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Ebola: Accurate Information Prevents Rumours and Panic

Educating leaders is one measure - along with distributing soap

The Ebola epidemic in West Africa is unprecedented in its scope.

This Policy Note stresses the importance of knowledge of social factors in preventing the spread of the fatal disease. There are similarities with the previous HIV/AIDS epidemic.

Traditional healers and heads of households are key players for health experts to target in protecting people against infection. Normal funeral services are one source of infection. A very basic preventive measure is providing families with soap.

Photo: Samuel Aranda/Panos

Accurate and regular information is important to fight rumours that might increase fear of Ebola and also risk creating panic.

This Policy Note outlines some of the social and political conditions in play in the Ebola epidemic in West Africa. These cannot be ignored in responses to the outbreak, but must be addressed alongside advice on individual behaviour change. The Note calls for a closer look at the social dimensions of the epidemic and suggests other possible paths for curbing the further spread of the disease and averting future outbreaks.

According to the World Health Organisation (WHO), the Ebola virus disease (EVD) outbreak in West Africa began in Guinea in December 2013 and spread to other parts of the region. Guinea, Sierra Leone, and Liberia have experienced an unprecedented Ebola epidemic in terms of numbers of confirmed cases, deaths, and geographical scope. In August 2014, WHO declared the Ebola outbreak in West Africa an international public health emergency and numerous health experts and volunteers have been working in an unprecedented effort to battle the epedemic in the affected areas.

The Ebola virus is spread through contact with bodily fluids. It is not airborne, so it cannot be caught like flu. The disease kills between 50 and 90 per cent of people who become infected, although the recent outbreak recorded over 55 per cent of the cases resulting in death. Deaths can undoubtedly be reduced as a result of early diagnosis and treatment. Initial response to the outbreak was inadequate due to weak and fragile health systems in the affected countries. In Liberia, people turned away from treatment centres had no choice but to return to their communities and homes, where they inevitably infected others. Taxis and other vehicles used for transporting infected patients could be a source of virus transmission.

> *"In Liberia, people being turned away from treatment centres had no choice but to return to their communities..."*

Owing to Ebola's fatality rates, there is a need to step up responses if governments, health authorities and communities are to halt the epidemic or prevent future transmission. The international community is helping immensely. Since March 2014, WHO has deployed over 400 people from among its ranks and other agencies to help respond to the disease in the countries affected. As official recognition of the severity of the

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epidemic has gained pace, clinical management and local uptake of prevention strategies has been improving.

Ebola has killed thousands of people, with Liberia, Sierra Leone and Guinea the worst hit. Symptoms include fever, muscle and joint pain, sore throat, headache and fatigue – followed by nausea, vomiting and diarrhoea, which may include blood. The West African outbreak is the largest on record and the first to have surfaced in the region.

Previous outbreaks occurred in East and Central Africa and were largely localised and contained to patients and their immediate contacts. The largest outbreak before 2014 was in Uganda in 2000 and affected over 400 people. Hence, Ebola is widely known in Africa, having been first discovered 1976 in parts of East and Central Africa, but the outbreak in West Africa has simply been overwhelming.

While authorities continue with clinical (hospital) treatment of patients, other issues such as beliefs and falsehoods about the disease also need to be addressed. Ebola has given rise to certain myths, conspiracy theories and denials of its very existence, which need to be defused. Denial and lack of knowledge and information are risky.

> *"Two of the reasons for repeated outbreaks in Africa are lack of information and poeple's mistrust in authorities.*

In the heat of the outbreak in Guinea a few months ago, media reports recounted how after a market was disinfected in the country's second-biggest city in a bid to halt the virus's spread, health workers were attacked by people shouting "Ebola is a lie!", while others feared that the spraying would spread the disease. Two of the reasons for repeated outbreaks in Africa are lack of information and people's mistrust in authorities. This is reminiscent of the early days of HIV/AIDS in Africa in the mid-1980s, when many doubted and denied the existence of AIDS. Denial and conspiracy theories became a large part of the problem with HIV/AIDS and efforts to change behaviour. These theories, such as the claim that AIDS was created in American laboratories to wipe out Blacks, resulted in apathy and the failure to take precautions.

Doubts about Ebola

As with anything new, doubts have been raised about Ebola. This is not merely an individual problem. In many African communities where information is lacking about certain

Photo: Chris de Bode/Panos

Prevention can sometimes be as simple as to wash yourself with soap. Health educators should target heads of households to spread the word how important personal hygiene is. Local councils could also provide poor families with soap.

issues, people entertain doubts or fashion their own interpretations of the situation. This usually occurs in the social environment where other people fill the void with their own explanations. Hence, the problem relates to individual conviction as well as others "misinforming" the community. There is a need for health experts in affected countries and other nations in the region to neutralise this situation by giving constant information about Ebola to keep people alert and abreast of the situation all the time.

It is good to sensitise people to adopt healthy behaviours or change their ways in order to avoid becoming infected. However, the social dimensions of Ebola need to be addressed alongside campaigns for individual behaviour change and precautions. Initiatives to address health and infectious diseases of this nature in Africa have too often been focused on individual behaviour change, without consideration of the social dynamics affecting the individual, the family/household and the community.

Social aspects of prevention

Diseases and healing (therapy) in non-Western societies usually affect the individual and other social groups (family, household, community). This has been shown in many studies in Africa. Unfortunately, many health promotion programmes or prevention interventions have overlooked this key fact. For exemple, when HIV/AIDS surfaced the discourse on risk factors and reasons for the high rates of infection in Africa focused largely on heterosexual contact, low use of condoms, poverty, migration, gender and sexuality. Educational campaigns have emphasised prevention, mostly built on individual behaviour change, where people are advised to lead healthy sexual lifestyles in accordance with the ABC method – Abstain from sex; Be faithful to partners; use Condoms consistently.

Ways to avoid the infection

It later became apparent that the social aspect of HIV risks was being overlooked. Mainstream analysis of migration and HIV infection, for instance, looked at the migrant as an individual actor who was following primarily personal needs. This perspective ignored intra-household dynamics that critically influence people's decisions to migrate, which can be a strategic action in which part of the family property is sold to sponsor a member to travel and remit money.

There are a number of ways to avoid Ebola infection. These measures should involve both the individual and families or households/communities.

Experts say dead bodies should not be touched, even as part of burial rituals. The challenge is that there are often inaccessible villages where people bury the dead unaware that contact with the corpse may leave them open to Ebola infection. In much of West Africa, funerals are important social events. It is not the individual that organises a funeral, it is the family/household as a collective group. Families usually use funerals to marshal support from and solidarity among the community. Hence, individuals and families must be educated in households on the need to avoid funerals of people suspected of having died of Ebola.

Indigenous healers are an untapped resource with great potential. Many people consult such healers first (or exclusively) rather than Western doctors. The role of indigenous healing and healers in Africa is highly significant, since such healers often function as therapists and psychologists in communities, curing patients and helping to resolve family disputes. They know the local dynamics and can thus offer appropriate counsel. In these times healers should be educated to encourage patients to seek

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Policy recommendations

1. Health educators should target heads of households and urge them to encourage relatives to wash their hands regularly with water and soap. Perhaps poor households should be provided with soap by local councils.

2. Families/households should be strongly advised with the help of traditional leaders to avoid dead bodies completely. Health personnel should be notified immediately if the deceased is suspected of having died of Ebola.

3. To avoid panic in communities, health officials should give people regular and accurate information about Ebola so that they are not fed with rumours that increase fears. In this way, the public will not be scared of health workers. The role of the media is important here, and information and education on Ebola should also be in local languages.

4. Traditional healers should be educated to immediately refer to the hospital persons who contact them and who display suspected Ebola symptoms.

Photo: Samuel Aranda/Panos

Dirty hands is a risk factor to get infected by Ebola. Traditions can also be dangerous, for instance touching a dead body at funerals.

hospital treatment. Health authorities and medical NGOs should integrate these healers into their work.

There have been reports that sometimes those infected mysteriously disappear from treatment centres, ostensibly for out-of-hospital therapy, and others fail to go to the hospital. From a medical anthropological perspective, people may leave hospitals without a doctor's recommendation or avoid going to the hospital because they suspect that witchcraft is the cause of their ailment, although this is by no means always the motivation. Patients and their families usually seek therapy from herbalists or spiritualists, including church pastors, believing that an illness is better treated with traditional medicine or spiritual healing, although often this belief comes about when no other cure is available. It can be dangerous when folk healers claim they can cure a disease when they actually cannot, as happened with HIV/AIDS in Africa. Such pronouncements and beliefs can influence risky lifestyles, with people feeling protected spiritually and not seeing the need for preventive measures.

> *"Sometimes people resort to traditional healing because they do not have the money to go to hospital..."*

Sometimes people resort to traditional healing because they do not have the money to go to hospital, while hospitals may refuse patients with Ebola symptoms.

Obviously, a coordinated political and humanitarian response is needed now from Africa's leaders and even in future to avoid further outbreaks. One way to achieve this is to embark on education in households, just as the so-called lockdown sought to do in Freetown, Sierra Leone. Interpersonal dialogue needs to move from individual targets to members of households as part of the campaign to prevent Ebola infection. In many African villages, public health policy directives and messages in the media may be ineffective because health officials and governments are viewed as people living in distant cities. Household heads and community leaders are seen as closer to the people and could be more effective in disseminating information and ensuring adherence to advice.

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