Community beliefs and fears during a cholera outbreak in Haiti

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In October 2010, an outbreak of cholera was confirmed in Haiti. The country had not seen cholera for many decades, so it was a 'new' disease to the population. The outbreak of cholera also leads to high levels of fear and suspicion due to beliefs and perceptions. This field report presents some of those beliefs and perceptions around the outbreak, in four Haitian communities. As many Haitians did not perceive cholera as a 'natural' or preventable disease, suspicions that the disease was deliberately spread for political reasons by foreign agencies or national authorities, or was related to religious factors such as vodou practices, caused tension in the communities and negatively impacted the public health response to the outbreak. The Haitian Red Cross started psychosocial interventions to tackle the psychological and social dimensions of the cholera outbreak. These included participatory group discussions, facilitation of community acceptance of cholera treatment centres, conflict mediation, individual psychosocial support to people with cholera and facilitation of mourning.

Keywords: cholera, collective fear, community mobilisation, Haiti, local perceptions, mediation, mourning, psychosocial response

Background

After the January 12 earthquake in 2010, cholera represents another humanitarian emergency and a source of potential individual and collective emotional distress. At the time this report is drafted (January 2011), the Haitian Ministry of Public Health and Population reports that more than 185,012 Haitians have been infected and 3790 Haitians have died from cholera since October 2010 (United Nations Office for the Coordination of Humanitarian Affairs (OCHA Haiti), 2011). Due to the lack of a systematic countrywide data collection system, experts state that these figures are underestimated. The figures are likely to increase in the coming weeks and months, and to reach 16,000 – 65,000 deaths in 10 months time.

This paper is based on information collected by the authors between mid November and early December 2010, during nine group discussions and awareness raising sessions with community members in four earthquake affected areas where the Haitian Red Cross was already operating. Two of these areas (Carrefour and Canapé Vert) were poor urban areas (a severely affected suburb of Port-au-Prince and a slum) and two (Petit-Goâve and Léogane) were rural areas. These groups were held to increase community awareness, and were not set up for research purposes. However, while the work was in progress the authors realised they were getting information that was valuable, should be documented and shared, and could be used to inform subsequent interventions. The participants of the discussion groups consisted of a convenience sample recruited through door-to-door invitation. Each group consisted of around 20 people, and included men and

women, adolescents and adults. The discussions lasted around one to one and an half hours, and were held exclusively in the local language Kreyol. The two authors, who took notes of the discussion, cofacilitated the meetings. After the data collection, the notes were analysed by the two authors to identify common themes.

The results should not be considered to represent the whole Haitian population. Neither do the results presented in this paper cover the full content of the group discussions. The authors do not attempt to give a comprehensive view of Haitian beliefs on cholera, but try to identify those opinions that may interfere with prevention messages and awareness raising campaigns, and could negatively impact the humanitarian response to the cholera outbreak.

Local beliefs and perceptions

Beliefs on the origin of cholera

'*Mikob pa touye ayisyen*' was often heard during group discussions. This popular Haitian proverb means; '*microbes do not kill Haitians*', indicating there is a belief that Haitians are so used to microbes, and have become so resistant, that no microbes can kill them. Despite the fact that people are being told that cholera is linked to poor living and sanitary conditions, many in the population question that fact and suspect that cholera is not a '*natural*' disease. Participants mentioned, for example, that they had been living in poor conditions for many years and had never gotten cholera. Furthermore, many people do not believe the information that is given to them by the authorities and aid agencies;

> '*We are told that there is cholera in many countries. But it is not the same cholera because this one is killing people much more.*'

People have many different ideas about the origin of the disease; they believe it is more than just a natural phenomena, and suspect foreigners to be involved in the onset and spread of the disease;

> *'It is a poison brought by foreigners to divide us.'*
> *'It is a disease brought by foreigners to exterminate us and take our land.'*
> *'Cholera does not exist in our country. It is something else which is killing us.'*
> *'It is a disease brought by nongovernmental organisations (NGOs) in order to get more money.'*

Others expressed concerns that there were political reasons behind the outbreak, and believed politicians may have deliberately created the epidemic;

> *'Each time we have elections in our country there is a disease outbreak. It is political. It is made to divert our attention.'*

Others expressed beliefs that there is a divine hand behind this outbreak;

> *'It is a punishment from God.'*
> *'It is another divine sign (after the earthquake) that the end of the world will come soon.'*

Since December, people increasingly suspect that the disease may be spread by *hougan* (vodou priests) and *Vaudouizan* (vodou believers) using magic powder *('poud kolera')* in order to infect sources of water.

All these statements express doubts on the origins of the cholera outbreak. This uncertainty feeds feelings of insecurity and fear, which in turn, fuels stigmatisation and potentially violent reactions towards individuals and institutions. The belief that

cholera is brought by foreigners, in order to use or to harm Haiti, is often mixed up with other comments regarding the *'decades of foreign interference in Haiti'* starting from *'the colonial time.'* It is also generated by, and mixed in with, the disappointment over the international aid response to the earthquake, which has generated a lot of distrust and scepticism towards international organisations. The contrast between the highly visible presence of over 1000 NGOs operating in Haiti, and the lack of significant improvement in the lives of 800,000 Haitians still living in makeshift camps one year after the earthquake, has heavily affected the confidence of the community in humanitarian actors. The feeling that cholera is part of an international plan is also reinforced by recent scientific reports supporting the hypothesis that the bacteria stem from the Nepalese United Nations troops. Adding to the feeling that Haiti could be a victim of an international plot, there is a belief that the NGOs knew that cholera would be imported to Haiti well in advance;

> *'NGOs have organised hygiene campaigns because they knew cholera was coming and they did not tell us.'*

Rumours and suspicion may have radical consequences. Since early December, in Grande Anse, 45 people, mainly *vaudouizans* (vodou believers) were lynched, and or burned, in the street on suspicion of poisoning water supplies by dumping *'poud kolera'* into the local sources of drinking water. Stigmatisation of cholera patients, including people who have been treated in Cholera Treatment Centres, (CTCs) is widespread, and has sometimes led to the abandoning of patients and dead bodies due to fear of being infected. Former patients coming home after treatment have suffered stigma and, at times, violent rejection from their own community. In some cases, cholera has also been used by community members to address past conflict and issues with neighbours, and at times, to take legal action against them.

Beliefs on the way cholera is transmitted

In general, most people have heard that cholera is *'the disease of dirty hands.'* However, there are also beliefs that cholera can be transmitted by air, by mosquitoes and flies, or even by dust. People have also expressed beliefs that the disease could be transmitted by skin contact (through sweat). Such beliefs have a deep impact on communities living where CTC are/or are about to be set up. When people are convinced that cholera is transmitted by air or by flies, for instance, communities want to keep what is perceived as a *'source of cholera'* away from their communities.

Beliefs on the way cholera can be cured

Treatment of cholera is relatively simple. As cholera causes moderate to severe dehydration (which in turn can cause the death of the patient), the medical treatment consists of replacing lost electrolytes and fluids by rehydrating the patients, either orally or intravenously. Antibiotics are usually only used in case of extreme dehydration to reduce vomiting and diarrhoea. The main input for treating cholera is oral rehydration solution (ORS), which is not a drug but a solution made of water, sugar and electrolytes. ORS is distributed within the communities with the advice that ORS should be administrated to the patients immediately after the appearance of the first symptoms, to compensate for the loss of fluids and to gain time before reaching a medical facility. However, ORS is known

as *'serum,'* and there are at times misperceptions, which can lead to inappropriate use of the serum. Some people believe ORS works preventively, and see it as a vaccine protecting them from cholera. In other cases, it is seen as a curative drug, like an antibiotic. Those views unfortunately have been associated at times with chlorine, a powerful, but toxic, disinfectant that can be used in very limited quantities, to make water drinkable and to disinfect houses and latrines. There have been incidents of chlorine being swallowed directly as a preventive and or curative treatment against cholera.

Beliefs on a cholera treatment centres and NGO's

Most people are aware that they have to go to a medical facility in case of cholera symptoms. However, CTCs are also seen as contributing to the spread of the disease in the community. So, while CTCs are generally seen as necessary, most people are reluctant to see such treatment centres being established in their own community. People in communities, which are seen as still *'safe from cholera',* are particularly reluctant. People in discussion groups often became very tense and emotional when the idea of setting up CTCs was mentioned. Acts of violence against the establishment of CTCs have occurred since the beginning of the outbreak. Questions frequently asked in our discussion groups attest to the fears of the population;

'How do you treat the waste and water so that it does not infiltrate water sources and wells?'
'*Will you disinfect the premises and surrounding of the CTC as people coming to the CTC will infect the whole area?'*
'*What if someone vomits on the way to the CTC and it starts raining?'*
'How do you control the flies and the mosquitoes?'
'*What do you do with dead bodies?'*

Strong statements have also been heard that CTCs do not provide proper cure or medical care, adding to the belief that CTCs contribute to the spread of the disease, instead of stopping it;

'Patients in the CTCs are only given water and no antibiotics. After two days, they discharge patients when they are still contagious.'

Some people distinguished between CTCs where antibiotics are provided systematically, and those where antibiotics are provided only when necessary; the former are perceived as medical centres while the latter are seen as fake centres. People wondered why NGOs do not spray chemicals to eradicate the disease, or distribute antibiotics.

When community members open up to the idea of establishing a CTC, this was not so much because it would prevent community members from death, but because people hope the new centre could be a source of services and income for the community. Community members usually expect jobs to be created in the community and safe water and general health services (other than cholera treatment) to be provided to the community.

Emotions around the cholera outbreak

In the group discussions, *fear* was the most common and most widespread emotion. The beliefs around the origin and transmission of the disease induced fear in large parts of the population. Fear is also fuelled by perceptions of cholera as a curse (especially amongst vodou believers), or a divine

punishment or judgement announcing the end of the world. However, fear is also widespread among those who do not share these religious and spiritual explanations. Fears are linked to the fact that cholera can be transmitted through daily activities, such as drinking and eating. Cholera is easily treatable, but in a country where reaching health facilities is a challenge, it is a frightening thought that death can occur within a few hours.

From a psychological and social point of view, fear can have many consequences. Fear increases the stress level, not only at the individual, but also at collective level. As any other stress factor, fear that is not addressed can lead from a minor to a severe psychological disorder. From a social point of view, while the earthquake has, in many instances, led to solidarity and a greater sense of unity in the population, cholera might generate division and tensions such as: fear of others, rejection of cholera patients, or rejection of family members that were previously infected. In the same line, there is a high risk of widespread stigmatisation and isolation from a large part of the population. Fear, as Haiti has already witnessed in the last past few months, can also lead to panic and acts of violence.

Sadness and loss

Rituals and funerals represent an important part of the grieving process. In the Haitian culture and belief system, respect for the dead and ancestors are of tremendous importance, with consequences to individual and collective wellbeing. Because of the circumstances surrounding cholera related death (e.g. that the body is still contagious, and should be buried within 12 hours), the rituals and funerals are either absent or shortened (when the body is abandoned, or taken away rapidly to be buried in mass graves). The fact that the dead body can be a source of fear, even for the closest relatives, will therefore affect the grieving process. The long term impact on individuals and communities, due to the absence of rituals for the thousands of Haitians who were buried in mass graves in January 2010, cannot be known as of yet. However, efforts should be made to avoid the same situation happening again, and for rituals to be respected whenever possible.

Shame

This feeling is linked to the stigma around cholera. Cholera victims and former patients are seen as a source of threat for the rest of the community. They are sometimes rejected or isolated, and in some cases, molested and even killed. As mentioned earlier, cholera is gradually becoming known as the disease of the *'dirty hands'*. It is interpreted that these people that have been infected because of eating excrement and are *'careless people' ('moon ki salop')*. This perception leads to both stigmatisation and shame. Shame, mixed with a feeling of guilt, can also be prevalent amongst those who believe that cholera is a punishment of God, targeting sinners.

Psychosocial interventions to improve the humanitarian response to the cholera outbreak

Rumours and suspicion have negatively impacted the ability of NGOs to carry out effective interventions against cholera. At the end of October, tents of an international medical NGO were burned down because the organisation tried to establish a CTC. In a slum area of Port-au-Prince, community health workers from another NGO

were prevented physically from approaching children, or to make a list of beneficiaries of the nutrition programme, because some people whose name had been registered on a list, had died of cholera. The suspicion regarding the origin of the disease can be a major obstacle to a cholera prevention campaign. As mentioned above, there is a general suspicion that cholera is a *'political disease'* brought by foreigners. Therefore, segments of the population do not trust messages given by foreign organisations, which are seen as responsible for bringing cholera to Haiti. Moreover, when one believes that cholera is not a disease but a poison, it is difficult to adopt preventive measures, as these are seen as useless against what is perceived to be intentional attempts to kill people.

The Haitian Red Cross has initiated several activities with a psychosocial component aimed to improve the public health response to the cholera outbreak.

Group discussions addressing beliefs and perceptions

The urgency and scope of the crisis, prompted the Haitian Red Cross to train 102 psychosocial support (PS) volunteers in standard cholera prevention campaign methodology, following the guidelines and standards of the Ministry of Public Health and Population. They provide information on cholera, on the transmission chain, and on prevention and treatment. It also includes a demonstration of hand washing and *'home'* ORS preparation. PS teams have been particularly involved in mobilising and raising the awareness of school children and teachers.

After this basic programme, the psychosocial volunteers have been specifically trained in addressing the beliefs and perceptions that prevent parts of the population to be open to prevention messages. The approach is not only based on providing information and clarification messages, but uses all kinds of participatory approaches. Several agencies developed specific messages to counter rumours or misperceptions, but in some cases the authors observed that this might actually be counterproductive. At times it can be ineffective to counter *'irrational'* beliefs and perceptions by trying to convince people that their beliefs are wrong. For instance, some agencies explained to the population that *poud kolera* does not exist. They explain, that it is *'physically'* not possible to produce powder from the dead body of cholera victims, as it would take too much time for the body to dry and be transformed into powder. However, strongly felt *'beliefs'* based on fear cannot be easily changed with *'rational arguments'*. Dismissing people's *'subjective truth'*, beliefs and perceptions on the grounds that they are based on *'rumours,'* *'ignorance,'* or *'lack of education'* could, in the current Haitian context, actually lead to more distrust and resistance and can also generate strong, even violent, reactions.

The interventions by the Haitian Red Cross are nonconfrontational, and based on respect for beliefs and perceptions. It is important to build trust and confidence within the community, before engaging in a dialogue on cholera prevention messages. Practically, group discussions and peer sensitisation sessions are being facilitated by psychosocial volunteers. Those forums are based on a nonjudgmental, semi-structured group facilitation process. It welcomes community members' personal beliefs and perceptions, respects them and listens in a truthful way. The facilitator does not challenge the beliefs and perceptions of the participants, but keeps a neutral position, and reflects on what people say through an active listening process. This allows trust

and confidence to build, not only between participants, but also between participants and the facilitator (and the agency he/she represents). During those meetings, participants were invited to share their views on the origin of cholera, the way it can be transmitted and prevented, the way it can be cured, ceremonials and rituals for the dead, and relations with former patients (stigmatisation). This allows the release of tension and stress within the group, and makes participants feel their opinions are valued. Once they have been truly listened to, participants are more disposed to listen to other ideas. This is even more true when different perspectives and opinions are not provided by the facilitator, but by other participants. In the next step, another specifically trained volunteer is invited to present cholera prevention messages to the group, not by lecturing the group, but by connecting to and building on what has already been expressed by participants during the preceding group discussion.

Facilitating CTC acceptance and conflict mediation

CTCs are often perceived as a source of cholera, and the setting up of these centres has created resistance and, in some instances, violent reactions. Finding a site is often difficult because landowners, including sometimes municipalities, can be reluctant to provide a piece of land out of the fear that it could be contaminated. Even when sites have been identified and when an agreement has been found with the owner, the community dynamic has prevented the setting up of a CTC. Early in November, staff of the Red Cross who wanted to set up a CTC was pushed away by an angry crowd.

From that moment on, awareness raising and community mobilisation has been a priority before attempting to establish cholera treatment centres. Together with hygiene promoters and community health volunteers, the psychosocial team has been fully mobilised and specifically been appointed to work on the relationship with the community. For example, before establishing a CTC in Camp Lamentin (Carrefour Municipality), psychosocial teams were involved, through group facilitation, with leading stakeholders such as religious leaders (a priest, a pastor and a *hougan*) and others like the head of a local community organisation and a youth leader. Parallel to these meetings, a wider prevention campaign was also being carried out in the community to mobilise it on different levels. The initial process lasted seven days and was challenging. There was a high level of fear in the community, and pre-existing conflicts within the community played out, with cholera being used as an instrument to undermine or to promote conflicting interests. The fact that the Red Cross medical teams and logisticians wanted to establish the CTC as soon as possible was also somehow at odds with the necessity to understand and respect the community's own rhythm; raising awareness among community leaders takes more than a group discussion. For community leaders to consult, speak, sensitise and mobilise the whole community takes even more time.

This intervention approach contributes to the easing and lessening of existing tensions. It also has led to greater social understanding and cohesion through the creation of a community committee representing the community stakeholders of the community. After the treatment centre was established, the community committee served as link between the community and the Red Cross CTC management team. It ensured that the community concerns and interests were being addressed and taken into account.

When issues could not be solved directly between the community committee and the CTC management team, the psychosocial team was asked to intervene as a third, neutral party, playing a mediation role.

Other agencies have developed an interest for this line of intervention. The Haitian Red Cross also plans to organise mediation and facilitation sessions at national and departmental levels, in order to promote a better understanding and dialogue, in particular between religious leaders, as many *hougans* and *vodou* believers have been blamed, and sometimes physically threatened or molested, by other members of the communities.

Supporting cholera patients

Psychosocial volunteers were deployed in the Red Cross CTC of Camp Lamentin to work with people affected by cholera. The methodology of intervention is mainly based on psychological first aid (PFA), but recreational activities (such as drawing) are also being proposed to children in their recovery phase. Before patients are discharged, psychosocial volunteers, together with hygiene promoters, organise a short meeting with former patients and relatives, parents or caregivers, in order to prepare for the return to home and to the community. Hygiene and prevention messages are provided, as well as chlorine tablets and ORS packs. The volunteers specifically address the emotional wellbeing of the patients and the importance for relatives and parents to emotionally support former patients, while ensuring the safety of other family members. Volunteers also make themselves available to facilitate communication and understanding between former patients and their relatives and community members, in order to reduce stigmatisation.

Facilitation of mourning

Building on initiatives in the direct aftermath of the earthquake, the Haitian Red Cross PS team has established a '*mourning tent*' inside the CTC. The standard procedure, in case of death of cholera, is that the corpse is disinfected and put in a body bag that is transported to a mass grave. Often the relatives have no chance to see the body before it is transported. This may complicate the mourning process. The mourning tent placed inside the CTC allows family members to gather and say a last good bye to their beloved ones. The possibility is also offered to the family to contact a religious leader of their choice, should they want a prayer or ritual to be organised before the body is transported and buried. The Haitian Red Cross is currently working on extending this intervention to other CTCs and to develop follow up activities for grieving families through home visits and support groups.

Conclusions

Cholera, as with any epidemic, is primarily addressed through medical treatment and prevention campaigns. Our experiences in Haiti demonstrate that psychosocial support interventions can play an important role in the response to such an epidemic. Using basic psychosocial intervention techniques, such as nonjudgmental active listening, group facilitation, psychological first aid and mediation techniques, the staff and volunteers of psychosocial teams are able to address beliefs, perceptions and emotions during the cholera outbreak in the Haitian community. Through their closeness to the communities and their understanding of community dynamics and perceptions, psychosocial workers are able to improve trust and confidence between the population and humanitarian actors. This may

be of critical importance in a context where distrust and suspicion affect the acceptance of humanitarian agencies.

Reference

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