

Social Stigma and Ebola in Liberia

Snapshot: Ebola in Liberia

- Ebola is spread by direct contact with infected blood or bodily fluids. Symptoms include vomiting, a fever, diarrhoea and muscle pain.
- The disease imposes a high risk of death, killing fifty to ninety per cent of those infected.
- The first recorded cases in Liberia were in March 2014. The death toll had risen to 2,700 by November that year.
- At peak of the epidemic, Liberia's borders were closed to its neighbouring nations and most districts in the country maintained quarantines to try and contain the disease.
- Monrovia, the capital, became the site for new treatment centres and clinics designed to cope with the increased demand for hospital beds.

Introduction

The first confirmed cases of Ebola in Liberia came on the 31st March 2014 (BBC, 2014) when two sisters died of the disease having returned from a trip to Guinea. What then followed was a country wide epidemic with over 6,500 recorded cases and over 2,700 deaths in the nine subsequent months. While popular media commonly reported the spread of the disease as being 'out of control', in fact the disease, whilst having high levels of mortality, is not as contagious as one was led to believe, ranking far behind the world's biggest killer, influenza (Al Jazeera, 2014). Unlike influenza, there is no evidence that Ebola is spread by airborne particles, being instead spread by direct contact with infected bodily fluids.

Where did the stigma come from?

The justified concern over the poor survival rate of the disease, ten to fifty per cent according to the World Health Organisation (2014), however goes some way towards explaining how Liberia's residents created a set of complex, and often conflicting, set of social stigma surrounding the disease. Fear of coming into contact with anyone connected to Ebola, be it a victim, a relative of a victim, a survivor or someone who works in the health profession escalated to the point at which it started to have a profound impact on the economic geography of the country and its ability to recover from the outbreak.

How did the stigma affect the management of the epidemic?

Survivors of the disease were especially stigmatised. Despite being given the all-clear from doctors, few felt able to return to their communities where neighbours and even family members rejected them, refusing to take them in and in some cases threatening violence against them (Elbagir and Brumfield, 2014). Poor communication, knowledge about public health and educational infrastructures in Liberia allowed the spread of the stigma to go



Figure 1. Map of Liberia

(Source: Africa map designed by Bru Rakoto at the noun project)

unchecked and led the Liberian Minister of Health, Dr Walter Gwenigale, to become hesitant about publically naming the districts affected by the epidemic for fear of further stigmatisation and counterproductive misinformation being circulated (Lazuta, 2014). For those orphaned by the disease, of which in November 2014 there were over four thousand across West Africa (UNICEF, 2014) this stigmatisation created a number of children being forced to look after themselves as relatives suddenly become 'untraceable' or became genuinely difficult to contact due to the quarantine restrictions placed on whole districts (Mark, 2014). The long term impact of this

could be a generation of children who are unable financially to attend school and a long term rejection of the extended family and community networks that normally support orphaned individuals (Plan, 2014).

What other impacts has the stigma had?

Since the end of the civil war in 2003, which in itself created many single parent and child headed households (Plan, 2014), Liberia has struggled to house and rehouse those affected by conflict and the burden of disease and its social stigma has magnified this problem. With almost the whole of the country separated and quarantined into






		Liberia	UK
GDP per capita (US\$)		454	39,337
Life Expectancy		60.2	81.5
Doctors per 1000 people		0.014	2.79
Literacy Rate		42.9	99
Birth Rate		36.0	12.8

Figure 2: Development Indicators comparing Liberia and the UK (Source: World Bank Data)

geographical parcels; a measure put in place to contain the disease at the height of its spread, it was difficult to coordinate a countrywide policy to maintain Liberia operating as a coherent nation and community and acting in such a way that did not have a long term impact on Liberia's already weak economy (Figure 2).

How did the stigma affect the Liberian economy?

Stigma affected Liberians' personal and national economies. Many local traders, who had lost family members to Ebola, faced an unfounded fear from customers that their food stuffs were 'tainted' or that they themselves were vectors for the disease (Action Aid, 2014). Not long after the start of the epidemic, they struggled to feed their own families on their heavily reduced income. Since the delivery of goods nationally was also affected by regional quarantine restrictions, food and essential goods were not getting through to some outlying districts, sending the cost of food and basic necessities beyond the level most Liberians could afford. Therefore at a time when people could most use cheap and locally produced goods, social stigma compounded the problem and left many families relying on erratic charitable handouts instead (Al Jazeera, 2014).

References

Action Aid (2014) The Ebola Effect: Death, Stigma and Economic Hardship
 Al Jazeera News (2014) Just how deadly is Ebola?
 BBC (2014) Ebola: Liberia confirms cases, Senegal shuts border
 Elbagir, N. and Brumfield, B. (2014) CNN, Ebola makes stigmatized, abandoned orphans
 Lazuta, J. (2014) Ebola victims face stigma in West Africa, Voice of America

Mark, M. (2014) The Guardian, Ebola orphans in Sierra Leone face isolation from hard-hit relatives
 Plan (2014) Children orphaned by Ebola face poverty, abandonment and stigma, Plan
 UNICEF (2014) Children Hardest Hit, http://www.unicef.org/emergencies/ebola/75941_76202.html
 World Bank Data (2014) <http://data.worldbank.org/>
 World Health Organisation (2014) Fact Sheet 103: Ebola Virus Disease