

# Ebola outbreak in West Africa 23 months on: Sierra Leone university students' views on the crisis

*This report reflects the views and voices of 53 university students in Sierra Leone and results from a focus group discussion held at the Geography Department, at Fourah Bay College, University of Sierra Leone, Freetown, on 20 October 2015. All the quotes used in this report come from the student group. ACAPS would like to thank the participating students, and the Lecturers in Geography, for their support: Mr Kabba Santigie Bangura, Dr Uzebba Christiana Kanu, Dr Reynold G. Johnson and Dr Paul B. Tengbe, Head of the Geography Department.*

**“We should now feel empowered – we should have the power to tackle an outbreak in the future”**

## KEY FINDINGS

As the response moves towards recovery and long-term development planning, the perceptions of the younger generation on the crisis highlight their priorities for the future. Like the focus group discussion, the report covers three main themes: the main impacts of Ebola on student life (negative and positive), current concerns, and recommendations for recovery and development plans.

- / **The main impacts of Ebola were felt to be on education, social life, health, and the economy, as well as the stigma of Sierra Leoneans from abroad.** However, students equally emphasised positive impacts from the outbreak, such as the improvement of infection prevention practices and the mobilisation by communities against Ebola, while positive effects have been less highlighted by responders.
- / **Fear of Ebola's re-emergence, uncertainties around the disease, and popular complacency** were most cited as current concerns. Survivors were frequently mentioned during the discussion. When asked whether they would accept survivors in their communities, students responded positively. However, when asked about safe and dignified burial workers, students expressed fear and resentment, as they perceived them to be responsible for the disruption to their traditional burial practices and potential sources of infection<sup>1</sup>. Stigmatisation of safe and dignified burial workers appeared much stronger among the students, while it has been less discussed by humanitarian responders.
- / **Students felt strongly that the government and the international community should strengthen the health and education systems** to ensure the population understands and respects the rules needed to protect them from the disease. Other priorities were for further research on the cause of the outbreak and the virus's persistence in the body of survivors, developing a vaccine, and tighter containment measures in future response.
- / **The main sources of information about Ebola were radio, TV, and social media.** Religious leaders, UN agencies and health practitioners were the most trusted sources for the students.

The ACAPS Ebola Project aims to support strategic decision making, programme design and advocacy work surrounding the Ebola outbreak by providing analysis on current priority needs and ongoing issues. It is funded by the European Commission's department of Humanitarian Aid and Civil Protection (DG ECHO) and builds on the contextual knowledge and sectoral analysis forged through the ACAPS Ebola Needs Analysis Project (ENAP). This is one of a series of products to be released before the end of the project in December 2015.

<sup>1</sup> Infection of the Ebola virus can occur from touching the bodies of those who have died from Ebola virus disease. To prevent the spread of Ebola, handling of dead bodies should be kept to a minimum and burial should be carried out by trained burial teams. Touching the body is traditional funerary practice in the affected countries, and rituals and practices were modified (WHO).

## IMPACTS OF EBOLA ON STUDENTS' LIFE

# - *negative impacts*

“Traditional ceremonies, burials and communal empathy after a death have been eroded by Ebola”

### Delay in education

A primary impact for students was on access to education. Schools and universities were closed for more than nine months as a preventative measure, and the opening of new facilities, such as the Institute of Public Administration and Management (IPAM) in Freetown, was delayed. This left students frustrated. Since reopening, programmes have been condensed and redesigned to accelerate courses under a one-year program, causing students grave concern for their educational success.

### Disruption of social and cultural practices

Students discussed how measures introduced to minimise the risk of Ebola transmission, such as restrictions on large gatherings and the no-touch policy, have led to large shifts in culture and behaviour. Sierra Leoneans no longer shake hands and avoid getting too close to one another – and according to the students, this has generated more loneliness and less empathy from the communities towards Ebola affected people. One of the strongest concerns expressed by the students was the change to traditional ceremonies, especially related to death: they have found the new safe and dignified burial approach challenging, and that it has transformed the way Sierra Leoneans grieve. Bans on social activities, such as friendly gatherings and sports, was commonly identified as a problem, as they prevent interaction with others. Some students were unable to perform religious activities, such as going to mosque for the five daily prayers, and especially for the Friday afternoon prayer, due to curfews and movement restrictions.

### Negative external perceptions

The main theme arising around the issue of external stigma was the travel restrictions put in place by other countries. Students have not been able to travel to other countries for their studies or participate in the Hajj, the annual Islamic pilgrimage to Mecca, for the past two years. A few students indicated they felt unhappy that the rest of the world was stigmatising the population in Sierra Leone: for example, home football games in the African Nations Cup had to be played in Côte d'Ivoire instead of Sierra Leone and national players were heavily discriminated against by the public during the competition.

### Weakened health system

Many students acknowledged Ebola exposed the weaknesses of the national health system, and that the system has been further weakened by the deaths of many doctors and nurses from the virus.

### Weakened economy

Students discussed the many private international companies that left the country for fear that their staff would be infected. As a result, smaller companies that were dependent on these larger companies, closed down. A few students reported how the ban on eating bush meat has impacted the livelihoods of hunters and could increase poverty, especially in rural areas.

# + *positive impacts*

“One of the positive effects is the helpfulness of individuals in this crisis”

## Improvement of hygiene

Students noticed positive changes in terms of hygiene practices, such as hand-washing. A student expressed how he was pleasantly surprised that his grandmother, when coming back from the market, washed her hands afterwards. A few students explained how national organisations have been promoting good hygiene practices, reducing the risk of other disease outbreaks such as cholera.

## Incentive to improve the health system

Students felt grateful that more ambulances were now operating in the country, and mentioned the improvement in water access at health facilities, especially in Western Area as a lot of activities focused on the capital. Other students expressed relief that this outbreak has forced the government and the international community to recognise the weaknesses of the health system and to take actions to improve it.

## Mobilisation of communities

Many students mentioned the helpfulness of Sierra Leoneans during the outbreak and the way in which communities and individuals actively engaged in the fight against the disease.

## Conservation of wildlife

A few students reported that the ban on bush meat consumption, introduced to minimise the risk of contagion, had led to the conservation of monkeys and bats.

## CURRENT CONCERNS

“We are not honest with ourselves – maybe I will be afraid to go the hospital the day I am sick, even though I know it’s the solution.”

“I’m afraid of what will happen after the 42 days”

## Re-emergence of Ebola

**Lack of knowledge** of Ebola by the scientific community in general is generating fear and anxiety among the students about the high risk of future outbreaks. A few spoke about the risk that animals may still have the virus in their system and could infect people in the future.

Many voiced concerns that the post-Ebola effects on survivors are not well understood and this could endanger people coming into contact with survivors. A few expressed fear over the case of the UK nurse who relapsed nine months after being cured of Ebola. Others mentioned the Ebola case in Liberia which was reported after the country had been declared Ebola free, having not reported any cases for 42 days, stating the same situation could also occur in Sierra Leone. At the time of the discussion, cases were still being reported in Guinea, meaning Sierra Leone is still at high risk as people are moving freely between the three affected countries. Most students recognised that a regional solution was needed. The students unanimously felt the crisis was not yet over and a lot still needed to be done.

## Complacency

Students complained about the complacency of the population towards infection prevention measures and expressed the need for more vigilance among the population. Students mentioned that, at the time of the discussion, there were still 19 days before the country would be declared Ebola-free. A few were disappointed that laws put in place during the outbreak had been lifted, such as mandatory hand-washing or limitations on the number of passengers in taxis.

**Reaction to illness**

A few students indicated that they would be afraid to go to hospital should they experience symptoms similar to Ebola, despite knowing that it would be the right thing to do. They would fear being labelled as a suspected case and treated for Ebola. Their uncertainty about how they would react if and when they fall sick frightened them.

**Survivors**

Survivors were mentioned many times during the discussion. A few students feared that survivors might not abide by the recommendation of practising safe sex for at least three months<sup>2</sup>. One student mentioned the latest case in Sierra Leone, in Bombali district on 13 September, and their suspicion the case was transmitted sexually. Some students suggested that survivors should be monitored while they still carry the virus to avoid transmission of the disease. However, when asked if they would welcome a survivor in their home, students unanimously responded positively. Students explained that even if they are in favour of testing semen and monitoring survivors, they would support survivors and integrate them into society.

**Burial workers**

When students were asked if they would welcome safe and dignified burial workers into their communities, reactions were more negative. Students expressed resentment and fear, as the workers are perceived as wanting to get rid of traditional practices and as a potential source of new infection. A few students questioned the economic motives of those making a living from the safe and dignified burials.

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<sup>2</sup> WHO interim advices recommend to Ebola survivors to practice safe sex for at least 6 months after the onset of symptoms (WHO, 08/05/2015).

## LESSONS LEARNED AND STUDENTS' RECOMMENDATIONS

**“A problem is how messages were propagated: initial messages were inconsistent, which led to distrust between Ebola patients and medical practitioners”**

**“We now need to stop the blame game”**

### **Ensure response capacity**

The majority of students emphasised both the government and the international community's slow initial response to the outbreak in 2014. A few mentioned that since Ebola in their country began in a small village, more immediate and robust action could have been taken to contain the epidemic within the village. Others criticised the lack of political willingness to close the affected village and were disappointed that soldiers were not sent sooner to Guinea to help manage the outbreak. Many students were also disappointed that the international community has still not been able to produce a vaccine (beyond clinical trials) after more than 11,000 people have died. Specific solutions mentioned by the students include building an emergency response capacity in readiness for future outbreaks, maintaining strict burial processes despite cultural traditions, retaining knowledge acquired on the disease, and conducting further research on both the persistence of the virus in the human body and the origin of this outbreak to ensure a smoother and faster response for any future outbreaks.

### **Focus on education and communication**

The majority of students expressed disappointment and anger regarding the initial confusing messages delivered by international actors. One student used the example of an early message which insisted on the deadliness of the virus, instead of emphasising the possibility of recovery for sick people if they went to health centres. Conflicting or changing messages created distrust between Ebola patients and medical practitioners. Students reacted strongly over conflicting messages and rumours still being broadcast, for example about the persistence of the virus in semen, which is creating confusion and stigmatising survivors. They felt all messages should be screened more thoroughly before they are disseminated. Many students emphasised the need for more sensitisation and education for communities, in order to avoid the denial of the disease and stand united against Ebola. One student spoke about the high illiteracy rate that needs to be tackled, so that standard precautions against the disease are understood and respected. Other students spoke about the greater need to involve traditional and religious leaders in the fight against Ebola.

### **Strengthen health system and build capacity**

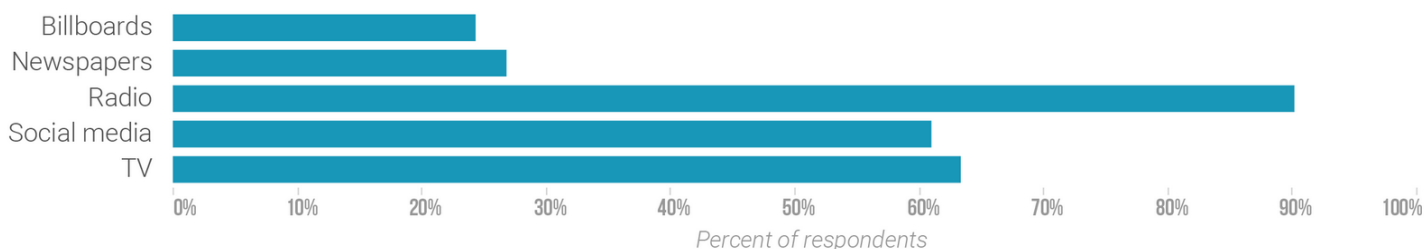
Students felt strongly that the government and the international community should strengthen the health system, especially through building the capacity of health workers. One student used the example of Nigeria, which was able to stop the epidemic at an early stage thanks to a swift response and a stronger health system. A few spoke about ensuring equal services throughout the country and not focusing only on services in the capital. Laboratory capacity needs to be available throughout the country to quickly identify a future Ebola outbreak. Additional recommendations included the improvement of health facilities, training, measures for staff retention, and the expansion of health services throughout the districts. Many advocated for counselling to be offered to those most affected by Ebola (survivors, widows and widowers, and orphans).

### **Tighten containment measures**

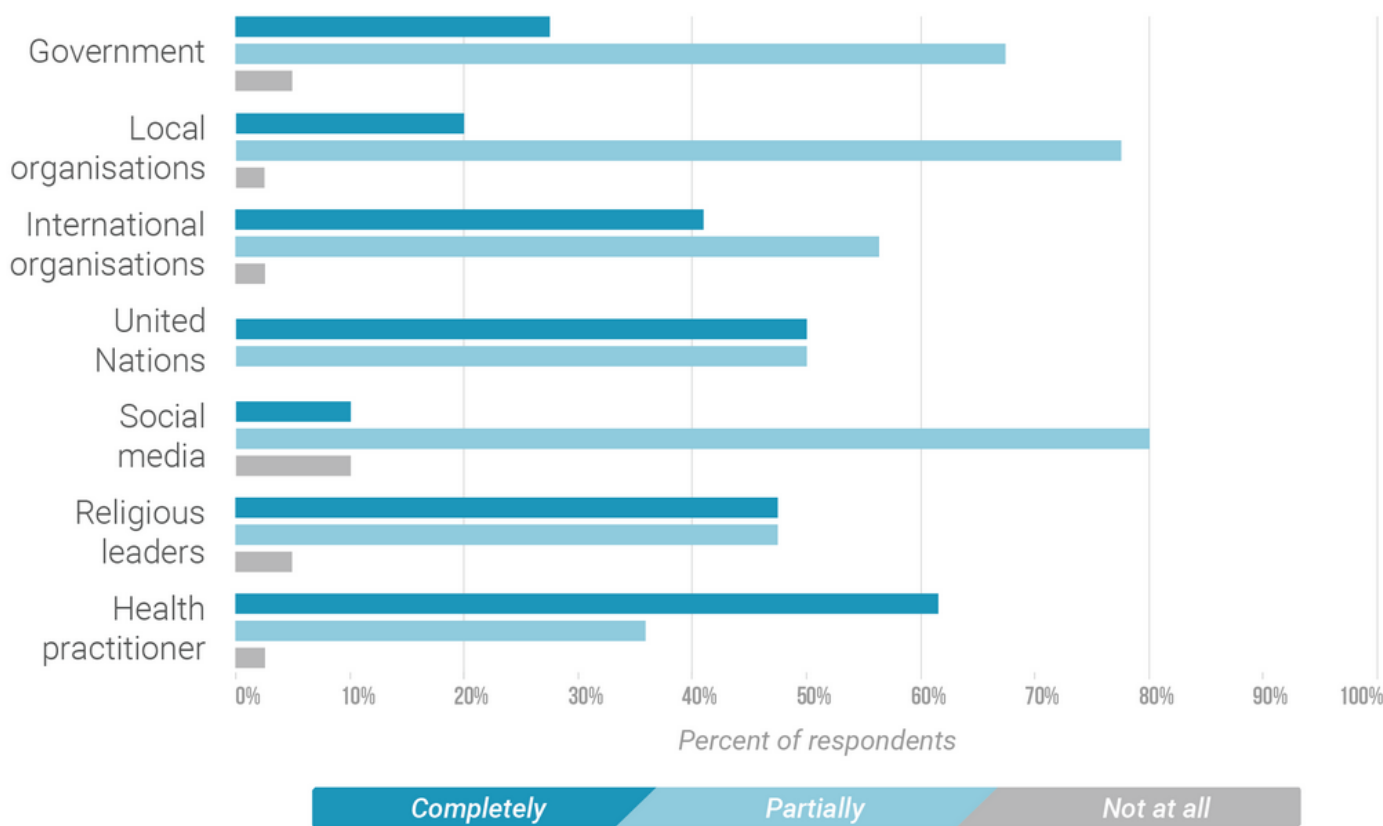
Many students spoke about containment measures and quarantine, and were disappointed the government had not imposed stricter laws on people's movement in affected areas. A few wished the border with Guinea had remained closed after April 2015. Tighter security and medical checks should be imposed on people crossing borders as a minimum, according to most of the students. However, a few students mentioned it would be difficult, considering how porous the borders are in West Africa.

## SOURCES OF INFORMATION

### PREFERRED SOURCES OF INFORMATION ON EBOLA



### TRUST IN INSTITUTIONS



**Methodology:** ACAPS conducted a focus group discussion with 53 students at Fourah Bay College, University of Sierra Leone, in Freetown on 20 October 2015. The discussions explored four main areas: 1) How did your life change with Ebola? 2) What are your current concerns? 3) What should have been done differently during this outbreak? 4) What should be the priorities for the recovery?

In addition, out of 53 students who participated to the discussion, 41 students answered our questionnaire at the end of the focus group discussion. The students who answered the questionnaire were between 20 and 34 years old and their districts of origin covered all districts in Sierra Leone, with the exception of Pujehun district. Approximately 30% of students stated that someone close to them was affected by Ebola, and approximately 50% of students stated that someone close to them had experienced quarantine.



Humanitarian Aid and Civil Protection

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