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TITLE

Understanding vaccine acceptance and messaging in Indigenous populations in the Central Highlands of Guatemala

ABSTRACT

Background: As of February 2022, Guatemala's COVID-19 vaccination rate is just under 30%. Our partner, Wuqu' Kawoq, has observed that COVID-19 vaccination rates are especially low among Indigenous populations in the departments of Chimaltenango, Sacatepéquez and Suchitepéquez. There are numerous potential barriers to vaccination, including variable supply and availability, vaccine misinformation and myths, language barriers, and systemic and historical health inequities. We aimed to better understand why these groups are not accessing COVID-19 vaccines and to support the development of targeted media campaigns that help increase vaccine uptake.

Methods: In November 2021, we conducted six focus group discussions with 42 Indigenous men and women and 16 in-depth interviews with community health workers, nurses, physicians in our target communities. Our purpose was to identify vaccine access barriers, myths/fears around immunization, sources of accurate vaccine information or misinformation, and how messages are shared among social networks.

Results: Preliminary analysis indicates that myths and misinformation about the vaccine are prevalent and have combined with significant access barriers to increase vaccine mistrust. Participants indicated a preference for messages emphasizing that members of the local community are safely vaccinated and identified a lack of information available in Indigenous languages.

Conclusion and Recommendations: The lack of information available in local languages and access challenges increases fear and mistrust in the vaccine and public health systems, making the population especially vulnerable to myths and misinformation. Increasing vaccine acceptance requires integrating local understanding, cultural contexts, and languages into vaccine messaging.

Preliminary results: Respondents reported significant access barriers, including long delays, lack of information, and confusion over eligibility. They also reported myths about the vaccine. Four especially common myths were that vaccines cause death, implant tracking microchips, cause infertility, and are against the will of God. Our respondents indicated they were encouraged by messages focused on vaccine safety, emphasized members of the local community who were safely vaccinated, and encouraged vaccination as a right and responsibility for the community's health. Respondents especially emphasized the need for messages to be in K'iche' and Kaqchikel, as they identified a lack of health information in Indigenous languages as a barrier. The lack of information combined with other barriers increased fear and mistrust in the vaccine and in the public health system. This makes the Indigenous population especially vulnerable to myths and misinformation.

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COMMUNITY PARTNER

The Wuqu' Kawoq Maya Health Alliance

CATEGORY

Promotion of Health Awareness and Healthcare Access Through Education