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OPINION // OUTLOOK

# Marteleto: Class lines should not matter in Zika prevention

**By Leticia J. Marteleto Aug. 15, 2016**

Comments

Texas Children's Hospital physician-in-chief Mark Kline, left, watches as Maria Rodas puts bug spray on her daughter, Ella Rodas, 4, as he reviews the proper way to apply the spray to help prevent bites from mosquitos that could be carrying the Zika virus Wednesday, August 3, 2016 in Houston.( Michael Ciaglo / Houston Chronicle )

Photo: Michael Ciaglo, Staff

I was in the stadium watching the first match of the U.S. women's soccer team in the Summer Olympics in Rio de Janeiro when the Brazilian audience chanted "Olé, olé, olé, ola! Zika, Zika!" each time goalie Hope Solo touched the ball. It was in response to her recent social media post about being ready for the Rio Olympics by bringing insect repellant and a hat with mosquito netting - all to combat the risk of getting Zika.

What Solo and others should consider instead is bringing her Zika-prevention gear back home.

Although Brazil was the first country in the Western Hemisphere to report a case of Zika and has nearly 80,000 confirmed cases of it, the disease has now been reported in all U.S. states, with locally acquired cases in Florida and in Puerto Rico. A recent poll suggests that

the majority of Americans agree that the federal government should increase funding for Zika response efforts, including helping women increase access to reproductive health care services. Meanwhile, international agencies have advised women in highly affected areas to postpone pregnancy.

But women of reproductive age are perceiving their ability to protect themselves from this new health threat differently based on their socioeconomic status. This increases the vulnerability of those already vulnerable.

As part of a research project, I'm in Brazil this summer hearing the experiences of women and health care providers about their perceptions of the risk of Zika infection and potential changes in reproductive behavior.

Our findings suggest that, while incredibly concerned about Zika, wealthier women, much like Solo, feel in control of preventing the virus by using repellant, netting their homes and postponing pregnancy. Poorer women have a more fatalistic attitude about getting infected with Zika and even about getting pregnant. Poorer women also feel that they can't protect themselves as well as wealthy women can because they lack the means to do so (money to buy repellents and mosquito nets), and they recognize their living conditions make them more vulnerable to mosquito bites (particularly through exposure to open sewage and stagnant water.)

Nurses have told us about giving different advice to women according to their judgment of each woman's ability to prevent the virus: Poorer women should wait to get pregnant. Those who can afford the tools to avoid infection and can use them consistently could deliver healthy babies by being careful and using repellant. This difference in how women and health care providers perceive the risk of contracting Zika reinforces class differences in access to health information and outcomes that are already so divergent for wealthier and poorer women in Brazil.

Much like Brazil, the U.S. is turning into one of the most unequal countries of the developed world, where access to health care, particularly reproductive health care, has become a contentious matter often determined by wealth and class. One of the lessons we should learn from the Olympics host country is that women's perceived risk of contracting Zika can be an important factor in determining how they feel about Zika and whether they take precautions. Another important lesson is that all women, regardless of socioeconomic conditions, should have access to effective information and tools about Zika prevention, and be provided with the means to freely make reproductive decisions.

Solo may never have to worry about getting Zika, but if we are going to combat this disease on a global level, we first need to address the socioeconomic disparities that go along with it.

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