

The Social Impact of the Ebola Epidemic on Local Communities in Guinea

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1. Introduction

Guinea was one of the countries worst affected by the 2014-2016 Ebola outbreak in West Africa. In the course of this research, I visited several villages to achieve a better appreciation of the Ebola epidemic's social impact on the rural communities in Guinea. To illustrate the situation as it is on the ground, I will focus mainly on Meliandou (known to have been the first village to be affected by the Ebola epidemic during the outbreak in West Africa) (See Fig. 1).

My motivation in conducting this research stemmed from the extraordinary West African Ebola outbreak in 2014-2016, which, in my

opinion, revealed the extent to which the world underestimated the potency of this virus. The Ebola epidemic in Africa has significantly challenged modern medicine despite recent remarkable achievements and revolutions in the field [Garrett 1995: 100-152].

According to the WHO [World Health Organization 2016], the seriousness of the outbreak was attributable to not only to the spread of the disease across ten countries worldwide, including Guinea, Sierra Leone, and Liberia among those hardest hit, but also because of the many suspected and probable cases—estimated at over 28,000—during the outbreak, against the 15,000 people confirmed to have been infected with Ebola, mainly in West Africa, as well as the cumulative fatalities exceeding 11,000 people.

2. Research Site and Methods

According to a villager, Meliandou was founded by a well-known bush meat hunter named Meli, who lived in the neighboring village of Nyayedou. This place was the



Fig. 1. Map of Guinea

Conakry: Capital city (in the West)

Meliandou: Research site (South-eastern Guinea)

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Photo 1. Meliandou Village
Photograph taken by the author, March, 2017.

village founder's hunting ground and from time to time he would rest, having descended from the mountains to where the village now stands. It is located at the foot of two small mountains situated to the east and west sides of the village. Thanks to the abundance of mountains for his hunting activity and the locale's suitability, he decided to settle down as a pioneer and the village took his name (the literal meaning of the word Meliandou is "the land of Meli") (See Photo 1).

The present data were obtained from ongoing field research for my master's thesis, and this research has been conducted over four months, in two tranches, respectively, from early July to late August 2017 and from February 2 to March 29, 2018.

My research entails community observation through careful participation in the routine lives of these communities; I also conducted some structured and semi-structured interviews, focused group discussions, and accessed records—i.e., archives, as well as case studies.

3. The Outbreak of the Ebola Disease in Meliandou

The beginning of what would become one of the greatest public health crises of this century, requiring an enormous international response, was an eruption in the small village of Meliandou. Initially, the death of Emile Ouamouno, who would later be confirmed as the first Ebola victim of the (2014-2016 West African) epidemic, was by no means indicative of the beginning of an outbreak of the infectious disease in the village.

In fact, according to the villagers, deaths began to occur in the village two to three weeks after the consumption of a colony of fruit bats discovered by two little boys who happened to be walking near the village. Word of the discovery of the fruit bats' nest in the hole of a hollow tree (Lola is the local name) quickly spread among the villagers. Thereupon, those who went to confirm the presence of the fruit bat colony were astonished at the number of bats present. To eliminate as many as possible, they decided to trap the bats by lighting a fire in the tree's hole to smoke them out. However, according to a field survey, several villagers were either exposed to, or directly consumed, the fruit bats, which were probably infected.

Recollection of the death of Emile (a 1-year-old boy) on December 25, 2013, reminds Meliandou's villagers of the starting point of the successive deaths of twenty-four

people in the community, almost all of them dying of diarrhea, vomiting and fever symptoms. Eleven days after Emile's death, his sister, older by four years, who was possibly infected by her younger brother, also passed away after exhibiting the same symptoms as Emile's.

On January 11, 2014, their mother, who was pregnant, passed away during the delivery and, according to some people in the village, most of the women who assisted her in this process were also infected and subsequently died. Later, Emile's grandmother succumbed to the disease on January 16, 2014.

Over an interval of three weeks, five family members, including the baby, died one after the other; such a run of deaths were a new phenomenon for the villagers. Later that month, on January 26, 2014, two further people died on the same day having suffered similar symptoms to those of the village's recent fatalities, and their deaths raised the month's death toll to seven.

Thereafter, these rapid and, heretofore, very rare fatalities not only aroused a state of fear amongst the community but also concern as to what might have caused this rapid succession of deaths in the village.

The death of the village's ninth victim on January 29 that year upset a great number of people and resulted in panic among the village's inhabitants. He became infected by the virus immediately upon returning to

Meliandou and passed away some days later. His death generated public concern over the predominance of deaths among young people, who were pressing for measures to be taken.

The present descriptions of the beginning of the 2014-2016 Ebola outbreak in the village of Meliandou may complement some existing literature while contrasting with certain examples of previous literature.

4. Socio-cultural and Religious Practices and the Spread of the Ebola Virus

At the beginning of the Ebola outbreak in the village, regardless of the actual causes of the successive fatalities, villagers proceeded with their customary practices in mourning and honoring the deceased through burial. Most people contracted the disease through direct exposure to the virus whilst unknowingly caring for an Ebola-infected patient in the family, visiting a sick person in the community, or while attending funeral ceremonies following a fatal case in the village.

A funeral ceremony in Meliandou consists mainly of three parts: a deathwatch, the exposure of the corpse, and a burial. These activities must be carried out for most deaths, especially when the deceased is an adult.

Deathwatch

Deathwatch takes place just after someone passes away in the village, if the person dies at home, which happens in most cases. The

corpse will remain in the last resting place. The neighborhood, elders, and closest family members will be informed about the death. Together, the community and the close relatives will decide on which procedures to follow for the funeral ceremonies.

Meanwhile, villagers visiting the deceased's room cry and scream to acknowledge the loss of an important member of the community. To mourn the death, other people hug and kiss the hands or forehead of the deceased. In this village, a death watch entails keeping vigil around the deceased's home late into the night, while the bereaved family ensures that food and alcoholic drinks are provided to visitors.

Exposure of the body

The second stage of the funeral ceremony involves displaying the corpse of the deceased in a more public or religious setting to allow family and friends to pay final tributes. This is an important step as it allows people from distant places to see the deceased for a final time before burial. This step includes almost all religious requirements, such as prayers, blessings, and invocations for divine help and guidance for the dead.

Inhumation

This involves placing the deceased in the earth and is the final step in the funeral process for the dead in the village of Meliandou. A

burial is performed according to religious and traditional rites; these practices are considered very important for the deceased. They are believed to rescue the deceased in the course of the mandatory migration from the world after life. According to the villagers, religious and social-cultural practices are decisive factors in transitioning successfully from one environment to another.

5. Consequences of the Ebola Outbreak in Meliandou

The impact of the Ebola outbreak on the local population in the village of Meliandou was clear at first glance and could easily be observed in the daily lives of the villagers. After losing twenty-four members of the community in the 2014-2016 Ebola epidemic, the villagers are now more than ever in a profound state of shock.

At the communal level:

On the one hand, in addition to the multiple fatalities, the social stigma suffered by the village during and after the outbreak has rendered the community poorer than ever before. The quarantine imposed on the local village to control the outbreak prevented villagers from carrying out necessary subsistence farming and most people, especially those directly impacted in the community, were unable to avoid food scarcity (See Photo 2).

According to the villagers, they were unable



Photo 2. Inhabitants of Meliandou
Photograph taken by the author, August, 2016.

to work during the two-year-long outbreak, and this had serious repercussions on the process of returning to life's routines after Ebola. On the other hand, the Ebola epidemic created another category of dependent people, widows in particular, who faced not only the challenges of their children's education but also nutrition and health issues. The effects of the outbreak in the village of Meliandou is still discernible in the day to day activities of the villagers, as they try to compensate for the collateral damage wrought by the disease, while most people find it difficult to make ends meet.

At the individual level:

The victims of the Ebola virus in the village of Meliandou have left behind fifty-seven orphans, half of them very young. Some of these children suffer from a lack of paternal or maternal care and have been taken in by members of their extended families for special attention, care and support for their educa-

tion. In rural areas, children without parents are vulnerable to stigma in some cases.

Another important issue at this level is the trauma suffered by some of those who lost one or both of their parents during the Ebola outbreak. There are numerous people who have not recovered from the great emotional shock and stressful experience of the Ebola outbreak, a distress that has resulted in severe psychological injury for them.

6. Conclusion

It is important to remember that humans are infected with the Ebola virus either by fruit bats or bush animals. Ebola viruses require two transmission processes for outbreaks to erupt. First, there must be a spillover event, which is defined as a zoonotic transmission from either the primary sylvan reservoir host (e.g., fruit bats) or from a secondary sylvan host, for whom the virus is also pathogenic (e.g., non-human primates) [Walsh and Haseeb 2015].

However, as this document and several other documents revealed, with regard to the spread of the Ebola virus, the human-to-human infection rate was faster and more frequent. The 2014-2016 epidemic illustrated how longstanding customary and religious practices could become an obstacle to containing an epidemic such as the Ebola virus. "Human epidemics subsequently take off by direct human-to-human contact via bodily

fluids or indirect contact with contaminated surfaces,” and, “unsafe burials that involve direct contact with Ebola-infected bodies also pose a major infection risk.” [Chowell and Nishiura 2014: 2]

Indeed, the spread of Ebola in West Africa cannot be dissociated from socio-cultural practices such as caring for or visiting the sick, the use of traditional medicine, mourning rites, as well as religious practices, such as cleaning dead bodies and unsafe burials, and so on.

Moreover, as mentioned throughout this essay, while the Ebola virus has been defeated in the country, the direct consequences, which vary from one place to another, are still visible in the day-to-day lives of the rural communities that were worst affected, where people, especially those who lost their

parent(s), are trying to cope with the realities of the aftermath on the ground.

References

- Chowell, Gerado and Hiroshi Nishiura. 2014. Transmission Dynamic and Control of Ebola Virus Disease (EVD): a review, *BMC Medicine* 12: 196.
- Garrett, Laurie. 1995. *The Coming Plague: Newly Emerging Disease in a World Out of Balance*. New York: Penguin Books.
- Walsh, Michael G. and M. A. Haseeb. 2015. The Landscape Configuration of Zoonotic Transmission of Ebola Virus Disease in West and Central Africa: Interaction between population density and vegetation cover, *PeerJ* 3: e735.
- World Health Organization. 2016. The number of cases and deaths as reported in WHO situation reports for Guinea, Liberia, and Sierra Leone during the West Africa Ebola outbreak. (<https://www.cdc.gov/vhf/ebola/history/2014-2016-outbreak/case-counts.html>) (July 15, 2018)

ウガンダ・ニャムリロ湿地における農地利用と生態系の保全

堀 光 順 *

ウガンダの国土の11%にあたる26,315 km²は湿地である。ウガンダには、ラムサール条約で保護されている湿地が12ヵ所ある。このような湿地では、日本でも最近注目を集め

ているハシビロコウやカンムリヅルなどを観察するためのボートサファリがあり、観光客に人気なアクティビティとなっている。

一方、同国では人口が急速に増加し、2002

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