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

Nadine Ann Skinner, PhD, MPA\(^1\); Kelly Sanders, MD, MS\(^2\); Emily Lopez\(^3\); Lucia Abascal Miguel, MD, MS\(^2\); Katy Bradford Vosburg, MPH\(^2\); Jamie Johnston, PhD, MPP\(^1\); Nadia Diamond-Smith, PhD, MSc\(^2\); Anne Kraemer Diaz, MA\(^3\)

1- Stanford Center for Health Education, Digital Medic, Stanford University; 2- University of California, San Francisco; 3- Wuqu’ Kawoq

**Project Description**

- In order to: 1) understand COVID-19 vaccine perception, 2) determine local COVID-19 myths/misinformation, 3) identify trusted sources of messaging for Indigenous community members, and 4) understand how people prefer to receive health information, including language, format, platform.
- Our collaborative team held 8 Focus Group Discussions (FGDs) with community members and 16 in-depth Interviews (IDIs) with community health workers (CHWs), nurses, and physicians.
- Our ultimate goal is to develop targeted media campaigns that help increase vaccine uptake in these populations.

**Background**

- Culturally diverse population, millions who identify as Indigenous Maya BUT the health care system does not serve this population well.
- As of February 2022, the country’s COVID-19 vaccination rate is less than 30%; rates are especially low among Indigenous populations in Chimaltenango, Sacatepéquez and Suchitepéquez.
- We aimed to understand why these groups are not accessing the vaccines.

**Community Partner**

Wuqu’ Kawoq | Maya Health Alliance is committed to providing high-impact, collaborative, and culturally and linguistically appropriate health and development programs for Maya populations.

**Outcomes**

- Significant access barriers & confusion over eligibility/ vaccination dates is causing vaccine mistrust.
- Fear over side effects is common.
- 4 Common Myths: Vaccines 1) cause death, 2) implant tracking microchips, 3) cause infertility, and 4) are “against the will of God” or “will cause you to become marked by the Devil”.
- Respondents prefer health messages that promote vaccine safety, promote members of the local community who are safely vaccinated, and encourage vaccination as a right and responsibility for the community’s health.
- Respondents noted a need for messages in K’iche’ and Kaqchikel - the lack of health information in the Maya languages were a barrier for many community members!

**Lessons Learned**

- The Indigenous Maya population in the Central Highlands of Guatemala is at high risk for vaccine myths and misinformation due to their historical and current context.
- The lack of information available in local languages and confusion over changes to vaccine availability/prioritization increases fear and mistrust in the vaccine and public health systems.
- This makes the population especially vulnerable to myths and misinformation.

**Recommendations**

- Myths and misinformation must be understood within local cultural, political, and historical circumstances.
- Increasing vaccine acceptance requires integrating local understanding, cultural contexts, and languages into messaging.
- Campaigns would benefit by providing information in Indigenous languages.

**Acknowledgements**

We would like to thank the community members, CHWs, nurses, and physicians who participated in the IDIs and FGDs, as well as the Wuqu’ Kawoq staff members who led the IDIs and FGDs. We would also like to acknowledge the Vaccine Confidence Fund for funding the study.