Towards an understanding of how Ebola and Ebola Response affected Liberia

Dr. Friederike Feuchte
Mental Health and Psychosocial Program Director
International Medical Corps Liberia
Why EVD Crisis Affectedness?

• NGOs support “highly affected” groups
  – How is this defined?
  – Which support makes sense?

• Need for understanding and evidence
  – For helpful programming
  – For avoiding harm doing
Methodology

• Various mixed method Surveys / Interviews
  – 41 community & ETU workers
  – 167 heads of household under quarantine
  – 67 Heads of households with children who were directly affected
  – 47 community members in Bong
  – 16 persons from highly affected community

• Observations, informal encounters, reflections
During Ebola Times in Communities

EVD

- People got sick
- People died / survived
- Everywhere: danger

EVD response

- NO caring for the sick!
- NO proper burials!
- NO touching!
- Restricted movement
- Destruction of property

- Fear
- Despair
- Helplessness
- Grief
- Staying away from others

- Shame, Guilt
- Norms-violating behavior
- Anger, Blame, Conflict
- Social disconnect
- Loss of income/property
## Associations with “Ebola”

<table>
<thead>
<tr>
<th>Association with Ebola</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bad sickness</td>
<td>25</td>
<td>27.5</td>
</tr>
<tr>
<td>Death</td>
<td>16</td>
<td>17.6</td>
</tr>
<tr>
<td>Division</td>
<td>10</td>
<td>11.0</td>
</tr>
<tr>
<td>Fear</td>
<td>9</td>
<td>9.9</td>
</tr>
<tr>
<td>Bad feeling</td>
<td>8</td>
<td>9.0</td>
</tr>
<tr>
<td>Hatred</td>
<td>4</td>
<td>4.4</td>
</tr>
<tr>
<td>Frustration</td>
<td>4</td>
<td>4.4</td>
</tr>
<tr>
<td>Worries</td>
<td>4</td>
<td>4.4</td>
</tr>
<tr>
<td>Cureless disease</td>
<td>3</td>
<td>3.3</td>
</tr>
<tr>
<td>Anger</td>
<td>2</td>
<td>2.2</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>1.1</td>
</tr>
</tbody>
</table>

Other associations included: Selfishness, loneliness, enemy, carefulness, bat, bush meat.
Dimensions of EVD crisis impact

- Physical
- Psychological
- Social
- Cultural/spiritual
- Existential
## EVD crisis affectedness

<table>
<thead>
<tr>
<th>Group</th>
<th>Physical</th>
<th>Social</th>
<th>Psych.</th>
<th>Existential</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No education</td>
</tr>
<tr>
<td>EVD sick/no care</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Infected ETU</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Infected com</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Family in community</td>
<td>-</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Family elsewhere</td>
<td>-</td>
<td>X</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Community affected</td>
<td>-</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Community Elsewhere</td>
<td>-</td>
<td>(X)</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Is past or present more relevant?
Connection Self and Community

Before | During | After

- 64 Students Margibi
- 46 Adults Bong
- 166 adults quarantined
Blaming persons for having...

• **Called ambulance**
  “community dwellers gave address when they started getting sick. Up to now the family members are not talking with them, because they had called.”

• **Not helped sick person**
  “health workers said they felt the friends were not given good treatment by the co-workers”

• **killed/sacrificed persons**
  “ambulance drivers, sprayers, they put chemicals in it, and killed the patients”

• **brought Ebola to family/community**
  “Her little sister is number one enemy, ...was the cause for the family to perish”
Blaming for infecting others
47 community members in Bong

→ 32 feel towards those who infected others:
   bad feelings (24) anger (6) blame (2) rejection (2)

→ 60.5%: almost all/many people they know blame someone for infecting others

→ 42 (89.4 %): people are angry with someone who has brought Ebola to their communities.

→ 6 (12.8%) thought those who blame others will NOT come to forgiveness
Conclusions – Need for research

• Most persons in Liberia have been affected by the Ebola crisis
  - on physical, psychological, existential, spiritual and social dimension
  - how many have recovered?
  - how many need support for recovery?

• Social (Re)Connection might be crucial for recovery

• For psychosocial support, current needs should be considered, not the artificial category “survivor”
Positive Impact of Ebola & Response

• Focus on what matters most: people
• Volunteering
• Caring
• Hand washing
• Support from abroad: Liberia is not alone
• Work and career opportunities in EVD response
Psychological

- Forgetting, lack of concentration
- Avoidance
- Not able to work
- Crying a lot
- Pain in the body
- Sadness, Anger, Despair
- people “dying in their hearts”
- Identity problems
Existential

- Economic
  - Loss of Bread winner / children to take care of old
  - Loss of crops/income

- Education
  - 7 months break
  - Lack of money to continue

- Living space
  - Excluded from community/neighbourhood
  - Orphaned children moving in

- Break down of health facilities
Cultural / Spiritual

• Disconnect with the dead – unsatisfied spirits
• Loss of faith / increased faith
• Norm changes for greetings / burials?
• Self blame for not respecting the dead

• Changes in social structure/ power dynamics
Social

• Conflicts / Blaming
• Lack of social support
• Envy
• Change in social structure
• Changed way of interacting
• More distance
• Exclusion
• Broken relationships
Physical

- Persons who died are not there
- Post-Ebola syndrome: problems with eyes, concentration, hearing, joints...
- Untreated sicknesses: health system
- Teenage pregnancies
- Psychosomatic problems (Pain), people “dying in their hearts”