



## Community Relationships in West Africa and Ebola

West African communities highly value personal relationships, and Ebola is a very personal disease, which affects family ties, spirituality, and the burial and care of loved ones. You will enter communities as a stranger from another country, even continent. You, as a healthcare provider, will have to build trust in the community. Many of the preliminary responses to this epidemic encountered serious problems because such trust was not built. With the appropriate knowledge of the anthropological and social realities in West Africa, trust between healthcare providers has been developed, maintained, and cultivated. Here are a few key points to do so:

### **Acknowledge People**

You are busy, you have many tasks to accomplish, but in West Africa, perhaps more than in other areas of the world, greeting and acknowledging locals is crucial to building trust no matter how much there is to do. Especially since handshakes are out of the question, take a minute

- *To nod and smile at people, maybe put one hand to your heart in greeting, and ask the person you talk to how he/she feels, how his/her day was and how the family is.*
- *If possible offer a small gift, as a sign of respect; possibilities for gifts include food, soap, or small amounts of money.*

### **Locals experience with international interventions and Western medicine is limited, and not necessarily positive**

Western biomedicine is vital for beating this epidemic, but many West Africans have had limited and negative experiences with international interventions and biomedicine. In rural areas health facilities are often out-of-reach, a visit to a health facility requires hours of travel by foot or by costly public transport, and once they are reached, medicine might be out of stock or medical care unavailable for other reasons. Medical care often came with colonial exploitation throughout history. It is thus important that international medical and logistical personnel **take time to explain the how and why of what is done, and to attend to questions and doubts of community members carefully.**

Successful ETUs have emphasised possibilities of communication between patients and their relatives. Running ETUs with transparency towards communities is of great importance; this includes allowing family members to talk to their loved ones from a distance or to record audio or video messages on the phone or tablets from relatives for patients or the other way round. Such openness and respectful care has proved to be very effective in increasing trust and reducing anxieties, and thus increase community cooperation.

## *Last Wishes of the Dead*

People across the region try very hard to honour the last wishes of the dying, as their anger after death would be terrible if it was not heard and respected. If no direct communication between relatives and patients is possible, care personnel should remember to:

- *Record messages or little videos and convey them to relatives if the situation calls for it.*
- *Give the dying all the food and drink they solicit.*

If aid workers fail to honour the wishes of the dying, those left behind feel that an injustice has been committed and a punishment may lie in the future for relatives that did not fight for dying relatives. Reports of Ebola sufferers, who were brought into wards, not receiving adequate food, drink, and possibly even expressions of sympathy, have very real and negative consequences for the work of the Red Cross. In the midst of an operation that is stressful for everyone, small gestures make huge operational differences.

## *Funerals*

In the light of the importance of honouring the dead, family-ties, and social relations, burials are one of the most important rituals in parts of West Africa. Anthropological studies conducted during the current Ebola outbreak in West Africa suggest that the desire for traditional burial practices does not necessarily mean that locals reject safe burials, cremation, or mass graves. Traditional burial practices can be changed and adapted in emergency cases. Whatever one does, it is important to be honest when discussing burials with relatives and respect wishes from relatives and communities within the possibilities of safety:

- *Give people evidence of a patient's death (this might mean showing pictures of bodies)*
- *Bury people in the presence of a relative*
- *Communicate burial sites to the relatives so they can visit the burial site and memorialize the dead*
- *Evidence suggests that cremation is not popular, but it is not universally disagreed with either if explained properly. If cremation is performed, return ashes to families if requested. Assure population that cremation is a temporary measure in the context of a health emergency.*

You will enter communities as a stranger from another country, and you ask locals to make major sacrifices, for example that they should not care for their dying relatives. Building trust is essential to make the campaign against Ebola more successful.

We want your future expert opinion. If you gathered experiences and developed practices to successfully build trust, please email us at [uli.beisel@uni-bayreuth.de](mailto:uli.beisel@uni-bayreuth.de) or [jecke@purdue.edu](mailto:jecke@purdue.edu).

**Prof. Dr. U. Beisel**, Assistant Professor of Culture and Technology in Africa, Faculty of Cultural Studies, University of Bayreuth.

**Jonas Ecke**, Purdue University; M.Sc. "Development and International Relations".