Atlanta: CDC. Accessed: June 17, 2017

- In a small number of people, Zika infection may lead to GBS, a rare condition that causes partial or complete paralysis of the body. While most people recover from GBS, a small minority may experience permanent damage or death.
- Pregnant women are the most-at-risk group for Zika because of the consequences the disease can have on the baby. If you know someone who is pregnant, encourage them to take special precautions to eliminate *Aedes aegypti* breeding sites in and around their home, protect themselves from mosquito bites, use condoms to prevent sexual transmission of Zika during pregnancy, and attend all of their ANC appointments.
- The costs of ZCS and GBS are high. It is estimated that the lifetime cost of a case of microcephaly and GBS in Jamaica is USD \$950,000 and \$227,000, respectively. These costs can be easily avoided by practicing appropriate prevention measures.¹³
- There is definitive evidence of sexual transmission of Zika. You can become infected with Zika virus through sexual activity with your partner if they are infected. They may not know they are infected.
- The Zika virus can remain in male semen for up to six months.

Household Zika Prevention

- While fogging and fumigating help kill flying adult mosquitoes, they do not kill eggs, larvae, or mosquitoes that are not flying at the time of fumigation. So, while the government is doing its part, it is also up to each of us to help get rid of the breeding sites around our homes. We ALL have a role to play in Zika prevention.
- *Aedes aegypti* mosquitoes like to lay eggs in man-made containers that collect clean water.
- One female mosquito is able to lay up to 100 eggs that might become new mosquitoes.
- Some of the biggest breeding sites for *Aedes aegypti* mosquitoes in Jamaica are 45/55 gallon water drums and unused tyres. Focus your efforts on these and other large water containers around your home.
- *Aedes aegypti* mosquitoes rarely fly more than a couple hundred meters, and the majority only visit one or two households. Therefore, there is a lot YOU personally can do at your home to help reduce the spread of Zika, chikungunya, dengue, and yellow fever.
- Identify large water storage containers in and around your home. Check them for larvae and pupae, and eliminate these breeding sites once per week. You can eliminate breeding sites by consistently cleaning water containers once a week, making sure to scrub the sides, including covered containers.
- *Aedes aegypti* mosquitoes take approximately 7-10 days to mature. If you check your water containers once per week and eliminate breeding sites, then you will disrupt the cycle and stop them from becoming adult mosquitoes capable of transmitting the virus.
- Other ways you can reduce breeding sites are to:
 - Discard or turn over containers where water naturally collects to prevent *Aedes aegypti* mosquitoes from laying eggs.
 - Cover large water containers with mesh cover or other porous material held in place by elastic or banding wire so there is no space for mosquitoes to enter.
- Install screens on windows and doors to prevent mosquitoes from entering the home.

Mosquito Bite Prevention

¹³ United Nations Development Programme (UNDP) and International Federation of Red Cross and Red Crescent Societies (IFRC). (2017). *A socio-economic impact assessment of the Zika virus in Latin America and the Caribbean: With a focus on Brazil, Colombia and Suriname*. New York: UNDP and IFRC.

- Protect yourself from mosquito bites by consistently using insect repellents that are safe and effective. These include DEET, Pacaridin, IR3535, oil of lemon eucalyptus or para-menthane-diol, and 2-undecanone.

Dispelling Myths and Rumours

- Zika, chikungunya, dengue, and yellow fever are not manmade, and are not a result of the plane crash.
- Zika originated in the Zika forest in Uganda and was first discovered in a monkey. The virus was transferred from the monkey to humans through the bite of a mosquito. It has spread around the world because infected people travel to different countries. When someone who is infected travels to a new country and is bitten by a mosquito, the mosquitoes can become infected and spread Zika in the new country.
- Zika does not directly lead to death or loss of infected limbs.
- There is no vaccine or cure for Zika.

Priority Audiences

Women of Reproductive Age Intending to Become Pregnant

Illustrative Profile

Rosemarie is a 28-year-old professional who wants to have her first child. She is progressing rapidly in her career, but wants to take time to concentrate on family. Rosemarie is very health conscious, and both Rosemarie and her partner, Walter, want to have a healthy child. They are both aware of Zika and its risks, and made the conscious decision to delay their pregnancy during the Zika outbreak as per the information they heard through the media. They do not want to delay their pregnancy any longer, but want to do whatever they can to ensure the pregnancy is healthy.

Rosemarie and Walter live in urban St. James in a parish with high indices of the mosquito that transmits Zika. While they have a consistent supply of piped water, they keep two 55 gallon drums full of water outside in case they ever run out. Rosemarie also maintains a large garden with potted plants. She is unaware that her plant-watering habits and her water storage drums have created a breeding ground for *Aedes aegypti* mosquitoes. Rosemarie does not take the precaution of covering up while working in the garden. She does not like wearing long-sleeved shirts or long pants because it is too hot outside. She knows she will need to go for ANC visits when she does become pregnant, but thinks that is necessary only when she is far along in her pregnancy.

Communication Objectives

Increase the number of women intending to become pregnant who:

1. Understand the consequences of the Zika virus to themselves and their baby
2. Know that Zika can be transmitted sexually, from mother-to-child, and through mosquitoes
3. Feel personally at risk of contracting the Zika virus
4. Feel empowered to protect themselves and their future child from Zika
5. Identify and destroy *Aedes aegypti* breeding sites in and around their home every week
6. Consistently protect themselves from mosquito bites by wearing repellent, wearing long clothing, and sleeping under a bed net
7. Discuss Zika risk and preventive measures with their partners

8. Correctly and consistently use a condom with their partner during all sexual acts following conception

Positioning

Bringing a baby into the world can be one of life's greatest joys. However, if you get Zika while you are pregnant, there may be severe consequences for your baby. He or she could be born with congenital abnormalities or serious neurological disorders. As you and your partner start trying to conceive, make sure you do all that you can to ensure both of you – and your baby – are Zika-free.

Key Messages

Please refer to “What Everyone Needs to Know about Zika” for important additional information about Zika transmission, symptoms, risks, and prevention.

Zika Transmission, Symptoms, and Risks

- While the Zika virus is transmitted primarily through *Aedes aegypti* mosquitoes, it can also be transmitted by an infected man or woman during sex, and from a mother to her baby during pregnancy.
- While the Zika illness is usually mild for adults, the Zika virus can be very serious for some babies born to mothers who were infected with Zika during pregnancy.
- In some cases, babies born to mothers infected with Zika during pregnancy may develop ZCS, which can include microcephaly.
 - Microcephaly is a condition in which a baby's head is much smaller than expected and may result in serious neurological disorders.
 - ZCS is a pattern of birth defects resulting from Zika virus infection during pregnancy, including damage to the eyes, joint or muscle problems that limit movement, decreased brain tissue that results in brain damage, and severe microcephaly, where the skull partially collapses. Not all babies with ZCS will experience all of these problems, and some infants with ZCS may later experience slowed head growth or develop microcephaly.
 - The full range of ZCS disorders are not yet known.
- Many people infected with Zika virus may not ever know that they have Zika. Unlike chikungunya and dengue, most people will not have symptoms at all, or will only have mild symptoms.
- You can become infected with Zika virus through sexual activity with your partner, if they are infected. They may not know they are infected. **The Zika virus can remain in male semen for up to six months.**

Tips When Planning to Become Pregnant

- Zika is now endemic in Jamaica. If you are planning to become pregnant, it is especially important that you, your partner, and your household take precautions to prevent Zika infection while you are trying to conceive.

- If you are planning to get pregnant, it is important that you *and* your partner:
 - Visit your healthcare provider to discuss Zika prevention and your risk.
 - Do your best to conceive at a time that is safe. If you or your partner experience Zika symptoms, wait at least six months before trying to conceive to ensure that any possible Zika infection has cleared.
 - Reduce mosquito-breeding sites around your home and frequent environments, such as work places, especially while you are trying to conceive and when you are pregnant. (See “What Everyone Needs to Know about Zika” for more information on reducing breeding sites in the home.)
 - Prevent mosquito bites while you are trying to conceive, and when you are pregnant.
- It is especially important to protect yourself from mosquito bites if you are planning to become pregnant:
 - Consistently use insect repellents that are safe and effective. These include DEET, Pacaridin, IR3535, oil of lemon eucalyptus or para-menthane-diol, and 2-undecanone.
 - Wear long-sleeved shirts, long pants, light-coloured clothing, socks, and closed shoes.
 - Use a mosquito net when sleeping during the day. *Aedes aegypti* mosquitoes bite mainly during the day.
- If you or your partner travel to another country with Zika, take preventive measures during your travel to prevent mosquito bites.

Suggested Communication Approaches and Activities

Select from this list or propose other platforms well suited to reach women intending to become pregnant.

Community Engagement

- Integrate Zika issues into community forums and women’s groups, such as professional associations, Women’s Media Watch, and rural women’s and farmer’s associations.
- Work with community leaders, health workers, religious leaders, and NGOs to identify organised groups with which to facilitate open discussion on Zika risk and prevention.
- Develop a series of topics with questions and answers for discussion during group sessions.

Interpersonal Communication

- Develop talking points for healthcare providers or outreach workers, such as village health aides, to discuss in clinic waiting rooms, during private consultations, or during household visits.
- Sensitise obstetricians and gynaecologists on Zika issues to discuss with their clients.

Radio/TV

- Produce radio/TV spots featuring couples discussing the use of family planning to avoid unintended pregnancies and prevent sexual transmission of Zika.
- Produce radio and/or TV spots demonstrating high-impact Zika prevention behaviours.

Digital Media

- Digital health platform that provides comprehensive information on a wide variety of Zika information, including prevention, ZCS, microcephaly, family planning, and prenatal care.
- mHealth messaging platforms, such as WhatsApp, can provide information on Zika transmission and prevention.

Women of Reproductive Age Not Intending to Become Pregnant

Illustrative Profile

Lorraine is 19 years old and has no children. She lives with her parents and three younger siblings just outside of Kingston. Lorraine and her boyfriend, Dwight, started dating a few months ago and are sexually active. They have not discussed family planning or contraceptives, but they do try to practice withdrawal to avoid pregnancy because they do not wish to become pregnant at this time. She feels embarrassed to talk about contraception with Dwight.

Lorraine has heard about Zika but does not know much about it. She has heard that babies in other countries are being born with microcephaly, but is not too concerned since she is not pregnant. Lorraine and her family have an intermittent water supply, so they often store their water in 55 gallon drums in several convenient locations inside and outside of their home. Lorraine is used to mosquitoes being around all year. She does not think she is at risk for being infected with Zika since most messaging talks about pregnant women, and she is not sure if there is anything she can do to prevent infection anyway. She feels overwhelmed and confused by the many recommendations about mosquitoes and Zika. Lorraine is not aware that she is eligible for the family planning services available at her nearby clinic. She does not think the health providers would give her contraception anyway, since she is not married.

Communication Objectives

Increase the number of women of reproductive age not intending to become pregnant who:

1. Have accurate knowledge about Zika transmission and prevention
2. Feel personally at risk for Zika infection
3. Talk with their partner about contraception to avoid unintended pregnancy
4. Use dual methods of contraception to avoid unintended pregnancy.
5. Talk with their partner about condom use to prevent sexual transmission of Zika and avoid unintended pregnancy
6. Correctly and consistently use condoms during intercourse
7. Consistently protect themselves from mosquito bites

Positioning

Getting pregnant when you do not mean to can be difficult physically, emotionally, and financially. Getting pregnant when you do not mean to is even more risky in a time of Zika, as it could have severe consequences for your baby. If you do not want to become pregnant at this time, be sure you are using a method of contraception.

Key Messages

Please refer to “What Everyone Needs to Know about Zika” for important additional information about Zika transmission, symptoms, risks, and prevention.

Contraception

- If you are sexually active and do not want to become pregnant, consult your healthcare provider to learn more about your contraceptive options.
- If you have had unprotected sex and do not wish to become pregnant, visit your healthcare provider to discuss your contraceptive options, including emergency contraception.

- Correctly using a condom every time you have sex prevents unintended pregnancy and sexually transmitted infections, including Zika.
- Talk to your partner about contraception and condom use to prevent sexual transmission of Zika and avoid unintended pregnancy.
- Family planning is your right. You have the right to choose the number, timing, and spacing of your children as well as what method you will use to have children at the time of your choice.

Suggested Communication Approaches and Activities

Select from this list or propose other platforms well suited to reach women not intending to become pregnant.

Community Engagement

- Integrate Zika issues – particularly those around sexual transmission – into secondary schools, universities, colleges, workplaces, and community forums and women’s groups, such as professional associations, Women’s Media Watch, and rural women’s and farmer’s associations.
- Work with community leaders, health workers, religious leaders, and NGOs to identify organised groups with which to catalyse open discussion on Zika risks and prevention.
- Develop a series of topics with questions and answers for discussion during group sessions.

Interpersonal Communication

- Develop talking points for healthcare providers or outreach workers to discuss in clinic waiting rooms and/or discuss with women privately during consultations.
- Target adolescent health centres with information on Zika and sexual transmission.

Radio/TV

- Produce and air radio and/or TV spots featuring couples discussing the use of contraception to avoid unintended pregnancy and prevent the sexual transmission of Zika.

Digital Media

- Utilise Facebook, Twitter, Instagram, and other social media to disseminate information on Zika, including sexual and mother-to-child transmission.

Pregnant Women

Illustrative Profile

Beatrice is a 23-year-old woman pregnant with her second child. She, her partner, and her daughter live in a poor rural St. Thomas community with high indices of the Zika vector. She has been bitten by mosquitoes all her life. Beatrice pays little attention to the media messages about Zika. She thinks people blame the mosquito for everything, and has tuned out. She does not pay attention to the international media, and has not seen any images of babies born with microcephaly. Beatrice has limited knowledge of her chances of contracting Zika and does not feel at risk.

Beatrice and her partner do not use any family planning methods, since she is already pregnant, and have not used condoms since the very beginning of her relationship. Beatrice thinks it would be impossible to convince her partner to use condoms now, especially since she is pregnant. She fears it will create issues of trust with her partner. Beatrice does not know that Zika can be sexually transmitted, or that the Zika virus can remain in male semen for up to six months. She attends her ANC appointments regularly, but the health provider has not mentioned Zika.

Communication Objectives

Increase the number of pregnant women who:

1. Know that Zika can be transmitted sexually, from mother-to-child, and through bites of infected mosquitoes
2. Understand the potential consequences of the Zika virus to themselves and their baby
3. Feel personally at risk of contracting the Zika virus
4. Feel empowered to protect themselves and their future child from the Zika virus
5. Identify and destroy *Aedes aegypti* breeding sites in and around their home every week
6. Consistently protect themselves from mosquito bites by wearing repellent, wearing long clothing, and sleeping under a bed net
7. Correctly use a condom every time they have sex
8. Attend all recommended ANC visits

Positioning

Your baby depends on you to be healthy! A healthy pregnancy starts at home. Protect your unborn child by protecting yourself from Zika. As a mother, you want to do whatever you can to nurture your baby and ensure their wellness.

Key Messages

Please refer to “What Everyone Needs to Know about Zika” for important additional information about Zika transmission, symptoms, risks, and prevention.

Zika Transmission, Symptoms, and Risks

- While the Zika virus is transmitted primarily through *Aedes aegypti* mosquitoes, it can also be transmitted by an infected man or woman during sex, and from a mother to her baby during pregnancy.
- While the Zika illness is usually mild for adults, the Zika virus can be very serious for some babies born to mothers infected with Zika during pregnancy.
- In some cases, babies born to mothers infected with Zika during pregnancy may develop ZCS, which can include microcephaly.

- Microcephaly is a condition in which a baby’s head is much smaller than expected and may result in serious neurological disorders.
- ZCS is a pattern of birth defects resulting from Zika virus infection during pregnancy, including damage to the eyes, joint or muscle problems that limit movement, decreased brain tissue that results in brain damage, and severe microcephaly, where the skull partially collapses. Not all babies with ZCS will experience all of these problems, and some infants with ZCS may later experience slowed head growth or develop microcephaly.
- The full range of ZCS disorders are not yet known.
- In a small number of people, Zika infection may lead to GBS, a rare condition that causes partial or complete paralysis of the body. While most people recover from GBS, a small minority may experience permanent damage or death.
- Many people infected with Zika virus may not ever know that they have Zika. Unlike chikungunya and dengue, most people will not have symptoms at all, or will only have mild symptoms.
- You can become infected with Zika virus through sexual activity with your partner, if they are infected. They may not know they are infected. **The Zika virus can remain in male semen for up to six months.**
- Because many people may not know they are infected, and because it is possible to transmit Zika virus sexually, it is possible that your partner may be infected, and may unknowingly transmit the virus to you. For this reason, it is very important to use condoms correctly every time you have sex during your pregnancy to prevent infecting your unborn child.

Pregnancy

If you are pregnant, there are many things you can do to help protect your baby and/or prepare for any outcome.

- Attend all of your ANC appointments to monitor your pregnancy and discuss Zika risks and prevention.
- Inform your partner that Zika can be transmitted sexually, and that your partner may not know if he has been infected.
- Negotiate with your partner to use a condom every time you have sex during your pregnancy in order to protect your unborn child.
- Protect yourself from mosquito bites:
 - Consistently use insect repellents that are safe and effective, even during pregnancy and breastfeeding; these include DEET, Pacaridin, IR3535, oil of lemon eucalyptus or para-menthane-diol, and 2-undecanone
 - Wear long-sleeved shirts, long pants, light-coloured clothing, socks, and closed shoes
 - Use a mosquito net when sleeping during the day. *Aedes aegypti* mosquitoes bite mainly during the day.
- Eliminate *Aedes aegypti* breeding sites around your home. (See “What Everyone Needs to Know about Zika” for more information about reducing breeding sites.)

Healthcare Seeking

- If you or your partner think you may have been exposed to Zika or experience Zika symptoms, visit a healthcare provider. The most common Zika symptoms are fever, rash, joint pain, or red eyes.

Suggested Communication Approaches and Activities

Select from this list or propose other platforms well suited to reach pregnant women.

Community Engagement

- Integrate Zika issues into community forums, such as mothers' clubs and discussion groups.
- Work with community leaders, health workers, religious leaders, and NGOs to identify organised groups with which to catalyse open discussion on Zika risks and prevention.
- Develop a series of topics with questions and answers for discussion during group sessions.

Interpersonal Communication

- Ensure that health providers, community health aides, and others know that Zika can be sexually transmitted, and discuss this with their clients.
- Produce a brochure or other print material for health providers, community health aides, community leaders, vector control officers, or other appropriate cadres to discuss with pregnant women.
- Encourage pregnant women to take the Zika material home and share it with her partner, members of her household, and neighbours, so that they understand their risk and the need for vector control and the prevention of mosquito bites and sexual transmission.

Radio/TV

- Radio/TV spots demonstrating high-impact Zika prevention behaviours.
- Feature pregnant women role models and their partners discussing Zika risk and prevention and engaging in high-impact Zika prevention behaviours.

Print

- Brochures that discuss ZCS, show microcephaly, clarify Zika transmission modes (especially sexual transmission), emphasise that Zika virus can remain in semen for up to six months, encourage correct and consistent condom use during pregnancy, and prompt couple communication around Zika.

Digital Media

- Utilise Facebook, Twitter, Instagram and other social media to disseminate information on Zika, including sexual and mother-to-child transmission.
- Create virtual support groups through WhatsApp for expectant mothers to ask questions and to disseminate information on Zika.

Male Partners of Women of Reproductive Age

Illustrative Profile

David Brown is a 30-year-old man who lives in an urban community with his wife Mary and two young daughters: Takeese, age six, and Beverly, age three. While they are not planning to have any more children at this time, David and Mary are not currently using any method of contraception. He does not use contraception with any of his other sexual partners either, other than withdrawal. Their community suffers from occasional water shortages, and it is the norm for residents in the community to store water in 45/55 gallon drums. David and his family have three drums for this purpose. One is covered with its original cover, while the other two are left open to catch rainwater. David recently changed four tyres off his car. He stores them in the backyard with the intention of selling them. He spends a lot of his time playing football and hanging out at the bar.

David has heard things about Zika on the TV and radio, but he does not think it is really a mosquito that causes the disease. How could something they have lived with their entire lives suddenly start spreading a new disease? David believes what his friends have told him – that Zika was the result of a plane crash off the west coast of the island. He has heard the symptoms are mild, a rash and a fever, so he is not that worried about getting it, anyway. He does not know that most people do not experience symptoms, that Zika can be transmitted sexually, or that the Zika virus can remain in his semen for up to six months.

Communication Objectives

Increase the number of male partners of women of reproductive age who:

1. Know that Zika can be transmitted sexually, from mother-to-child, and through mosquitoes
2. Understand the range of potential consequences of the Zika virus
3. Feel they have an important role to play in protecting themselves, their partners, and their unborn child from Zika virus
4. Practice safe sexual intercourse to prevent the spread of Zika
5. Identify and destroy *Aedes aegypti* breeding sites in and around their home every week

Positioning

You have an important role in protecting yourself, your partner and your unborn child. Both men and women can transmit Zika through sexual intercourse. If your partner is or becomes pregnant and becomes infected with Zika, your baby could possibly develop ZCS, which includes microcephaly. Taking care of your baby means taking action now to prevent mosquito breeding around your family and to prevent sexual transmission of Zika to your pregnant partner.

Key Messages

Please refer to “What Everyone Needs to Know about Zika” for important additional information about Zika transmission, symptoms, risks, and prevention.

Zika Transmission, Symptoms and Risks

- While the Zika virus is transmitted primarily through *Aedes aegypti* mosquitoes, it can also be transmitted by an infected man or woman during sex, and from a mother to her baby during pregnancy.
- While the Zika illness is usually mild for adults, the Zika virus can be very serious for some babies born to mothers infected with Zika during pregnancy.

- In some cases, babies born to mothers infected with Zika during pregnancy may develop ZCS, which can include microcephaly.
 - Microcephaly is a condition in which a baby’s head is much smaller than expected and may result in serious neurological disorders.
 - ZCS is a pattern of birth defects resulting from Zika virus infection during pregnancy, including damage to the eyes, joint or muscle problems that limit movement, decreased brain tissue that results in brain damage, and severe microcephaly, where the skull partially collapses. Not all babies with ZCS will experience all of these problems, and some infants with ZCS may later experience slowed head growth or develop microcephaly.
 - The full range of ZCS disorders are not yet known.
- The costs of ZCS and GBS are high. It is estimated that the lifetime cost of a case of microcephaly and GBS in Jamaica is USD \$950,000 and \$227,000, respectively. These costs can be easily avoided by practicing appropriate prevention measures.¹⁴

Prevention of Sexual Transmission of Zika

- There is definitive evidence of sexual transmission of Zika. You can become infected with Zika virus through sexual activity with your partner if they are infected.
- Even if they do not feel sick, men can be infected with Zika virus and can transmit the virus through their semen during sexual activity.
- The Zika virus can remain in semen for up to six months.
- Talk to your partner about preventing sexual transmission of Zika.
- If you are sexually active, use condoms consistently and correctly during each act of intercourse to prevent the sexual transmission of Zika, due to the risk of ZCS, including microcephaly.
- If you are sexually active and do not wish to have a child, talk to your partner about contraception.
- If you and your partner do not wish to have a child at this time, consult a healthcare provider about your family planning options to avoid unintended pregnancy.
- Visit a healthcare provider to find out more about contraceptive options.
- If your partner is already pregnant, it is very important to use a condom correctly every time you have sex during pregnancy to prevent possible transmission of Zika to your partner.

Prevention of Household Transmission of Zika

- As the man of the house, there is also a lot that you can do in and around your home to protect yourself, your partner, and your baby from Zika. (See “What Everyone Needs to Know about Zika” for more information on household Zika prevention.)

Healthcare Seeking

- If you or your partner think you may have been exposed to Zika or experience Zika symptoms, visit a healthcare provider. The most common Zika symptoms are fever, rash, joint pain or red eyes.

Suggested Communication Approaches and Activities

Select from this list or propose other platforms well suited to reach male partners of women of reproductive age.

¹⁴ United Nations Development Programme (UNDP) and International Federation of Red Cross and Red Crescent Societies (IFRC). (2017). *A socio-economic impact assessment of the Zika Virus in Latin America and the Caribbean: With a focus on Brazil, Colombia and Suriname*. New York: UNDP and IFRC.

Community Engagement

- Carry out Zika activities at sporting events, sports venues, and bar scenes to promote personal responsibility among men in Zika prevention.
- Disseminate creative visual materials in areas frequented by men.

Radio/TV

- Air Zika radio/TV spots during popular programmes targeting men, such as 'Man Talk', 'Talk of Youth', and sports shows.
- Engage popular male athletes to promote personal responsibility among men in Zika prevention.

Print Media

- Highlight Zika prevention and transmission information in local newspapers.
- Place Zika posters in local bars, sports venues, and other areas where men usually congregate.

Digital Media

- Engage popular male vloggers to create entertaining Zika messages on Facebook, Twitter, and Instagram.

Tyre Shop and Fleet Owners/Operators

Illustrative Profile

Wilfred Black is the owner of a tyre shop located on Cassia Park Road in Kingston. He is 50 years old and only has primary school education. He has been in business for 20 years, but he is barely making ends meet. He has eight male employees who do tyre repair and vulcanizing, as well as sell used tyres. They have three types of tyres on the premises: new tyres, used tyres for resale, and used tyres for disposal. Wilfred does not have enough storage space for the tyres and he cannot afford to put up a shed. He has not registered his business and so he cannot get approval from the Kingston and St. Andrew's Corporation to put up such a structure. He also does not own the land his business is on.

Wilfred's premises are generally clean, but he refuses to remove the unused tyres because it is too costly to pay someone to transport them to the dump. The regular garbage trucks do not take the tyres. He thinks slitting the tyres is too much work and it is the government's responsibility to do so. Wilfred heard about Zika on TV during the outbreak, but does not believe that Zika is transmitted by the mosquito.

Communication Objectives

Increase the number of tyre shop and fleet owners and operators who:

1. Believe that Zika is transmitted through the bite of an infected *Aedes aegypti* mosquito
2. Understand that tyres are a major breeding site for the *Aedes aegypti* mosquito in Jamaica
3. Feel that they have an important role to play in reducing the spread of the Zika virus
4. Use recommended approaches to eliminate *Aedes aegypti* mosquito breeding sites on their premises every week

Positioning

As a tyre shop worker your exposure to *Aedes aegypti* mosquitoes is very high, so you have a high probability of being exposed to Zika. Tyre shop and fleet owners and workers have the power to significantly reduce the spread of Zika virus by eliminating *Aedes* mosquito breeding sites on their premises. You have a role to play to make sure your tyre shop is not putting yourself, your customers, and the families and communities around you, at risk.

Key Messages

Please refer to "What Everyone Needs to Know about Zika" for important additional information about Zika transmission, symptoms, risks, and prevention.

Zika and Tyres

- Tyres are one of the primary breeding sites for the *Aedes aegypti* mosquito in Jamaica, which transmits the Zika virus.
- By eliminating and preventing *Aedes* breeding sites in your tyres, you can personally help to significantly reduce the spread of Zika.
- Wherever possible, store tyres under a roof.
- Recycle and reuse old tyres so that water cannot collect inside. When possible, dispose of unused tyres.
- Check all outdoor tyres once per week to be sure they are not collecting water. Be sure they are well covered so they do not collect water.

- These measures are particularly important during rainy season, when they are likely to be collecting water.
- *Aedes aegypti* mosquitoes take approximately 7-10 days to mature. If you check your tyres and water containers once per week and eliminate breeding sites, then you will disrupt the cycle and stop them from becoming adult mosquitoes capable of transmitting the virus.

Suggested Communication Approaches and Activities

Select from this list or propose other platforms well suited to reach tyre shop and fleet owners/operators.

Interpersonal Communication

- Public health inspectors and health education officers visit tyre shops and fleet premises, help owners/operators identify *Aedes aegypti* mosquito breeding sites, and demonstrate how to properly eliminate current and prevent future breeding sites.
- Public health inspectors and vector control staff conduct routine inspection of tyre shops and private entities with fleets to ensure that they are in compliance with the requirements for storage of old and used tyres.
- Form a tyre shop association to collaborate in *Aedes aegypti* mosquito breeding site reduction, such as collaborating on the removal of tyres for disposal by organising for tyre collection days.

Print

- Mount posters in strategic locations, such as gas stations, tyre stores, tyre repair shops, auto parts and accessory stores, car washes, weigh stations, and other similar places to enhance the public's awareness in the control of *Aedes aegypti* mosquito breeding site.

Digital Media

- Create WhatsApp groups of tyre shop and fleet owners/operators. Send reminders and prevention messages, and notify users of upcoming opportunities for tyre recycling, repurposing, or disposal.

Persons Who Store Water in 45/55 Gallon Drums

Illustrative Profile

Winston, Lily, and their three children live in an informal settlement in Kingston. They rely on the six 55 gallon water drums in their yard for their drinking, washing, and bathing water. They received one plastic drum cover from the MOH and have placed it on one of their drums. Two of the drums have their original lids, but Winston and Lily have noticed that there are mosquitoes in these drums even when the lids are on. The other drums they intentionally keep open to collect rainwater. They have rigged the gutters on their roof to pour off into these drums and catch the water. Winston and Lily have heard about Zika and know it is transmitted by mosquitoes, but they feel it is the government's responsibility to take care of the problem. Plus, Zika does not seem to be that big of an issue, not like chikungunya. Their children learned about Zika at school and encouraged their parents to do an 'Operation Mosquito Search and Destroy' activity like they did at school, but Winston and Lily do not know how to do it. They do think it would be nice to have fewer mosquitoes around, but they do not want to empty their water supply or add anything to their water that would contaminate it.

Communication Objectives

Increase the number of persons who store water in 45/55 gallon drums who:

1. Believe Zika is transmitted by the *Aedes aegypti* mosquito
2. Feel a sense of responsibility to take action to reduce mosquito-breeding sites
3. Are able to identify *Aedes aegypti* breeding sites in and around their homes
4. Tightly cover their drums after each use
5. Consistently use mesh covers on rainwater collection drums

Positioning

Mosquitoes around your home are a daily annoyance, but they don't have to be! The main breeding sites for the *Aedes aegypti* mosquito in Jamaica are 45/55 gallon water drums. By eliminating and preventing *Aedes* breeding sites in your drums, you can get rid of those pesky mosquitoes and also protect yourself and your family from Zika.

Key Messages

Please refer to "What Everyone Needs to Know about Zika" for important additional information about Zika transmission, symptoms, risks, and prevention.

Aedes aegypti Behaviour

- Zika is transmitted primarily by the *Aedes aegypti* mosquito, which is also responsible for transmitting chikungunya, dengue, and yellow fever.
- The *Aedes aegypti* mosquito is a "container breeder". It tends to lay eggs in objects that collect clean water.
- The eggs of the *Aedes aegypti* are attached on the side of the container just above the water surface.
- The wigglers you see in your drums are the immature stages of the *Aedes aegypti* mosquito.
- In approximately two to three days, the wigglers you see in your drums will become adults that are able to transmit the Zika virus and other mosquito borne diseases.
- *Aedes aegypti* does not need a lot of water to breed.
- *Aedes aegypti* is a domesticated mosquito that breeds in and around human dwellings.

- *Aedes aegypti* mosquitoes do not fly very far, rarely more than a couple hundred meters. The majority only visit one or two households.
- The best way to control *Aedes aegypti* is for householders and communities to control mosquito breeding in and around their environment.
- Fogging only kills a small number of adult mosquitoes.
- Activities directed to the control of the immature stage (like larvae and pupae) are the most effective control method against the *Aedes aegypti* mosquito.

Household Zika Prevention

- The main breeding sites for the *Aedes aegypti* mosquito in Jamaica are 45/55 gallon drums.
- By eliminating and preventing *Aedes* breeding sites in your drums, you can personally help to significantly reduce the spread of Zika.
- Cover 45/55 gallon drums with a mesh cover or other porous material held in place by elastic or banding wire, so there is no space for mosquitoes to enter.
- Check your water drums for larvae and pupae and eliminate these breeding sites once per week.
- *Aedes* mosquitoes take approximately 7-10 days to mature. If you check your water containers once per week and eliminate breeding sites, then you will disrupt the cycle and stop them from becoming adult mosquitoes capable of transmitting the virus.
- Discard or turn over containers where water naturally collects to prevent *Aedes* mosquitoes from laying eggs.
- Install screens on windows and doors to prevent mosquitoes from entering the home.
- We ALL have a role to play in Zika prevention. While fogging and fumigating help kill flying adult mosquitoes, it does not kill eggs, larvae, or mosquitoes that are not flying at the time of fumigation. So, while the government is doing its part, it is also up to each of us to help get rid of the breeding sites around our homes.
- Reduction of breeding in drums will significantly reduce the risk of transmission of Zika and other mosquito-borne diseases, such as chikungunya, dengue, and yellow fever.

Suggested Communication Approaches and Activities

Select from this list or propose other platforms well suited to reach persons who store water in drums.

Community Engagement

- Work with the community leaders to motivate community members to take appropriate action to prevent the breeding of mosquitoes.
- Develop community dramas that demonstrate how to eliminate mosquito-breeding sites in 45/55 gallon water drums.
- Hold town hall meetings to discuss the importance of reducing mosquito-breeding sites in drums.
- Conduct community walk-throughs or house-to-house visits to show persons who store water in drums how to identify and eliminate mosquito-breeding sites.
- Conduct community contests to see which community has the fewest mosquito-breeding sites.

Radio/TV

- Place radio/TV advertisements on popular stations during primetime that demonstrate how to identify and eliminate mosquito-breeding sites in drums. Use a responsible celebrity as the spokesperson in these commercials.

Print Materials

- Place visually attractive posters at popular sites throughout the community.
- Create stickers for people to put on their 45/55 gallon water drums to remind them to keep them covered.

Schoolchildren

Illustrative Profile

Olive is seven years old and attends school in St. Catherine. She looks up to her teacher, Ms. Jones, and does her best in school. Her reading skills are coming along, but remain moderate. Olive has three close friends that she likes to play games with outside. They often get bitten by mosquitoes while playing, but do not give it much notice. Olive and her friends love music and dancing.

Olive has an older brother and a younger sister. They like to play outside at home, too. Olive's family stores water in drums that they usually keep open to catch rainwater. There are also some tyres and unused appliances in their yard. Olive does not usually talk to her parents about issues at home, but does like to share what she learned in school. She does not like doing chores and tries to avoid them when she can.

Communication Objectives

Increase the proportion of schoolchildren who:

1. Share accurate information about Zika virus with their parents/guardians
2. Encourage their parents/guardians to cover their water drums and reduce mosquito-breeding sites around their homes
3. Help identify and eliminate mosquito-breeding sites at home, at school, and where they play.

Positioning

Gather your friends and go on a mosquito hunt! Look for mosquito breeding sites around your home and school in groups or make it a game! Be sure to tell your parents and teachers where you see wigglers in the water and clean those locations together once a week. Your detective skills will surely impress them!

Key Messages

Please refer to "What Everyone Needs to Know about Zika" for important additional information about Zika transmission, symptoms, risks, and prevention.

Zika Transmission

- There is a type of mosquito known as *Aedes aegypti* that can transmit four different diseases: Zika, chikungunya, dengue, and yellow fever.
- This type of mosquito is very common in Jamaica.
- It likes to lay eggs in man-made containers that collect clean water, especially 45/55 gallon water drums, unused tyres, and other large containers.
- It is especially bad if pregnant women get Zika, because their babies can be born with complications. If you know anyone who is pregnant, encourage them to take extra care to prevent getting bit by mosquitoes.
- Zika infection can also cause a problem in adults where their arms and legs are weak, and sometimes stop moving. This is called Guillain-Barré Syndrome, or GBS. GBS is rare, but if you see anyone having these problems, encourage them to go to the nearest medical centre as soon as possible.

Household Zika Prevention

- These mosquitoes like to stay close to home. There is a lot that you and your family can do at home to reduce the number of mosquitoes. Encourage and help your family to:
 - Cover your 45/55 gallon water drums with mesh or some other type of material that lets water run through. Be sure these covers have elastic or banding wire so that there is no room for mosquitoes to get through.
 - Look for the “wigglers” in the water. These are mosquito larvae that can become adult mosquitoes in just a few days.
 - Discard or turn over containers where water naturally collects to prevent *Aedes* mosquitoes from laying eggs.
 - Install screens on windows and doors to prevent mosquitoes from entering the home.
 - Protect yourself from mosquito bites by wearing repellent.

Mosquito Bite Prevention

- Protect yourself from mosquito bites by consistently using insect repellents that are safe and effective. These include DEET, Pacaridin, IR3535, oil of lemon eucalyptus or para-menthane-diol, and 2-undecanone.

Suggested Communication Approaches and Activities

Select from this list or propose other platforms well suited to reach schoolchildren.

Community Engagement

- “Operation Mosquito Search and Destroy” events at primary and secondary schools.
- Contests that engage schoolchildren in vector control activities and the promotion of Zika prevention messages.
- Incorporate vector control, disease transmission, and Zika symptom messaging into school curriculums, such as life skills and family living curriculums.

Interpersonal Communication

- Establish environmental clubs to lead vector control efforts at schools.
- Include Zika and mosquito prevention in messaging for Healthy Youth Positive Energy (HYPE) groups.

Print Materials

- Place visually attractive posters in classrooms and schools.
- Distribute visual aids – such as lawn signs, posters, and brochures – with vector control messages for children to take home and place near mosquito-breeding sites around their house.

Community Leaders

Illustrative Profile

Fitzroy is 50 years old and grew up in Breadfruit Tree community. He is well respected as a Deacon in one of the local churches. Fitzroy has existing networks and considerable influence over his community, and knows the names of the community members and their individual situations. He understands social networks and dynamics and is committed to community action, ownership, and resilience. Fitzroy often visits the homes of members of his congregation. While he has heard about Zika on the news, it never occurred to him that he might have a role to play in Zika prevention.

Communication Objectives

Increase the number of community leaders who:

1. Have accurate and up-to-date information on Zika virus transmission, prevention, and risks, including microcephaly, ZCS, and GBS
2. Actively reach out to their community with correct information on Zika virus transmission, prevention, and risks, and dispel myths and rumours
3. Mobilise their communities to eliminate *Aedes aegypti* mosquito breeding sites in and around homes, especially the homes of pregnant women
4. Act as role models for personal protection from mosquito bites by consistently wearing repellent, long clothing, and sleeping under a bed net
5. Encourage their communities to take personal protective action to prevent Zika
6. Act as gatekeepers to facilitate assistance and support from organisations that do Zika-related community work

Positioning

As a leader in your community, people look to you for accurate information, guidance, and support. You can help prevent the spread of Zika by mobilising collective action to eliminate *Aedes aegypti* mosquitoes in your area and by supporting the community to take personal protective actions against Zika. As a leader, you are also a role model for Zika prevention behaviours, including using mosquito-bite prevention, avoiding unintended pregnancy, and supporting pregnant women.

Key Messages

Please refer to “What Everyone Needs to Know about Zika” for important additional information about Zika transmission, symptoms, risks, and prevention.

Up-to-Date Information

- Your community depends on you for accurate information on Zika.
- Stay up-to-date on the latest information about Zika transmission, prevention, and risks by seeking accurate information from the MOH.
- Call the MOH hotline at 1-888-663-5683 for factual information about Zika.
- Follow the MOH on:
 - Facebook: <https://www.facebook.com/themohgovjm/>
 - Twitter: [@themohgovjm](https://twitter.com/themohgovjm)
 - Instagram: [@themohgovjm](https://www.instagram.com/themohgovjm)
 - Web: <http://moh.gov.jm/>
- Contact the local health department for information on Zika in your area.

Addressing Myths and Rumours

- There is a lot of misinformation about Zika. As a leader in your community, you can help clarify this information. You may even be able to use your own misconceptions to relate to community members who might have similar beliefs to help dispel rumours and increase responsiveness. (See “What Everyone Needs to Know about Zika” for more information on addressing myths and rumours.)

Sexual Transmission of Zika

- Encourage women, adolescents, and couples who wish to avoid unintended pregnancy to visit a healthcare provider to discuss their family planning options.
- Encourage community dialogue with community health workers to discuss the use of family planning to avoid unintended pregnancy.
- Coordinate with local clinics, health departments, and/or health workers to do condom demonstrations, encourage safe sex, and promote the use of contraceptive methods.
- Encourage pregnant mothers to go for regular prenatal clinic visits.
- Encourage pregnant women and their partners in your community to take protective action against Zika, including correct and consistent condom use, preventing mosquito bites, and eliminating *Aedes* mosquito-breeding sites in their homes.

Mobilising Communities

- Actively seek partnership with other stakeholders who are responsible for Zika prevention and control activities.
- Inform local councillors of *Aedes aegypti* mosquito-breeding sites in your community.
- Mobilise collective action to eliminate *Aedes aegypti* mosquitoes in your area, particularly near the homes of pregnant women.
- Plan and execute sensitisation sessions with community members to discuss Zika transmission, prevention, and risks.
- Encourage proper garbage disposal.
- Advocate for infrastructural improvement in your community, such as improved water supply.
- If someone in your community experiences symptoms of GBS, immediately help organize transportation to a healthcare facility for medical care.
- Counter stigma and discrimination towards families and babies affected by ZCS by modelling respectful and empathetic interactions with them. Children born with microcephaly and other congenital disorders have the same rights to developments and deserve as much love, care, and stimulation as any other child.
- As a community leader, you are a role model for Zika prevention behaviours, including eliminating of *Aedes aegypti* breeding sites, preventing mosquito bites, avoiding unintended pregnancy, and supporting pregnant women. Showing the community that you ‘practice what you preach’ can go a long way in convincing them to do the same.

Suggested Communication Approaches and Activities

Select from this list or propose other platforms well suited to reach community leaders.

Training/Advocacy Sessions

- Hold training sessions with community leaders to provide accurate information on Zika and discuss ways they can support their communities through efforts to promote Zika prevention and *Aedes* mosquito-breeding site elimination.
- Liaise with community leaders and engage them in advocacy activities to promote a collaborative response to Zika virus.

Community Engagement

- Create a kit with easy-to-use tools for community actors, such as a flip chart, message guide, and/or talking points.
- Train community leaders in participatory approaches and community engagement methodologies.

Families Affected by Zika Congenital Syndrome

Illustrative Profile

Kathryn and Nigel are new parents living in St. Andrew's Parish. Their son, William, is almost 10 months old. Nigel works for a construction company. He spends most of his day working outdoors and mosquito bites are just a part of daily life for him. Kathryn also believes that being bitten by mosquitoes is a normal part of her life. However, when she was pregnant with William, Kathryn heard about the Zika virus and how it could cause her baby to be born with a small head and medical problems. Kathryn did not know much about Zika, but she tried to prevent mosquito bites during her pregnancy by sleeping under a mosquito net and using repellent. Neither Kathryn nor Nigel knew that Zika could be transmitted sexually, so they did not use a condom to prevent any chance of sexual transmission of Zika during her pregnancy. She and Nigel were thrilled when William was born and the doctor told them they had a healthy baby boy.

Now that William is 10 months old though, Kathryn is beginning to worry that something is not right. She noticed that he has trouble moving his arms and legs, and that he sometimes has difficulty swallowing. Kathryn is not sure what is causing this trouble for her son or what she can do to fix it. She thinks maybe he will grow out of it and none of his problems seem serious right now, so she does not take him to the doctor.

Communication Objectives

Increase the number of families who:

1. Recognise the symptoms of ZCS both at birth and throughout the first few years post-birth
2. Value the importance of early intervention for a child with ZCS
3. Seek specialised care within the health and early childhood development systems
4. Join support groups in the community
5. Reject stigma or discrimination against family members affected by Zika

Positioning

As the parent of a newborn, you want to make sure your baby is happy and healthy. If you are worried that your baby may be affected by ZCS, seek medical assistance immediately. Your healthcare facility can direct you to services to help you and your baby.

Key Messages

Please refer to "What Everyone Needs to Know about Zika" for important additional information about Zika transmission, symptoms, risks, and prevention.

Zika Congenital Syndrome

- In some cases, babies born to mothers infected with Zika during pregnancy may develop ZCS, which can include microcephaly.
 - Microcephaly is a condition in which a baby's head is much smaller than expected and may result in serious neurological disorders.
 - ZCS is a pattern of birth defects resulting from Zika virus infection during pregnancy, including damage to the eyes, joint or muscle problems that limit movement, decreased brain tissue that results in brain damage, and severe microcephaly, where the skull partially collapses. Not all babies with ZCS will experience all of these problems, and

some infants with ZCS may later experience slowed head growth or develop microcephaly.

- The full range of ZCS disorders are not yet known.
- If you suspect your baby might have microcephaly or other neurological disorders included in ZCS when he/she is born, talk to your healthcare provider.
- When your baby is born, continue breastfeeding even if you suspect you are infected with Zika virus. Breastfeeding is still recommended for the newborn and will not cause ZCS or microcephaly.
- The life expectancy and developmental outcomes of a child with disabilities caused by Zika are uncertain, but can be improved through early intervention at the health facility or other specialised centre.
- Talk to the medical officer at your local health department or nearest health facility to see where you can go for early intervention and the special care that a baby with ZCS requires.
- It is also very important to continue caring for your child at home. Follow the recommendations given to you at the health facility for the best outcomes for your child.
- Family support groups and other psycho-emotional support groups can provide support and guidance. Find out more about such groups near you.
- Social protection services are also available for families with babies affected by Zika. Find out more about services near you.
- Having a baby with ZCS can be significant economic burden for families. Find out more about how you can seek financial assistance.
- Babies born with microcephaly and congenital disorders will need care, love, and stimulation just like all children.
- Children born with microcephaly or other congenital disorders have the same rights to development.
- As a family affected by Zika, there is a lot that other families affected by Zika can learn from you. Consider providing support and guidance to other families in a similar situation.

Suggested Communication Approaches and Activities

Select from this list or propose other platforms well suited to reach families affected by Zika Congenital Syndrome.

Community Engagement

- Form support groups for families affected by ZCS.
- Work with community leaders to be role models for non-discrimination.

Interpersonal Communication

- Counsel families affected by ZCS.
- Train community health aides to talk to families of newborns about symptoms of ZCS, to be on the lookout for symptoms, and to provide support to families affected by ZCS during their home visits.

Print Materials

- Develop resources such as brochures that explain what ZCS is, where families can seek support, and how they can best care for someone affected by ZCS.

Digital Media

- Form social media or WhatsApp support groups for families affected by Zika.

Families Affected by Guillain-Barré Syndrome

Illustrative Profile

The Brave family consists of the father, Hector, who is the main bread winner; the mother, Doreen; the grandmother, Miss Jane; and three children, Mary, Bill, and Anthony, ages 18, 16, and 12 years, respectively. Of the many families infected by Zika in the tenement setting where they live, three were in the Brave family – Hector, Mary, and Miss Jane. Mary and Miss Jane experienced only mild symptoms and recovered quickly. Hector, however, developed symptoms of GBS. He feels weak and has trouble moving his arms and legs. The family strongly believes that his illness is related to obeah. Due to their belief, the family has not sought medical assistance. Their non-traditional endeavour has not resulted in any improvement. The Brave's greatest fear is the lack of financial support for the family. They also believe that other family members may become ill with similar symptoms.

Communication Objectives

Increase the number of families affected by Zika who:

1. Recognise the symptoms of GBS
2. Seek specialised medical care

Positioning

Persons who contract Zika can develop GBS, which can be fatal. Learn the signs of GBS and seek medical assistance immediately if you experience any symptoms. Early detection may prevent complications and death.

Key Messages

Please refer to “What Everyone Needs to Know about Zika” for important additional information about Zika transmission, symptoms, risks, and prevention.

Guillain-Barré Syndrome

- People infected with Zika can develop a rare condition called GBS.
- GBS is a disorder where the body attacks its own nervous system, resulting in weakness or loss of feeling in the arms, legs and occasionally chest and face.
- While most people recover from GBS, the severity of symptoms can vary and last from weeks to months. Some people experience permanent damage or death.
- The first symptoms of GBS include weakness or tingling sensations, usually starting in the legs.
- If you experience symptoms of GBS, seek medical care immediately.
- There is no cure for GBS at this time. However, prompt medical attention should still be sought. Early treatment of GBS results in a better chance of a positive outcome and recovery.

Suggested Communication Approaches and Activities

Select from this list or propose other platforms well suited to reach families affected by Zika.

Community Engagement

- Form support groups for families affected by GBS.

Interpersonal Communication

- Counsel families affected by GBS.

Print Materials

- Develop resources such as brochures that explain what GBS is, where families can seek support, and how they can best care for someone affected by GBS.

Digital Media

- Form social media or WhatsApp™ support groups for families affected by Zika.

Tools and Resources

[CDC Key Messages: Zika Virus Disease](#)

[Jamaica Ministry of Health](#)

[Key Behaviors to Be Promoted in Zika Response](#)

[Strategic Communication for Zika Prevention: A Framework for Local Adaptation](#)

[Puerto Rico Zika Campaign: This is How We Stop Zika](#)

[Zika Communication Network](#)

[Zika Virus and Complications: Questions and Answers](#)

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Annex A: Workshop and Meeting Participants

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1	Dr. Winston De La Haye	MOH, Chief Medical Officer
2	Dr. Beverly Wright	MOH, Health Promotion and Protection Branch
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4	Faith Lyttle	MOH, Health Promotion and Education
5	Olive Scott	MOH, Health Promotion and Education
6	Damion Scott	MOH, Health Promotion and Education
7	Zoe Wellington	MOH, Health Promotion and Education
8	Carmene Anderom Dougles	MOH, Health Promotion and Education
9	Marcia Stephenson	MOH, Health Promotion and Education
10	Julia Manderson	MOH, Health Promotion and Education
11	Verol Denton	MOH, Health Promotion and Education
12	Julian Grandison Mullings	MOH, Health Promotion and Education
13	Althea Gayle-Palmer	MOH, Health Promotion and Education
14	Anne-Marie Graham	MOH, Health Promotion and Education
15	Shereen Reid	MOH, Health Promotion and Education
16	Valrie McLeary	MOH, Health Promotion and Education
17	Marceleen Wheatle	MOH, Health Promotion and Education
18	Oneil Gordon	MOH, Health Promotion and Education
19	Shauna Gordon	MOH, Health Promotion and Education
20	Marion Waysome	MOH, Health Promotion and Education
21	Candice Edwards	MOH, Health Promotion and Education
22	Gerald Miller	MOH, Health Promotion and Education
23	Sherine Huntley-Jones	MOH, Environmental Health
24	Dwight Hill	MOH, Environmental Health
25	Lisa Pilgrim	MOH, Environmental Health
26	Karen A. M. Brown	MOH, Environmental Health
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28	Dr. Alisha Robb-Allen	MOH, Family Health Unit
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38	F. Phillips Kelly	MOH, Medical Officer
39	Dr. Diahm Dale	MOH, Medical Officer
40	Shirleen Greenland	MOH, CMO's office
41	Kalesha Henlon Siddon	Jamaica Red Cross
42	Crystalee Callam	Jamaica Red Cross
43	Tashima Nembhard	Jamaica Red Cross
44	Paulette Blake	Jamaica Red Cross
45	Nicole West-Hayles	International Federation of the Red Cross
46	Dawn Byng	International Federation of the Red Cross
47	Novia Condell	UNICEF

48	Dr. Noreen Jack	PAHO
49	Sheila Samiel	PAHO
50	Julia Smiley Green	National Youth Service
51	Ronique Rhode	National Youth Service
52	Rayharna Wright	National Youth Service
53	Peta Gay Hodges	Jamaica Information Service
54	Milton Clarke	Jamaica Social Investment Fund
55	Jennifer Orkis	HC3
56	Priya Parikh	HC3
57	Gabrielle Hunter	HC3
58	Kristen Alavi	USAID

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