

BEHAVIOURAL, SOCIAL AND COMMUNITY DYNAMICS OF PLAGUE OUTBREAKS IN MADAGASCAR

WHAT DRIVES PLAGUE TRANSMISSION IN MADAGASCAR?

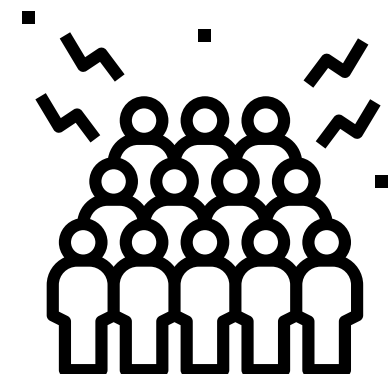
Plague is endemic and seasonal in rural areas. The frequency of outbreaks has increased in recent years. It is primarily a problem of structural poverty, social inequality, and stigma.

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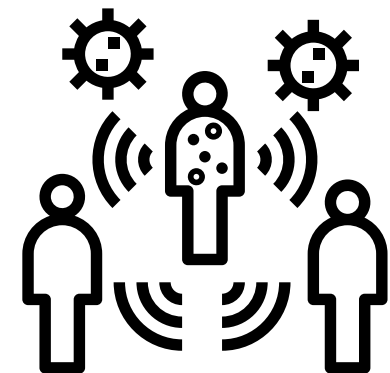
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Overcrowded and poor living conditions, inadequate sanitation and food storage, and the keeping of livestock inside living spaces can contribute to transmission.



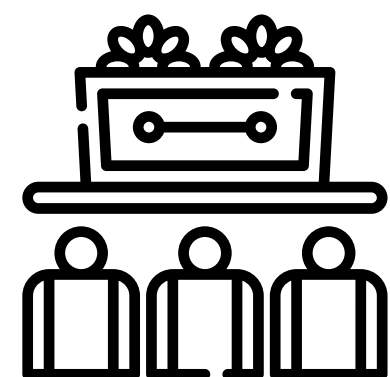
Transmission may also be driven by poor access and availability of primary health care; 60% of those reporting an illness did not visit a health centre and many chose to first self-medicate or consult traditional healers.



Stigma associated with plague may mean people are less likely to seek diagnosis or treatment and report contacts.



Lack of community engagement and of accurate, timely and reliable information can erode public trust in the government and health authorities and lead to information gaps and mis- and dis-information.



Burial rituals have been associated with plague transmission. However, available data has not established this clearly and more research is needed.

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INFLUENCES ON HEALTH CARE SEEKING DECISIONS

Many Malagasy people use a combination of biomedical health providers, traditional healers, and self-medication. Affordability, reach and trust in health care and severity of symptoms are determining factors for people's health decisions.

To improve community surveillance, rapid referrals, diagnosis, and treatment it will be important to strengthen collaboration and coordination between biomedical and traditional (informal) health care providers.

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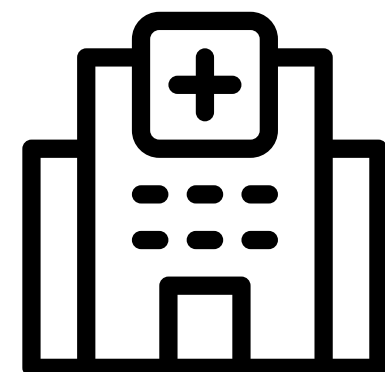
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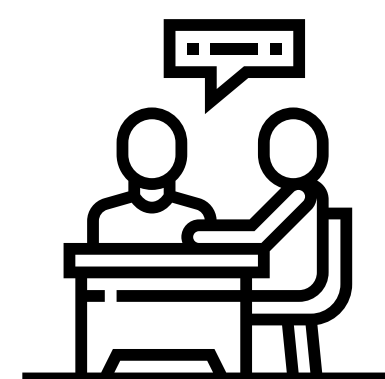
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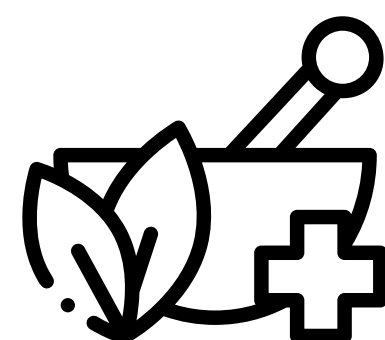
Distance, unaffordability of transportation and treatment costs and low levels of service provision can decrease accessibility of formal health care.



Medical authorities are not always well-trusted - especially in rural areas. Hospitals are often perceived as places where people go to get sick rather than to be cured.



Private clinics (*docteurs libres*) and traditional healers (*ombiasy*) are often more trusted due to cultural beliefs, availability, and affordability.



Self-medication is also often preferred, such as home remedies or remedies obtained through local drug sellers (*épiceries*).

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THE ROLE OF RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

People in Madagascar generally have a clear understanding of what plague is, though they may not fully understand its causes and transmission patterns or the difference between bubonic and pneumonic plague.

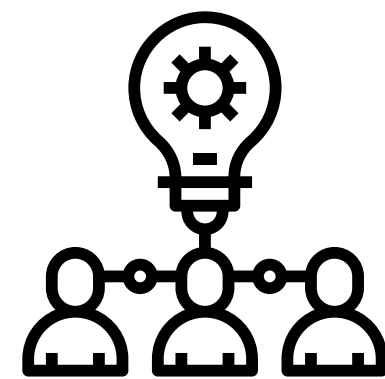
Adoption of plague prevention and containment measures may be affected by information gaps and by mis- and dis-information linked to a lack of community engagement and low trust in government and health authorities.

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Community knowledge of plague is influenced by geographical location (urban/rural), the form of plague (bubonic or pneumonic) and previous experience with plague.



A plague diagnosis can be stigmatising. Public health teams should be discreet when arriving at a home. Public health information should avoid associating it with poverty or inadequate hygiene.



Top-down communication approaches can be counterproductive; two-way communication with active listening and dialogue is preferred by the community and is more effective.



Public health teams should put emphasis on an action-orientated approach based on evidence and local solutions.



Local engagement is needed with elders, local authorities (*fokontany*), ombiasy and other trusted traditional, community and religious leaders and community health workers to promote safe burial practices.

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RESEARCH GAPS

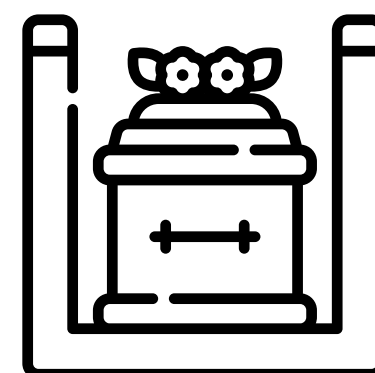
Further research is needed to better understand contextual factors and socio-behavioural drivers of plague transmission in Madagascar.



It is important to identify health service seeking behaviour and the role of *ombiasy* and traditional midwives.



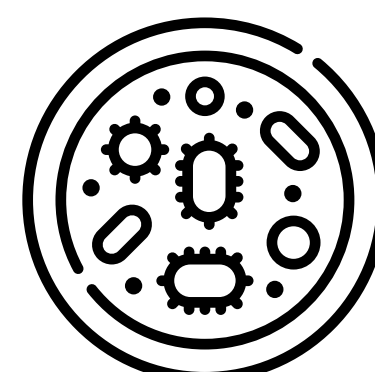
A combination of ethnographic methods and Knowledge, Attitude and Practice (KAP) surveys can enable a better understanding of health care pathways, trusted health care providers and community actors.



The Safe and Dignified Burial protocol (2017) should be evaluated to understand how it has been applied and its impact during recent plague outbreaks.



Qualitative methods can be used to identify barriers and enablers to the implementation of the SDB protocol and to co-create appropriate approaches with local communities.



Additional epidemiological investigation is needed to better understand infectiousness of the bacteria *Y. pestis* in body fluids and length of time it survives in soil or tombs.