Communication and social mobilisation strategies to raise awareness about Ebola virus disease and the risk factors for its transmission are central elements in the response to the current Ebola outbreak in west Africa. A principle underpinning these efforts is to change risky “behaviour” related to “traditional” practices and “misinformation”. Populations at risk of contracting Ebola virus disease have been exhorted to “put aside, tradition, culture and whatever family rites they have and do the right thing”. Messages designed to correct perceived misunderstandings include: “Ebola is caused by a virus. Ebola is not caused by a curse or by witchcraft”; “science and medicine are our only hope”; and “traditions kill”.

Such messages follow logically from clinical and epidemiological framings of contagion. They pay little attention, however, to the historical, political, economic, and social contexts in which they are delivered. Furthermore, they reinforce external perceptions that local beliefs and practices are barriers to be overcome through persuasion or counterbalanced with incentives. Such characterisations have been counterproductive in previous Ebola outbreaks. We propose four questions to scrutinise some of the assumptions about current Ebola social mobilisation strategies.

First, will improving people’s biomedical knowledge of Ebola lead to desired behaviour changes? Efforts to change what people do through biomedical information alone can be ineffective. Communicating knowledge about why people should wash their hands with soap, sleep under a bednet, or change their sexual practices is known to be insufficient to induce behavioural changes in practice, usually because of people’s other priorities. The situation with regard to Ebola seems to be following suit. Biomedical information on risk might hold limited relevance to people when trying to care for sick loved ones or attend to the dead. Other approaches that start by addressing people’s priorities need to be considered when attempting to influence health-related activities.

Second, should local activities be regarded as “exotic behaviour”? Caring for the sick is an intensely practical endeavour. Public health framings of Ebola, however, often portray caring practices as irrational and immutable traditions. This perception reflects a lack of genuine engagement in the material, social, or spiritual implications of changing social practices. In many parts of Sierra Leone, Liberia, and Guinea, burial practices often incorporate procedures to distribute inheritance and ensure the deceased an afterlife. Failing to conduct funerals appropriately may cast family members as negligent, or foster suspicion of malicious causes of death; these concerns can override health considerations. To disregard such concerns and take an inflexible stance in negotiating mutually acceptable
courses of action precludes any genuine demonstration of respect or empathy for that person’s situation.

Third, how helpful is the message that biomedicine is the most effective way to understand and respond to Ebola? The idea of trying to shift people’s framings away from so-called traditional beliefs is embedded in the public health view of biomedicine as the only valid way to understand and respond to illness. From the perspective of afflicted people, however, the evidence that biomedicine is helping communities affected by Ebola can be hard to discern. Health facilities have been sources of Ebola transmission\(^\text{13}\) and many patients admitted to treatment centres do not survive. How can trust be established or collaboration developed if local people are expected to accept ideas and practices that do not accord with their own observations and experiences? In the context of a general willingness to adopt multiple modalities to achieve care and wellbeing, safer practices can be adopted without changing people's core beliefs.\(^\text{14}\)

Fourth, are standardised messages and modes of delivery for public health information about Ebola appropriate? Public health framings generally assume that standardised protocols that deliver “correct” health information through the “right” medium are needed to change behaviour. Protocols are typically developed at national or international levels rather than collaboratively with the people who are expected to change their behaviour. When rolled out rapidly at scale, the standardisation of messages is treated as paramount in country plans; an operational logic that hinges on the use of mass media and rote training of community liaison workers. Such a standardised approach discourages adaptation, prohibits engagement with local social realities, and ignores how people will interpret public health messages according to specific local political and social circumstances.

Engagement across communities with flexible protocols that communicate problems, request help in developing local solutions, and enable their implementation are likely to be more effective in changing high risk practices than standardised approaches. As households and communities have made clear when given the chance, what they would like is practical information about risk factors for Ebola transmission and, crucially, how to reduce risks when caring for the sick and burying the dead, as well as the material resources necessary to put this advice into practice.\(^\text{7, 15}\)

As members of the Ebola Response Anthropology Platform, we call on all organisations involved in the response to the Ebola outbreak to question the assumption that biomedicine must correct local logics and concerns, and the effectiveness of using standardised advice for non-standardised situations. Those tasked with asking people to change practices and activities associated with Ebola transmission should be allowed the time and flexibility to negotiate mutually agreed changes that are locally practical, socially acceptable, as well as epidemiologically appropriate. Resulting approaches to managing the crisis are likely to be diverse but locally sustainable, provided they are developed with respect for local people and their priorities and resourced appropriately. Otherwise, we warn that a focus on correcting “misinformation” could do more harm than good.
The Ebola Response Anthropology Platform

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