

# Ebola and Older People in Sierra Leone, Liberia and Guinea

## Ebola Response Anthropology Platform

Briefing Note, 11/12/2014

### Key points

- 1. The limited evidence available on age-disaggregated fatality rates of Ebola Virus Disease (EVD) consistently highlights the poor survival rates of older people compared with young adults.**
- 2. The particular roles that older people play in societies put them at differing patterns of risk of contracting EVD compared with younger adults. While many older people will be less likely to undertake at-risk care and burial practices, those with for example fostering or non-formal caring roles may be at increased risk of transmission.**
- 3. Older people, in particular those living alone, may rely on food and financial remittances from their children or extended family. Such remittances are likely to be sensitive to disruption by the economic downturn faced by the affected countries, as well as restrictions on movements of people and goods.**

### Local definitions and perceptions of older people

- 4. In Sierra Leone, Liberia and Guinea, “older women” are likely to consist of those who are post-menopausal, have grandchildren or are senior society members, especially of the Sande society. “Older men” would be those with grown up children and those who are leading figures in men’s societies and other domains such as politics or religion.**
- 5. Elders are, in general, much respected. For example, symptoms of dementia may in a way be respected and interpreted as a closer proximity to the ancestral world. Someone’s actual age has a direct bearing on the extent of this respect – the older the more respected.**

### Roles of older people in the care of children

- 6. Fostering is a longstanding tradition in the region. This is often seen as mutually beneficial to both the child and the foster parent.**
- 7. It is common for children to be raised and cared for by extended family members, in particular step-mothers and grandmothers. This practice is known in Sierra Leone as “*men pikin*” (Krio for “caring for children”).**
- 8. This practice appears to have been increasing over the past two decades, in part due to the civil war but also due to increasing opportunity and need for birth mothers to earn an income around urban centres and mining complexes.**
- 9. Many older women caring for children are single. However, older women with “*men pikin*” responsibilities are often not the most vulnerable in terms of financial and food security due to food and remittances sent by birth parents to contribute to the child’s upkeep.**
- 10. There are, however, exceptions to this. The most vulnerable tend to be widows who have settled at their present location as the partner of a now-deceased “stranger”, i.e. someone from outside of the immediate kinship groups of the locality. Such a person may be very**

vulnerable to food insecurity if her children have migrated to the city but are not yet well enough established to send remittances.

### Impact of Ebola on Older People

11. There is currently limited age-disaggregated data on the differential incidence and case fatality rate for older people in this outbreak. Study findings have, however, shown that people over the age of 45 years have had more than double the risk of death (odds ratio 2.47, 95% confidence interval 1.79-3.46)<sup>1</sup>; a median age of survivors being 16 years younger than those who died<sup>2</sup>; and patients younger than 21 years of age had a significantly lower case fatality rate than those older than 45 (57% vs. 94%, P=0.03)<sup>3</sup>.

12. The most important transmission routes during this outbreak appear to be caring practices immediately before the moment of death, including transporting patients, and body preparation practices immediately after death. The extent to which older people are more or less likely to contract Ebola depends on their involvement in such practices.

13. There are documented cases where local outbreaks can be traced to the despatch back to the village of children already infected by their mothers in town. Parents who have moved to urban/peri-urban areas still retain strong links with their home community. Movement of young children between urban parents and rural grandparents may put older people who care for children at particular risk of becoming the focus of local micro-outbreaks and contribute to a pendulum-effect of outbreaks alternating between urban and rural communities.

14. Rural older people may follow different health seeking practices to younger urban counterparts due to greater distance from formal health facilities, greater poverty, lack of awareness, and greater closeness to or confidence in non-biomedical remedies. This will have consequences for their likelihood of seeking care in formal Ebola health facilities.

15. It is likely that older women in villages will step in and take charge of Ebola orphans. Whether fears surrounding Ebola orphans, whether due to risk of ongoing infectiousness or due to spiritual or moral interpretations of the illness, have reduced the frequency of this practice needs consideration and further investigation.

16. Senior members of the Sande society are highly involved in supporting the ill and are likely to have been disproportionately affected by the outbreak.

### Authorship and Contributors

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## References

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