



# Opinion Analysis

**INR** OFFICE OF **OPINION**  
OF **RESEARCH**

October 14, 2014

U.S. Department of State

## Ebola in West Africa: Combating Both Virus and Myths

*The Ebola outbreak has changed the landscape in West Africa, especially for Guinea and its already beleaguered health system. Guineans in focus groups talk a great deal about the disease—acknowledging that myths are as widespread as facts. Misinformation is a roadblock to prevention, treatment, and recovery. But these Guineans’ own words suggest innovative ways to curb the spread of both bad information and the Ebola virus itself.*

Guinea—original source of the current Ebola epidemic—has long struggled with poor governance, inadequate healthcare, and widespread corruption. Perceptions of weak domestic institutions and a slow response have made a deadly disease even more lethal. Participants in recent INR/OPN focus groups in Conakry and Kindia (map, p. 4) called the government’s response to Ebola “*negligent*,” creating a “*crisis in trust*” that will take time to rebuild. They pointed to the enormity of the outbreak. Regardless of its actual incidence rate, the specter of the disease is “*ravaging the country*” economically and socially.

Focus group participants were acutely aware of many aspects of Ebola including

its transmission via bodily fluids and the need for extreme caution when interacting with infected people. Some even discussed how the virus looks—pictures of the virus itself are featured in awareness campaigns—and the evolution of media coverage through 2014.

### Low Faith in Health System

Despite this high level of awareness in focus groups, themes emerged that show how difficult and layered the social problem of Ebola is. Many participants saw Ebola as a death sentence, sure there was no cure or even treatment, and certainly not from an already deeply inadequate health care system (figure, next page). This is a main reason Ebola patients and their caregivers avoid medical

### Messaging—What May Help

In focus groups, Guineans indicated ways to improve public awareness campaigns.

- 1) **Show that Ebola is not a death sentence** by explaining treatment options and the possibility of survival.
- 2) Use **survivors’ testimony** to bolster trust in health care providers and encourage citizens to seek treatment.
- 3) **Sing the same tune.** Imams, community leaders, international organizations, government officials need to be on the same page with unified and accurate messages, using local languages.
- 4) **Show, don’t just talk.** Include live demonstrations during public health campaigns. People learn by watching and will trust using the same bleach, soap, and sanitizer that officials use.
- 5) **(Re)Build trust.** Guineans say Conakry’s (and the international community’s) response to Ebola was too slow. A “**spirit of patriotism**” is needed to help the fight.
- 6) *Ask what you can do for your country...* **Mobilize Guinea’s large youth population** to promote health campaigns, distribute supplies, and teach best practices.

This report is based on INR/OPN focus groups conducted in Conakry and Kindia from September 22-24, 2014. Six groups took place, three with men and three with women of various age groups. See page four for more methodological details.

OPN-204-14

This publication interprets polling data and does not necessarily reflect the views of the U.S. Government.

## Opinion Analysis

treatment at a hospital—they're convinced they're going to die anyway. According to this logic, it is better to stay at home, surrounded by loved ones, avoiding the medical bills and social stigma.

Another complicating factor is suspicion about the health care system itself. In a 2013 Afrobarometer survey, **4-in-10 Guineans reported paying bribes to receive treatment at a local health clinic or hospital.** Some Guineans even believe healthcare workers in state-run clinics deliberately kill Ebola patients. A young woman in Conakry said people believe that *“when you have Ebola and are sent to the hospital, they inject you with a product to kill you so you don't infect others.”*

Adding weight to Ebola's deadly reputation, many citizens are not aware of any survivors. They may hear that Ebola has a 50% to 70% death rate, but they have heard little of people actually surviving the virus. This perpetuates the belief that Ebola is a government created virus.

### Conspiracies

While many are aware Ebola can originate from bushmeat, focus group participants recounted nefarious rumors that continue to circulate. Participants themselves might not believe these conspiracies but suggested other Guineans did.

### Domestic: Created by Conakry to Wipe-Out the Forest Region, Retain Power

Guinea's Forest Region has been plagued by clashes over land, most recently between the Guerze and Konianke groups. Some see Ebola as President Condé's attempt to get rid of this perennial problem.

*“The government sent this disease to the Guinean forest to do away with the minority population there.”*

Others talked about the conspiracy theory that Ebola is Condé's tool to retain power.

*“It is the president who created the disease to delay the upcoming presidential election.”*

### Foreign: Created by the White Man

Reasons why the “white man” would create Ebola vary, but citizens believe foreigners exposed to Ebola are evacuated immediately and receive special treatment not available in West Africa. There are rumors that *“the whites”* brought Ebola to Guinea *“as a curse,”* or *“as a method of wiping out the population,”* or *“by scientists for experiments.”* Such beliefs create future challenges for vaccination campaigns and could have a lasting impact, as evidenced by the following perspective:

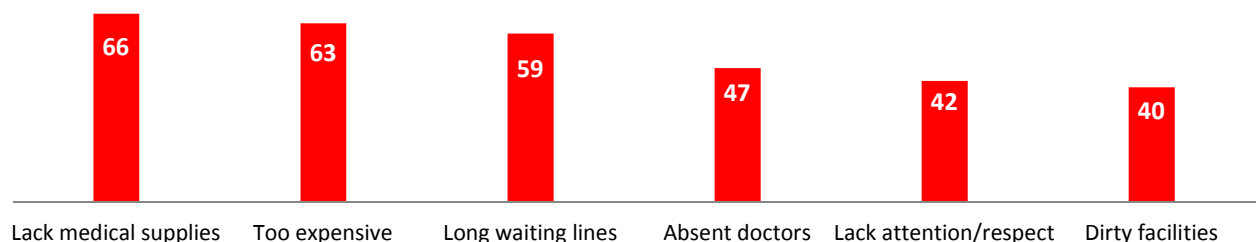
*“Families no longer send their children to hospitals, clinics, or health centers. Now people believe it's a bad idea to vaccinate children here.”* (Woman, 18-29, Conakry)

### Aware and Adapting

In addition to knowing how the virus is spread, many know they should immediately call 115—the Ebola hotline—should they or someone they know show symptoms of the disease. Most were familiar with public awareness campaigns, particularly those on *Radio Télévision Guinéenne*, France 24, Espace FM, and cell phone campaigns by Cellcom

### Guineans Critical of Health System

Have you encountered any of these problems with your local public clinic or hospital during the past 12 months? (% yes)



## Opinion Analysis

and Orange. Others learned about the disease from imams at mosques. Imams are generally highly trusted and respected, but participants did feel a few imams spread false information about the disease.

Public awareness about Ebola has also resulted in behavior change, including washing hands frequently and not shaking hands.

*“Fear of dying has caused me to change my habits.” (Male, 30-55, Kindia)*

*“I go to public places less, and I don’t greet people as much. When I have to greet them I have disinfectant with me.” (Male, 30-55, Kindia)*

Participants also noted they were less likely to visit places such as the market unless absolutely necessary.

*“My wife was training at the regional hospital in Kindia. I forbade her to go to the hospital because even though she’s only a trainee, she’s not immune to the virus. I also told her to be careful in public places.” (Male, 30-55, Kindia)*

**We Are Not Sierra Leone**

The six focus groups took place immediately after Sierra Leone’s three day quarantine to stem the spread of the virus. Sierra Leone’s success was noted, but did little to convince participants such a measure could be possible in Guinea. Ethnicity is a sensitive issue in Guinea and government policies are frequently interpreted through an ethnic lens. Many felt a national quarantine would be viewed by some as an attempt to **“exterminate their tribes.”**

**Foreign Aid: You’re Doing What?**

Many participants felt there was a disconnect between the publicity about the support Guinea is receiving from the international community (personnel, medical supplies, soap, bleach, public awareness campaigns) and what they actually see happening in their community.

*“They haven’t made enough effort because they haven’t distributed bleach and chlorine to people in all the regions. There are people who are extremely poor and can’t buy it.” (Female, 30-55 Kindia)*

For Guineans, poor distribution demonstrates ineptitude at best and discrimination at worst.

Prepared by Sarah Aldrich ([AldrichSG@state.gov](mailto:AldrichSG@state.gov); 202-736-4289)  
Issued by INR/OPN, U.S. Department of State

