



REPUBLIC OF LIBERIA  
MINISTRY OF HEALTH  
and the Social Mobilization Partnership

**Community Perspectives about Ebola  
In Bong, Lofa, and Montserrado Counties of Liberia:  
Results of a Qualitative Study**

Preliminary Findings  
IMS Meeting – January 28 2015



# Objective

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This study used qualitative methods to assess community attitudes and norms related to Ebola in three counties in Liberia. The findings highlight some of the changes that have taken place since the outbreak started and document ongoing challenges and concerns.

## Data Collection

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From December 1st to 8th 2014 data was collected from a total of **39 key informants** and **14 focus groups** in the three counties, Bong, Lofa, and Montserrado.

# LEADERS

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Across all the three counties, leaders have demonstrated incredible feat by ensuring that community people have access to Ebola awareness campaigns, task forces are formed to enhance MOHSW effort for the evacuation of the sick, and safe removal and burial of Ebola dead bodies.

# ROLE OF LEADERS

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*We call the Town chief, sometimes the secretary for the paramount chief Musa Kamara (is) who call the health workers.. Yes, when he call we see them right away.. we heard about 4455 but we never used it, we can only call the Town chief (Lofa, Barkedu, FGD women 19-50).*

*As a pastor, I have established special service to help fight against this Ebola virus. During the service, we pray against the virus and raise offering to support community initiatives. For prevention, we give buckets to members of the community and give financial support to people who have recovered from the virus. We also have an evangelism team that provides psychosocial and spiritual support to the victim (Montserrado, Banjor, Male Pastor, age 39).*

# TASK FORCES

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Community organization and mobilization through task force activities have played a crucial role in Ebola prevention activities within communities.

According to study participants in all communities selected in the three counties, the task forces were established specifically to deal with EVD. They have been responsible for educating and sensitizing the community about the Ebola disease.

*Because of the massive education on the prevention of the Ebola. Thanks to the Community Task Force, religious leaders, community leaders who are the driving force this initiative (Montserrado, Banjor, Male Pastor, age 39).*

# STIGMATIZATION & BUILDING TRUST

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There is emerging evidence from this study that stigmatization has reduced due to increased community understanding of the cause, prevention and transmission of Ebola.

Seeing an increasing number of Ebola patients return from the ETU has played a big role in building trust between the community members and their health team.

*Trust in the ETU has changed, because there are more survivors now. Before, people feel that the ETU was a death trap because of the news coming from there that people weren't taken care of and were sprayed to death. The change started in September to present. (Montserrado, Banjor, Male Pastor, age 39).*

# ROLE OF SURVIVORS

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In some communities, Ebola survivors are an integral part of the response and help to educate the population. While the communities are for the most part, accepting of Ebola survivors and welcoming them back to the community, there are still lingering concerns about their Ebola-free status.

Ebola survivors are often subjected to community-imposed 21-day quarantine upon their return. There is also some concern that Ebola survivors could still transmit the virus through sexual intercourse up to 90 days after they have been declared Ebola-free.

# SURVIVORS

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*Ebola survivors participate in community activities, depending on the way in which people will show love and care for them. (Bong, Female Health Worker age 50 KI)*

*We feel happy but avoid them until after three months, the concern we have is that we are not sure they totally free from Ebola even if they have a certificate. The survivors are members of the tracing team. This attitude is changing for we even pray together in the mosque (Lofa, Assistant Town Chief, age 38).*



# (LACK OF) HEALTH SERVICES

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At the time the first cases of Ebola were detected, health workers were ill-prepared to deal with the situation. They lacked the necessary knowledge and equipment, thereby putting their lives and those of their patients at risk.

*The nurses (are) in the habit (of) rejecting and avoiding the patients. Sometime patients are abandoned and are treated very badly since the Ebola came. Community members were afraid to seek treatment from that hospital because the outbreak started in that hospital (Bong Mixed FGD, Female age 31).*

Due to this situation, many people that went for Ebola care at the health facilities did not return, sending the unfortunate message that Ebola was not a disease that the system was able or willing to address. This further fueled mistrust of health facilities and reinforced myths and rumors about the disease.

# (BUILDING OF) HEALTH SERVICES

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However, as health workers became better equipped to deal with the disease and as services improved, more Ebola survivors returned home, strengthening hope and trust in the ETUs and helping to curb previous myths and rumors surrounding the ETUs.

*Yes people can now take sick family members to the ETUs because there is now an ETU, it is very spacious with improve treatments from good doctors. Patients are now surviving and returning to the community unlike before when the death rate was very high due to poor treatment by untrained and scary staffs. The sick regardless their status had no choice, we trust the ETU now with the level of staffs and equipment they have to deal with the situation (Bong, Civil Compound, Male Health Worker age 36).*

# TIMELINE ANALYSIS – CONTEXT FOR CHANGE

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- Community members describe first hearing about Ebola as early as **April throughout July**, predominately through the radio and from other community members.
- The uptake of prevention activities were described as taking place between the months of **August to September 2014**.
- The increased numbers of sick people and deaths in the communities were said to have become evident in the month of **August** in Lofa, and **September/October** for Montserrado and Bong.
- The change of burial rites and referring family/community members to the ETU started **around September**.
- Mobilizing community task forces and many of the community activities **begun in the months of September and October 2014**.

# CONCLUSION

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After a dramatic struggle, loss of thousands of lives, and pain, people now perceive that the end of Ebola is near.

Nonetheless, there are still concerns that the future might present a challenge. Specifically, community members are worried about the ability of the Liberian government to keep Ebola out of the country in a sustainable manner given the poor health system and the general poverty within the communities.

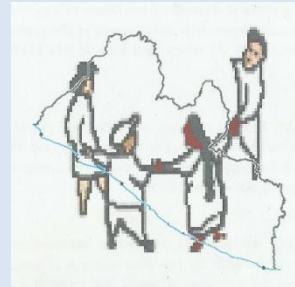
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