

FOCUS GROUP ZIKA VIGNETTES

FOCUS GROUP #1

Zika Control in the Context of Diverse Beliefs and Values regarding Gender, Childbearing, and Dis/Ability

Vignette Objectives

- Uncover decision making dilemmas when public health guidance regarding reproduction in the Zika context may conflict with the norms of a person and/or a community regarding gender, childbirth, and/or birth defects
- Elicit guidance for public health communicators about how (e.g., through what messages or intermediary messengers) to talk about socially sensitive matters in ways that respect different belief systems and still provide women with complete information with which to make decisions regarding sex and pregnancy in the Zika context
- Spotlight social and cultural conditions that may potentially inhibit women from acting on public health guidance regarding safe sex and pregnancy in the Zika context

Setting

In [insert city], you turn on the television to watch the morning news and hear that health officials say that Zika is present in the local mosquito population and that there have been 5 cases confirmed local transmission. You make an effort to learn more about the disease. You come across a number of headlines and stories about a connection between Zika infection during pregnancy and brain-damaging birth defects. The following facts have been distributed by the local health department:

- Zika virus spreads to people primarily through the bite of an infected *Aedes* species mosquito.
- Zika can also be passed through sex from a person who has Zika to his or her sex partners, and it can be spread from a pregnant woman to her fetus.
- People can protect themselves from mosquito bites (e.g., use insect repellent, use screens on windows, wear long-sleeved shirts and long pants) and getting Zika through sex (e.g., using a condom).
- Many people infected with Zika will only have mild symptoms or no symptoms at all. The most common are fever, rash, joint pain, or red eyes. Muscle pain and headache are also common.
- Zika virus infection during pregnancy can cause microcephaly and other severe brain defects in babies.
- We don't yet know all of the ways Zika virus infection during pregnancy might affect a baby, including problems that may not be obvious when a baby is born.

Public Reporting Burden Public reporting burden of providing this information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send documents regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRM (0920-1154).

Segment A: Gender Roles in Sex and Reproduction

Your best friend who has been trying to become pregnant also hears this news and calls you up with some alarm in her voice. Her husband owns a landscaping company and spends much time working out of doors. He was recently sick with a fever, itchy rash, and aches and pains – symptoms of Zika – but has recovered and seems perfectly healthy. Your friend is worried that her husband may have had Zika, but he brushes her off saying that he was probably working too hard and having allergies. He rarely goes to the doctor, because it is inconvenient, costs money, and to him, is a sign of weakness. Your friend wonders if she should stop trying to get pregnant. She is not on any birth control. Her husband insists he is fine, and when she raised the issue of him wearing a condom just in case, he says he won't – they are married, he has a right to have sex, and he wants to have children. She asks for your advice.

What advice would you give your best friend when she says she wants to postpone getting pregnant until it is safe for the baby? How should she manage the conversation with her husband? What kind of information and support could help her in this situation? Where and to whom should she turn for that help?

Segment B: Values Concerning Childbearing in the Context of Potential Birth Defects

Your best friend has convinced her husband that they should wait six months after the time he was sick before they start trying to get pregnant again – the length of time recommended by the CDC and the local health department. She is careful when she is outdoors to avoid being bitten. The husband reluctantly wears a condom when they have sex, and this is their only form of birth control. Three months go by and she shares the unexpected news that she is pregnant. Over one year, the chances of having an unintended pregnancy for a couple that uses only condoms is 17 percent. Your friend has fallen into this group. If she is pregnant, your friend worries, then she may have also been exposed to the Zika virus. She doesn't want to be tested for the virus, because she says that she can't handle the news that she might have been infected and been sick during her pregnancy. Will her fetus be alright, and if the fetus is not alright, what will she do, your friend anxiously asks aloud.

What advice do you give her about being tested for the Zika virus? What reasons would you give her for being tested or for not being tested? What kind of information and support could help her in this situation? Where and to whom should she turn for that help?

Segment C: Planning for the Future in the Context of Uncertain Science

Your best friend has begun seeing an obstetrician during her pregnancy, and that doctor has convinced your friend to be tested for Zika and referred to a specialist in maternal-fetal medicine. Sadly, the test comes back positive. The maternal-fetal specialist uses ultrasounds every 3-4 weeks to monitor fetal growth and anatomy. Ultrasounds up until 20 weeks have not shown any signs of abnormalities like fetal microcephaly or intracranial calcifications. Each time the ultrasound comes back with no signs of potential brain defects, your friend feels a little more relieved. The doctor, however, tells your friend that the negative tests cannot guarantee that the baby will not have Zika-related birth defects. Your friend struggles with what this may mean for her and her husband. Her husband feels strongly that the baby is a gift from God, and whatever happens, happens. Your friend is more ambivalent. She has a cousin with severe Down syndrome, and she has seen the difficulties that her aunt and uncle face in caring for the child they love fiercely. She wonders with a heavy heart about the trials her own child may face.

What issues, concerns, and thoughts would you share with her at this time? What could you and others do to provide her a safe environment in which to handle the uncertainty about the fate of her developing fetus? What kinds of information and support do you hope would be available to her? Where and to whom should she turn for that help?

FOCUS GROUP #2
Local Public Responses to Mass Aerial Spraying for
Mosquito Control in the Zika Context

Vignette Objectives

- Examine how individuals in Zika-affected locales balance risks and benefits regarding an environmentally based outbreak control (widespread application of mosquito-control chemical)
- Identify local social, cultural, and political factors that shape people's willingness to consent to public health recommendations for mass aerial spraying as a form of mosquito control

Setting

In [insert city], you turn on the television to watch the morning news and hear that health officials are planning to employ mass aerial spraying of an insecticide called Dibrom that has been in use for over 50 years. They want to make a quick assault against Zika-carrying mosquitoes that are very difficult to control in an urban environment because of their scattered and hidden breeding spots. The usual means of mosquito control – delivering pyrethroids, a different insecticide, by trucks and backpacks – will not work fast enough. Health authorities argue that in the small doses they propose to use, the chemical would be low risk. However, the news report also includes an interview with a different scientist who warns that Dibrom can be toxic to children and infants, butterflies and bees, and some fish.

Segment A: The Risks of Disease Weighed against the Risks of Its Control

Interrupting the mosquito transmission of Zika comes with the potential cost of releasing small doses of a toxin in the environment. What would make you more comfortable with the mass spraying that the health authorities recommend? What would make you less comfortable? What kinds of additional information would you be seeking?

Segment B: Split Scientific Opinions and Deciding Whom to Trust

You are listening to a local health authority who advocates mass spraying of Dibrom to stop Zika and to a local environmental activist who cautions against the widespread aerial release of Dibrom. Whom do you trust more and why? What would you do if they both quoted from different scientific studies supporting each of their viewpoints? What would sway your opinion from one viewpoint to the other?

Segment C: Eliciting the Consent of Publics Affected by the Mosquito Control Policy

The local health authority argues that in the case of Zika they are protecting you and your community's wellbeing by killing mosquitoes through mass aerial spraying. Do you think that they need to get your permission to do this? Why or why not? If so, then what would getting your permission look like? What actions would they have to take? What kinds of information would they have to offer?