

Examining the Ebola Epidemic in West Africa from Social Perspectives

— In the Case of Sierra Leone —

“Ebola is lie” — This phrase was often heard in the initial stage of the epidemic of EVD (Ebola Virus Disease) in West Africa which broke out in 2014. The epidemic began in Guinea, then, spread to adjacent Sierra Leone and Liberia within a half year. The rapid expansion caused social unrest. Panic expanded in both urban settings and in rural settings. The foci of this paper are on social institutions and people dairy lives. The epidemic had been broadcasted on media, especially on its perspective of social unrest and panics. However, they are not understandable without thinking of the social situations of these countries. This paper, which focused on social perspectives, examines how EVD spread and how people responded in the case of Sierra Leone.

As for the spread, towns and cities turned into the hubs for transmission. Once the epidemic occurred in a town, the town spread EVD to surrounding villages. Transmission from towns to towns were easy because of public transportations. On the other hand, transmissions from villages to villages were slow. It is because the network of car-passable roads was not well established.

In the initial stage, people did not believe EVD. In urban settings, riots broke out demanding return of quarantined patients. In rural settings, some villages refuse for response teams to enter their areas. However, as the EVD escalated, people began to acknowledge EVD. In urban area, people saw real patients who died one by one in the treatment centers. They could see patients from outside. In rural area, response team could not cover every area. Therefore, traditional leaders were key for the prevention. They tool voluntary measures to prevent EVD.

都市がハブとなり、周辺の農村地域にエボラを広げた。また都市間は交通網が発達しているためエボラが容易に広がった。都市部では外部からの援助が入った。病院が作られ、人々はそこで患者が死に行く姿を目にし、エボラの存在を受け入れた。Sensitization Programが取られ、人々もそれに従うようになった。農村地域では Emergent response が十分に行き届くわけではなかった。そのため Rural leader の自発的な判断でエボラに対策を取る必要があった。ある地域ではエボラが蔓延する一方、ある地域ではエボラの侵入を防ぐことができた。本プレゼンでは、こうした人々のエボラに対する Acknowledgement とその後、人々

が取った対策について、人々の生活や社会制度を踏まえた上で提示する。

Social unrest was mainly due to reliable source of information.

Once the information are given by reliable person (such as politicians and traditional leaders), people began to capture the situation. Those area in which traditional leaders took voluntary measures could succeed to

社会的混乱が起こったのは、人々が **Reliable Source** を持たないからであり、情報ソースが限られているからである。本稿では、人々のエボラの **Dhisbelief** がもたらした混乱を紹介し、その後、いかに人々がエボラの影響を受け入れるようになったのか。そして、いかなる対策が人々の間で取られたのかを明らかにする。

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The epidemic began in Guinea during December 2013, and the World Health Organization (WHO) was officially notified of the rapidly evolving EVD outbreak on March 23, 2014. Then, neighboring Sierra Leone and Liberia was also hit by the epidemics. On July 30, Sierra Leone declared a state of emergency, and on August 6, Liberia followed suit. The period of rapid expansion (from March to October) caused havoc in and out of West Africa. In the two countries, near-riot situation can be observed. Quarantines of affected area created unrest.

This presentation examines how people (or public people) respond to EVD.

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This presentation examines miscellaneous social phenomena regarding the Ebola epidemics in Liberia and Sierra Leone. I (the presenter) have researched the two countries for 7 years to understand the armed conflicts in the region, but am presently hindered to have new field research (As of July 2015, the situation is nearly normal despite several new infected are counted in Sierra Leone).

First, I examine the social factor of the expansion of EVD. EVD spread beyond the border of Guinea. It spread to neighboring Sierra Leone and Liberia. This expansion followed the trade network of the past. This network was also used by armed groups during the wars, and people still travel back and forth the three countries. In domestic level, especially in Sierra Leone, family ties of chieftaincy class facilitate longer-range diffusion. They consist of wealthy class in provincial area of Sierra Leone. Their family network are more geographically extended. Such ties urged the spread of EVD in longer distances.

Second, I examine how people overcome the lack of information. At the time of the initial epidemics, lack of information was pointed out. As the source of information was limited in provincial areas, people have no method to confirm information. I overview intentional and unintentional attempts of sensitization. Diasporas from the two countries uploaded video messages for sensitization of Ebola on Youtube. These video definitely include the message "Ebola is real." Chiefs also took a role of sensitization.

As shown above, the spread of EVD and the response of people tells the social situation of Liberia and Sierra Leone. This presentation deals with such social phenomena for further understanding of the EVD epidemics.

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