

Development of a social marketing strategy to promote Ebola treatment-seeking behaviour in Sierra Leone

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Project objective

- To develop and disseminate a set of *culturally contextualised* messages to promote Ebola treatment-seeking behavior

Consortium partners

- Umeå University, Sweden
 - John Kinsman
- Medical Research Centre (MRC), Sierra Leone
 - Abdul Jalloh, Heidi Jalloh-Vos
- Centre for Health Research and Training in Sierra Leone (CHaRT-SL)
 - Osman Sankoh, Muriel Harris



Funder

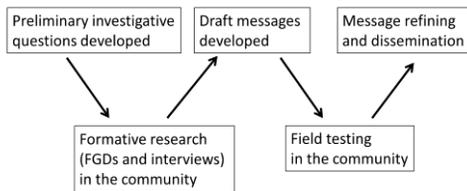
- Research for Health in Humanitarian Crises (R2HC), managed by Enhanced Learning and Research for Humanitarian Assistance (ELRHA).
- Emergency Ebola Health Research Call worth £8 million programme (of which we have a small part!), funded equally by the Wellcome Trust and DFID



Project timeline

ACTIVITY	PLAN START	PLAN END	Months			
			Jan	Feb	March	April
Message database	ongoing	March	X	X	X	
Start-of-study meeting	Jan	Jan	X			
Engagement with stakeholders	Jan	March	X	X	X	
Research assistant training	Jan	Jan	X			
Field work - district 1	Jan	Feb	X	X		
Field work - district 2	Feb	Feb		X		
Transcription	Jan	Feb	X	X		
Analysis	Feb	March		X	X	
Message development workshop	March	March			X	
Validation and refining of message	March	March			X	X
Dissemination	April	April				X

An iterative approach



Where have we conducted field work?

- Areas where infections were ongoing:
 - Urban parts of Freetown (Western Region)
 - Rural areas of Bombali district (Northern Region)
- This has given us a range of geographical and epidemiological settings, as well as several different ethnic groups.



Kick-off meeting



Key principles

- *“The message is important; the messenger is more important.”*
- *“Messages must be within the constraints of the infrastructure that is available.”*

[Stephen Gaojia, NERC, January 2015]

Research assistant training



Formative research

Interviews	Northern Region	Western Region
Imam/pastor, Traditional community leader, youth leader, women's group	5	5
Medical staff, including in hospitals and Primary Health Units; Community Health Workers; Health Management Committee	5	5
Traditional healers	2	2
FGDs, 6-8 'ordinary people' per FGD	Northern Region	Western Region
Male, <25	2	2
Male, >25	2	2
Female, <25	2	2
Female, >25	2	2

Analysis workshop

- Thematic analysis
- Research team has collective expertise in Sierra Leone culture and history, communications, and qualitative methodology
- In consultation with MoHS
- Produced a draft set of messages with accompanying *messengers, channels, and associated operational issues*



Early dissemination



- Presented preliminary findings at NERC Daily Briefing, March 17
- Requested to fast-track the messages into operation to contribute to the 3-day national stay-at-home on March 27-29
- Duly submitted

Field testing

- Field testing sought to assess:
 - Understanding
 - Acceptability
 - Likely effectiveness of the messages
 - Appropriate distribution channels

	Male Rural; Female Urban	Female Rural; Male Urban	Male Rural; Female Urban	Female Rural; Male Urban
Burial teams	X			
Burial team - bribes		X		
Early treatment			X	
Early treatment		X		
Misconception: killing				X
Misconception: killing	X			
Ebola denial				X
Health Care System				X
Seeing is believing			X	
Stay safe - waiting ambulance		X		
Stay safe - waiting burial team			X	
Stigma - survivor	X			
Stigma - HCW				X
Mr Chlorine		X		
Fear of ambulance - chlorine	X			
Fear of ambulance				X
117 prank calls			X	
NUMBER OF TOPICS / FGD	4	4	4	5

14 broad topics emerged

- Many fit into the categories in SMAC's *Consolidated Message Guide for Ebola Communication*
- But also several new issues (i.e. not in current Consolidated Message Guide)
 - Fear of chlorine
 - Fear of ambulances
 - 117 prank calls

- Topic 1, Burial teams and respect (Priority topic)
- Topic 2, Burial teams and bribery (Priority topic)
- Topic 3, Fear of ambulances (Priority topic)
- Topic 4, Misconception, killing of patients (Priority topic)
- Topic 5, Distrust of health system (Priority topic)
- Topic 6, Fear of chlorine (Priority topic)
- Topic 7, Stigma against survivors
- Topic 8, Stigma against Ebola workers
- Topic 9, Get early treatment
- Topic 10, Call 117
- Topic 11, Caring for the sick while waiting for ambulance
- Topic 12, Staying safe while waiting for burial team
- Topic 13, Ebola denial
- Topic 14, 117 prank calls

Messages, messengers, and channels

General points

All the messages are empirically derived

- Everything included in the document has been developed out of the data we have collected.
- Thus it responds directly to community concerns about various aspects of the Ebola response and about Ebola itself.

Poster colours

- Posters and leaflets should *not* be coloured predominantly in either **red** or **green**
- These are the colours of the government and main opposition parties respectively
- Informants voiced a preference instead for other bright colours, or for black and white

Community engagement with the messengers

- People want to hear messages in the flesh from people they trust
- Passive, non-interactive messaging strategies such as radio discussions, jingles, posters are appreciated; but **community meetings**, **house to house visits**, and other such **face-to-face** dissemination strategies were strongly requested

Additional strong practical reasons for pursuing interactive approaches:

1. Not everyone has access to a radio, especially in rural areas
2. People often don't have time to stop and read a poster
3. Very high illiteracy rate

Traditional healers should not be used as Ebola messengers

- Traditional healers are undoubtedly trusted by many in the community
- But our data indicate that including them as messengers for promoting Ebola treatment-seeking behaviour may be counter-productive:
 - *"If a Doctor or Nurse comes to tell me that Ebola is real, I will believe, because they too are dying. But like the herbalist when he comes to tell me, I will not believe because he is not at the Centre (= health centre). What can he tell me about Ebola, and besides government has banned them so I will not believe them mostly."*

[Rural male, field testing]

The messages

Burial teams

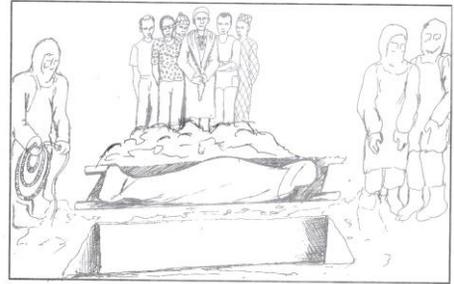
- *"Even when they put them in the body bags, if you don't want to cry you will cry, because when a person has died, though they are gone, the person should receive respect. But their way of handling is like throwing the dog in a dust bin, so actually, I don't feel happy."*

[FGD, Rural male, > 25 yrs]

Mutually reinforcing channels

- Posters distributed by NGOs, CBOs, DHMTs through PHUs, using local youth group, chiefdom councilors, and social mobilizers.
 - To be posted at community gathering points, ataya base, court barrie, pharmacies, parks/bus stops, inside/on public transport, but NOT on people's houses.
- Leaflets combined with community house to house visits/meetings using community members

“wi respect dae dae bodi”



Community meetings, sermons, radio

- **Messenger:** Religious, youth and traditional leaders including cultural society leaders, both male and female; chiefs in rural areas
- **Talking points:**
 - “The Burial Teams are doing their job to keep our community safe. Let us cooperate with them.” / *”Leh wi join hand wit di burial team fo keep wi community safe”*
 - “Trust the burial team: they will bury your loved one respectfully” / *”Believ say di burial team go berr yu fambul wi respect”*

Operational issues

- Burial teams must be trained and supervised to:
 - Consult with family
 - Wrap properly
 - One identifiable grave
 - Respectfully putting into the grave
 - Work with pastors/imams
 - Workers not under influence of alcohol
 - Respectful attitude of workers

Risk

- If good operational standards are not met, some people will not be willing to participate in safe burials
- The risk of secret burials will continue.

New issue: Fear of Chlorine

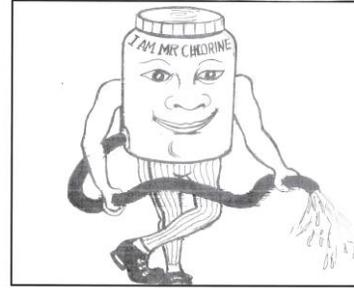
- *“For a person who is sick, that chlorine has after-effect. If the person gets the effect of that chlorine, you find out that it is the chlorine that will kill the person.”*
[FGD, Rural male, <25 yrs]
- Misconception about Chlorine? Or do they really use too much?

Mr Chlorine (version 1)



Mr Chlorine (version 2)

Me na yu paddi Mr. Chlorine, ar go hep yu fo fet Ebola



- Primary intention is for Mr Chlorine to be seen as a *friend* in the fight against Ebola
- But in field-testing, respondents referred more to washing hands and spraying than 'friendliness'
- Therefore:
 - Have Mr. Chlorine interacting with others, for example, children?
 - Make the face more welcoming and happy?

New issue: Fear of Ambulances

"They always run with high speed, they drink alcohol and whenever they drink when they are running in high speed, and even when they talk to them to reduce the speed they will not listen. As we were told by the man that went and returned, at any village they go by, they will stop there and buy rum, stout (beer) and drink, and after they have drunk, they will just run with high speed, they will be not listen to any patient. When you say 'driver slow down', they just keep quiet and move with high speed."

[Interview, Rural Iman]

- Message intention is to show the ambulance to be a **safe and reliable** means of getting to the treatment centre.

A beliv say di ambulance na di best en safe way fo go hospital.



Fine breeze de blow insai di ambulance

But parallel operational issues must also be assured:

- No over-use of siren
- No over-speeding
- Adapting speed to the road conditions
- No alcohol on the job
- Respectful behavior
- Not taking bribes
- Not taking passengers or loads
- Being on time
- Not overdosing chlorine
- Drivers know the terrain
- Explain to patients and family about the ventilation in the ambulance

Future use of the messages

- We hope that our messages can contribute to getting to zero infections
- Past experience with Ebola suggests that once it strikes in a given geographical location, it is likely to return at some stage in the future.

- Our message document is a resource that can be instantly accessed in the event of a future Ebola outbreak in Sierra Leone.
- *We urge the Ministry of Health and Sanitation to keep the document on file for such an eventuality!*

Thank you for your attention!