The Value of Cultural Anthropology in Combatting the Ebola Virus

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The colorful and artful fabric patterns known as batik, writes Breedlove and M’ikanatha (2015) “literally embody the fabric of everyday life, which at times succumbs to natural and anthropogenic forces” (p. 2111). Batik, they maintain, serves as a metaphor for the “very fabric of society” that was almost wiped out during the Ebola crisis in West Africa in 2013 (Breedlove & M’ikanatha, 2015, p. 2111). No viable vaccine exists for the disease—officially known as Ebola Virus Disease (EVD)—that was first identified after striking people of the Congo (formerly Zaire) and the Sudan in 1976. But lessons learned and knowledge gained from subsequent epidemics has pinpointed critical factors for controlling the disease (Alexander et al., 2015, pp. 3-4). As Niang and Fleck (2015) write, subsequent research from the initial Congolese outbreak demonstrated that “cultural practices with regard to physical contact with people who are sick are key factors in its spread” (p. 72). Consequently, it is incumbent for researchers to factor in the cultural anthropology of populations at risk for contracting EVD, in order to devise better prevention and control strategies to thwart the spread of that disease.

EVD is usually spread in humans through contact with infected human or animal bodily fluids, or via eating infected bushmeat (indigenous animals such as monkeys, antelope, etc.) (Alexander et al., 2015, pp. 3, 15). After its initial onslaught in Central Africa—ostensibly from fruit bats, antelopes or monkeys—public health efforts to control its spread included containment strategies such as quarantine, isolation and travel limits, sanitation measures such as disinfecting bodies with bleach, the wearing of protective gear for healthcare workers, and discontinuing traditional contact-centric burial practices (Alexander et al., 2015, pp. 3-4; Breman & Johnson, 2014, pp. 1664-1666). Due to the unprecedented lethality of EVD as it quickly spread through the population,
the priority was on finding concrete solutions rather than on exploring cultural contributions. However, with the 2013 outbreak “of unprecedented scope” (Alexander et al., 2015, p. 1) emerged in West Africa, the lessons learned from the prior EVD epidemics—as well as from other emerging infectious diseases (EIDs)—pointed to the need to take cultural practices into consideration when planning disease mitigation and response strategies (Hewlett, 2003, pp. 1247-1248).

Supporting this view are studies on the anthropological implications of other EIDs throughout the world, such as the human papillomavirus (HPV), sleeping sickness, malaria and others, that demonstrated the effectiveness of culturally focused control strategies. As Vaughn (2011) writes, traditional approaches toward understanding the nature of “infectious diseases” centered on precautionary measures, risk avoidance, and changes in health behaviors” (pp. 83-84). However, Vaughn (2011) continues, modern thinking also factors in “broader influences such as emotions, social processes, cultural values or beliefs…. [and] the effects of cultural and social processes on perceptions and behaviors...” (p. 84). Vaughn (2011) cites an HPV study in Malaysia by Li Ping Wong, that “highlights the importance of considering broader social, cultural, and economic contexts of infectious disease control in multiethnic, multi-religious societies, and within medically underserved populations” (p. 84). Indeed, Wong (2011) notes that his study “provides the basis for future large-scale, nationwide studies assessing knowledge, attitudes, and acceptability in rural communities,” and further emphasizes the need to “overcome knowledge deficits among young women in rural settings” (p.110). In another report, Onwuliri et al. (2005) acknowledge that up to that time, EID research has centered on “a biological and biomedical enterprise...” without much credence given to
contributing anthropological factors (p. 313). Citing parasitic diseases such as sleeping sickness, malaria, and schistosomiasis, Onwliri et al. (2005) note that “Many of these emerging parasitic diseases persist in the environment due to several cultural practices, local beliefs, limitations, and even behavioral patterns” (p. 315). Despite local and country-specific differences, these patterns of behavior—seen in most aspects of daily life—can be inextricably linked to the emergence and continued prevalence of many of Africa’s EIDs (Onwuliri et al., 2005, pp. 316-320).

Despite a variance in beliefs between countries and ethnicities, the common denominator is a lack of education, which results in an intellectual ignorance about health-related matters, and especially so among the rural poor. In Nigeria, for example, the majority of the rural population persists in using contaminated water because of ingrained cultural beliefs about the cause of diseases, despite international efforts to counter those beliefs and provide clean water and sanitary conditions (Onwuliri et al., 2005, pp. 316-320). And in areas of Mali, the lack of understanding by several rural ethnic groups about the relationship between black flies and onchocerciasis, a disease transmitted by them, translates into misdiagnoses that perpetuate the disease. “Due to the high level of ignorance among the peasants of the nature of infectivity and immunity of the tropical diseases,” write Onwuliri et al. (2005) “they direct their efforts towards remedy by consulting oracles and witch doctors” (p. 321). Nonetheless, knowledge gained from studying the cultural influences on EIDs has influenced similar studies on EVD.

One such study by Hewlett and Amola (2003) of an EVD outbreak within a Ugandan tribe in 2000 was the “first systematic sociocultural study” of EVD that looked
at the cultural factors behind the spread of the disease (Hewlett, 2003, p. 1248). While findings showed that many practices did contribute to EVD’s spread, other practices helped to contain it, leading researchers to develop models of how a society’s cultural practices are influenced by its attitudes toward diseases. Consequently, Hewlett and Amola’s landmark study provides not only a framework for future research, but it demonstrates the need to address sociological factors when devising healthcare prevention and containment strategies for all EIDs (Hewlett, 2003).

Another important study in Liberia was the first of its kind to research how having a clearer understanding of local cultural practices would enable health officials to produce “targeted, timely health messages…[and] to address practices and misperceptions that might hinder efforts to stop the spread of Ebola” (Kobayashi et al., 2015, p. 714). The researchers concluded from survey results that individual fears and knowledge gaps about EVD could be remedied by appropriate, timely message campaigns, and that addressing the existing inherent beliefs and practices were critical to curtail its spread (Kobayashi et al., 2015, p.718). Adding credence to those findings was a health news report on Dr. Felix Ikuomola, a prominent Liberian physician, who envisioned using “traditional healers”—as trusted members of a society—as key ambassadors in spreading appropriate health messages (Shelton, 2015, para. 3).

Concurring with both of these views, Roca, Afolabi, Saidu, and Kampmann (2015) write of the “need for replication of similar studies in other African settings,” (p. 864), concluding that “it remains crucial that strengthening of existing health systems and acknowledging and incorporating cultural beliefs and practices in containment strategies in the affected regions take higher priority” (p .855).
In the increasingly global society we live in today, a holistic approach to controlling EIDs—that incorporates anthropological factors—is long overdue. My reviews of research on global epidemiology and disease show an increasing amount of focus on not just the “what” but on the “why” behind the data. It is comforting to know that the scientific community is breaking out of its own myopia and embracing new ways of thinking about the epidemiological challenges that are wreaking havoc on the world. Witt (2013) notes that our “our preferences and perceptions” as well as “cultural tastes” are molded and shaped by our parents and upbringing (Witt, 2013, p. 246). Inevitably, those influences dictate how individuals are within a society, and particularly when that society is threatened. With the cultural complexity that characterize the world’s many societies, it is hard to fathom why most infectious disease studies, until recently, have not focused on how cultures take shape, which would act as a springboard to better understanding of how disease spreads. This is not solely an African or Pan-Asian problem; it is a global problem that could one day afflict even the wealthiest nations.

The sheer scale and lethal ferocity of the latest EVD outbreak in Western Africa underscores the need for developing more robust prevention and containment strategies that take into account the cultural practices of the populations at risk of contracting the deadly disease. With the continuing prevalence of a myriad of infectious diseases threatening global populations, it is encouraging that researchers are factoring in anthropological data as well as biomedical information when conducting studies. Lessons learned and the subsequent knowledge gleaned from studies on EIDs and recent EVD outbreaks will provide a more targeted framework for developing multilevel strategies for preventing and containing future global pandemics. Employing a holistic
approach toward controlling all EIDs, and particularly ones like EVD that have no cure, by taking into account all factors, both sociological as well as physiological, is increasingly becoming the norm. As Niang and Fleck (2015) write, “We need interdisciplinary approaches—combining the biomedical with socio-anthropological approaches—to deal with these complex health problems, where the human factor can be decisive” (p.73). And that “fabric of society” … “[that] is in the process of being repaired, bringing back stability and normalcy” that Breedlove and M’ikanatha eloquently write of (2011, p. 2111). Mercifully, it appears that it may be just around the corner. For, as of this writing, there are reports that the West African countries of Sierra Leone and Liberia are EVD-free, and Guinea showing no new confirmed cases (Centers for Disease Control and Prevention, 2015).
References


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