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*Full Length Research Paper*

# Irrationality of efforts to appease the deceased triggered community resistance to efforts designed to break chain of transmission during early stages of the 2014 Ebola outbreak in Sierra Leone

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**Appeasing the dead is practiced in many communities, often involving physical handling of the bodies with bare hands. This practice which is driven by traditional healers and spirit mediums created a major challenge to breaking the Ebola chain of transmission which barred the practice. Community resistance often very damaging erupted when Ebola infected or suspected cases were ejected from the community into isolation centres. The study was conducted between June and August 2014. Different research sites, participant populations and methods for data collection and analysis were used. Observation of handling of the sick and traditional conduct of burials as well as contact tracing of suspected cases of Ebola. Were done. The corpse was washed with bare hands by women embracing the body crying to show how much they loved the deceased. If one was perceived to be too distant to the deceased, one was seen as having had antisocial relationship with the deceased. Herbalists and traditional healers advocated for strict adherence to the cultural practices and threatened the perpetrators with untold punishment. Attempts by health personnel at restricting this close unprotected contact between relatives and revered deceased was met with violent community resistance as it was perceived to be deliberate efforts to distance the living from their newest ancestor; an intermediary to God. The family was at pains to avoid having to apologize for not having physical contact with the sick suspected of having Ebola and then be devoid of deliverance from the future ancestor. Uninterrupted and unprotected physical contact by the living with the Ebola-deceased fuel the spread of Ebola. Health education on non-physical contact modalities to show affection of the deceased needed to be explored and addressed.**

**Keywords:** Break chain of Ebola transmission; life after death; community empowerment, resistance to Ebola interventions

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## BACKGROUND

Hemorrhagic viral diseases have been in existence for more than four decades since the first discovery of the disease in the now the Democratic Republic of Congo near the Ebola River in 1976 (World Health Organization, 1978). Since then there have been more than 11 sporadic outbreaks of Ebola in more than five countries (Stamm, 2015; Bastug and Bodur, 2015). While the index cases of these outbreaks have tended to center on consumption of or exposure to body fluids from wild animals especially fruit bats, gorillas, chimpanzees and monkeys the link has been largely speculative and far from definitive (Osterholm et al., 2015). The question has continued to be why and when do these suspected animals spread the disease. In addition the nature of the reservoir of the virus if any has not been clearly defined and confirmed for all the previous outbreaks with a few exceptions (Swanepoel et al., 2007). The direct human to human transmission is the main mode of transmission from the index cases evolving and fanning out to become epidemics.

Most of the previous reported outbreaks occurred simultaneously in isolated remote rural settings attracting a very high case fatality rate (Paige et al., 2015; Bausch et al., 2007). Different strains of Ebola have been reported for the outbreaks. The prevailing outbreak in the three West Africa Mano River States has been the most complex and intense cross border epidemics involving both rural and urban settings.

The most vulnerable population groups at the highest risk of contracting the disease from index cases of Ebola disease have always been frontline health workers, spiritual and traditional healers. Elderly women have also been a target risky group because of their role in washing the bodies of the deceased patients in general irrespective of the cause of the deaths (Groseth et al., 2007).

One of the cross border areas inhabited by the Kissy people; Gueckeudu in Guinea and Foya in Liberia and finally after more than 5 months before spilling over into Koindu in Sierra Leone together geographically constituting the Kissy Triangle was the hardest affected in the early stages. Although the current Ebola disease outbreak was first reported in Guinea then spreading to Foya in Liberia most of the community resistance was prominent through its destructive manifestations in Sierra Leone.

The objective of the study was to determine the basis of the community resistance that had compromised mitigation efforts against the rapidly spreading Ebola disease outbreak in the early stages of the epidemic in Sierra Leone.

## METHODS

The study was conducted between June and August 2014. Different research sites, participant populations and methods for data collection and analysis were used. The ethnographic data collection methods consisted of observation of practices associated to risk of Ebola infection and prevention. For example, we carried out observation of handling of the sick and traditional conduct of burials as well as contact tracing of suspected cases of Ebola involving human contact with blood and fluids from a diverse range of affected and infected humans and wild animals.

### Study populations

In the Kissi community, research was conducted in the chiefdoms of Kissi Kana, Kissi Teng and Kissi Tongi, with a more in-depth focus on the villages of Koindu and Foindu. The urban sites focused on were Kailahun city and the suburban communities living around the Ebola treatment center. In Kenema district, investigations followed the pattern of the predominantly urban trend of the Ebola outbreak. We focused on the most affected neighborhood, that of Nyandeyama, and on the town center.For validity and exhaustiveness-related stakes, we have combined several data collection methods, including those of ethnography, qualitative interviews and in-depth case studies.

We also carried out observation of the use of the devices of chlorinated water buckets in rural communities. In urban settings, we also carried out observation of the search for suspected cases as well as of collection and transportation of the dead.

The qualitative data collection was based on informal and unstructured interviews, in-depth interviews, semi-structured interviews, focus-group discussions and free-listings. The interview texts were then used as matter for discourse analysis. In-depth ethnographic case study investigation was conducted in 2 settings: the village of Njala representing the rural area, and the neighborhood of Nyandeyama representing the urban settings. The case studies consisted of taking the first documented case and following all the cases related to it, with a special emphasis on chronology and social link identification. In the Kissi community, research was conducted in the chiefdoms of Kissi Kana, Kissi Teng and Kissi Tongi, with a more in-depth focus on the villages of Koindu and Foindu. The urban sites focused on were Kailahun city and the suburban communities living around the Ebola treatment center. In Kenema district, investigations followed the pattern of the predominantly urban trend of the Ebola outbreak. We focused on the

most affected neighborhood, that of Nyandeyama, and on the town center.

Key informants and focus-group participants were selected from among the following populations with numbers in brackets:

a. Paramount chiefs, the section and village chiefs, and the elderly male heads of households (7)
b. Women traditional leaders: female senior household members, the mammy queens, the female senior members of initiation societies (10)
c. The "ordinary" female household members; adult and young women (10)
d. The "ordinary" male household members; adult and young men (8)
e. Children of both sexes (11)
f. Religion leaders; Muslim imams, Christian pastors, catholic priests (9)
g. Members of modern women's organizations, women's church organizations, women's NGOs and women's formal and informal community networks (11)
h. Motorbike drivers (15)
i. Musicians (3)
j. Herbalists and traditional healers (7)
k. Blacksmiths and traditional hunters (6)
l. Teachers (8)
m. Market vendors (6)
n. Restaurant and hotel employees, managers and waiters (10)
o. Health workers (nurses, physicians and ambulance drivers and members of burial teams, health supervisors and councilors (10)
p. Mob in street protest during the Kailahun street demonstration (9).

## RESULTS

One hundred fifty participants played a part in the study. Physical contact with dead bodies seemed to be widespread, complex and carried out through established rituals. In summary, we can cite the following quotation drawn from a case report: "The corpse is washed. The dead body is dressed nicely and laid on a bed. Women come and fall on the body crying to show how they have felt her departure. Some would rub skin with the body to show how they loved the person when he/she was alive. They would do that for hours".

As was the case regarding the sick person, not showing sympathy with a dead body was observed to have a devastating effect on social and symbolic capital. If one was seen to be too distant, he/she might have been seen as having had anti-social relationship with the deceased. They might be suspected of having wished the death of the deceased one or having actually contributed to it. The risk of being ostracized or marginalized from the community was alleged to be high.

The practices around dead bodies expressed the deep concept of life after death. The deceased was starting a new trip after having visited the community of the living. The community must show that they have made everything possible to make their one time visitor the most happy. The happiness of the deceased one will have a positive effect on the community, as he/she will become an ancestor, in other words an intermediary between the living and the Supreme Being, God. From that concept, one can understand how physical contact to clean the dead body and make it like happy and crying "don't leave me here" are both part of the ritual. However, the ritual also includes words and songs that are greetings that the deceased one is supposed to transmit to the ancestors and their relatives who died before ("send my greetings to the ancestors"). This latter sentence expresses the worry about survival. It is all about not accepting to die with the deceased one, and staying alive. In Mende and Kissi culture, there are expressions exhorting the survivors to refuse to accompany the deceased one to the world of the dead. Those expressions are used when there is a risk of having another dead a few days after one person has died. The concept is particularly relevant in the fight against the Ebola virus disease, as it combats the chain of deaths which prolongs the chain of the transmission of the virus. The concept can be mobilized in dramas, songs and other prevention messages to be channeled through posters, on radio, TV and in writings.

The happiness of the dead body must be visible in its appearance. The muscles are not supposed to be tensed. They are supposed to be relaxed. They are supposed to express peace and serenity. Respecting the integrity of the dead body is fundamental, as it is part of the collective body of the community of the living.

Somebody died in the village, his brother called the Imam to pray for the deceased. The Imam "observed that the dead person had his eyes still open so he touched the eyes and closed them; just after that the wife of the Imam took the clothes of the deceased to wash. The Imam got sick and died; the wife and one child of the Imam died".

There appeared to be sanctity in the traditional belief of life after death. Appeasement of the deceased had to be explicitly demonstrated before and after death. This culture and practice had precedence and needed to be adhered to without fail. Any attempt to disrupt or compromise this tradition was met with profound resistance with impunity with traditional healers and spiritual leaders being at the forefront of metering any form of punishment.

Health promotional and educational interventions from the health workers to contain the outbreak without adequate engagement and ownership of the communities were seen as parachuting and an undue provocation from outsiders.

## DISCUSSION

The practices around dead bodies expressed the deep concept of life after death. The happiness of the dead body must be visible in its appearance. They are supposed to express peace and serenity. Respecting the integrity of the dead body is fundamental, as it is part of the collective body of the community of the living.

Like for the sick person, frustration of the dead body could be a source of frustration for the community. Now a dead body can be frustrated for not having received all the ritual it deserves in order to leave in peace. To calm this potential frustration, rituals include begging for apology. The context of Ebola that is currently disrupting the organization of funerals and rituals is full of frustration that can be calmed by the mobilization of the forgiveness begging concept.

The acts of physical contact to be avoided with a patient should be illustrated in detail on posters, in songs and other sensitizing materials, so that messages would be more persuasive.

Women's role in providing care to the sick from Ebola, as well as the need for them to avoid physical contact as a prevention measure, should be illustrated on posters, in songs and other sensitizing materials.

The local concept of "apologizing" for not having physical contact with the sick suspected of having Ebola should be included in posters, songs and other sensitizing materials, to compensate frustration.

Taking in consideration the prestige of herbalists and traditional healers, one can recommend workshops with them, in order to develop their diagnosis practices based on non physical contact and their capacity to refer suspected cases to Ebola treatment centers.

Female leaders of women's initiation societies and older women (Grandmothers) should be targeted for capacity building on diagnosis practices based on non-physical contact and on referring suspected cases to Ebola treatment centers.

Performance workshops should be organized for the creation of dramas, songs, radio and TV series, as well as writings that aim at reinterpreting traditional concepts in the sense of honoring people who died of Ebola and preventing transmission of the disease.

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