

Une communication fondée sur les représentations

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Qu'est ce que la communication en santé ?

➤ Le but de la communication en santé n'est pas d'informer...
... il est d'obtenir des changements de comportement.

➤ Deux conséquences :

➔ L'information doit être **subordonnée** à la stratégie de communication.

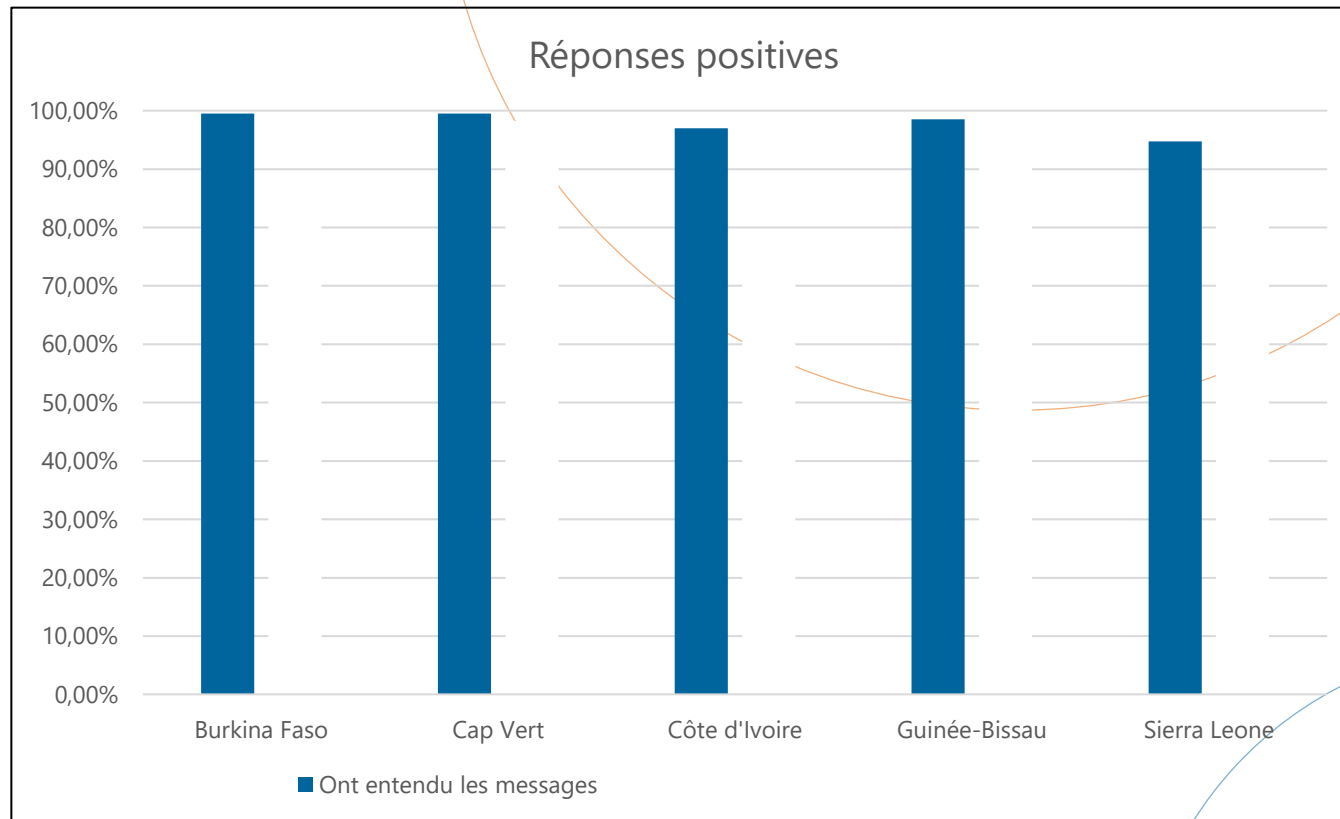
➔ Les comportements étant une composante essentielle de la prévention, la communication doit être **une composante** des interventions de santé publique.

Masques : que dire à la population ?

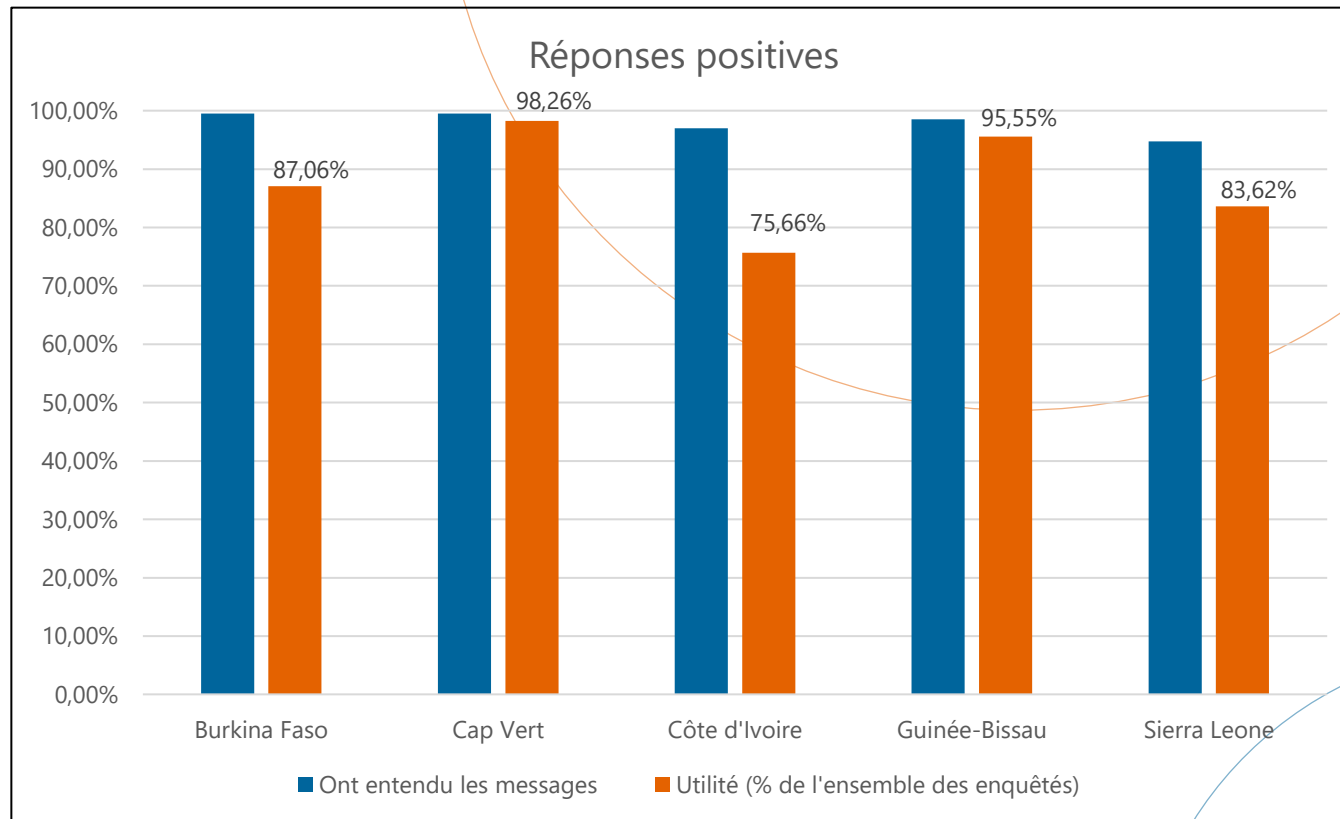


Photos prises en octobre 2020

« Avez-vous vu ou entendu le message “Portez un masque” ? »



« Trouvez-vous ce conseil utile pour se protéger du Covid-19 ? »



- Beaucoup de gens pensent que le Covid-19 existe... mais pas dans leur pays.¹
- 20,1 % savent qu'une personne asymptomatique peut transmettre le virus.¹
- Enquête Africa CDC : 11 % connaissent quelqu'un qui a eu le Covid-19, 1,2% dans leur famille.²
- 47,2 % des > 60 ans savent qu'ils sont à risque.¹



**Axe de communication :
pourquoi il faut se protéger.**

1. Seytre B. et coll., [Une enquête socio-anthropologique à l'appui de la communication sur le Covid-19 en Afrique de l'Ouest](#), Med Trop Sante Int. 2021 Jul 26;1(3):MTSIMAGAZINE.N1.2021.106. doi: 10.48327/MTSIMAGAZINE.N1.2021.106

2. COVID-19 Vaccine Perceptions: A 15-country study, February 2021, Africa CDC. Résultats au Gabon, Niger, Sénégal, RDC, RCI, Burkina Faso.

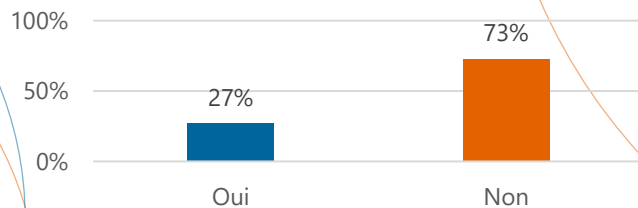
Communication dépistage TB

- Pré-étude : 50 acteurs de terrain
 - La majorité pense qu'un grand nombre de gens préfèrent la médecine traditionnelle à la médecine moderne en cas de TB.
- Une étude socio-anthropologique a montré une réalité différente.

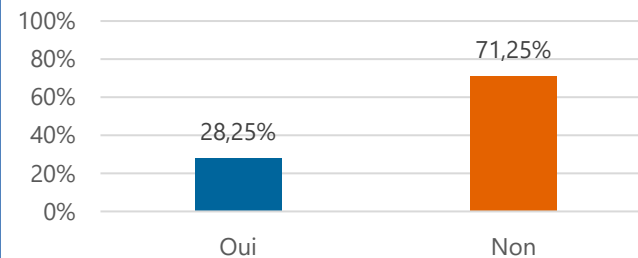
Travail mené en Côte d'Ivoire, 2018.

Une faible intention de recours à la médecine traditionnelle

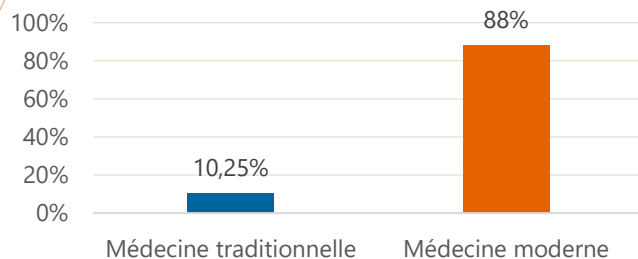
Selon vous, est-il nécessaire de solliciter un tradipraticien lorsqu'une personne est atteinte de la tuberculose ?



Selon vous, les médicaments traditionnels sont-ils efficaces contre la tuberculose ?



A quel type de médecine recourez-vous lorsqu'il s'agit de la tuberculose ?



➔ **La médecine traditionnelle n'est pas le principal frein dans la démarche de dépistage.**

Communication allaitement exclusif

➤ 87,8 % des mères savent qu'il faut donner uniquement le lait maternel pendant six mois.¹

➤ A 5 mois :

- 21,8 % allaitement exclusif
- 20,3 % allaitement + eau
- 57,9 % reçoivent d'autres aliments²

Travail mené en RDC (Kimbanseke, banlieue de Kinshasa), 2013.

1. Enquête sur les connaissances et comportements clés des mères à l'égard de la prévention de la malnutrition en RDC, PRONANUT, juillet 2009.
2. Enquête démographique et de santé (EDS-RDC), 2013-2014, RDC.

Enquête anthropologique

- En Afrique, il fait chaud. Les bébés doivent boire de l'eau, comme les adultes. Ce qui est important, c'est de donner de l'eau propre.
- Le lait n'est pas assez nourrissant, il faut donner de la bouillie.
- J'ai souvent faim, mon lait ne peut pas être assez nutritif.



Axes de communication :

- **Eviter les injonctions.**
- **Expliquer que le lait maternel satisfait les besoins exprimés.**

Communication femmes enceintes

- Beaucoup de femmes enceintes tardent à se rendre aux visites prénatales.
- Enquête anthropologique : les femmes pensent majoritairement que la grossesse a commencé quand elles sentent les mouvements du bébé.

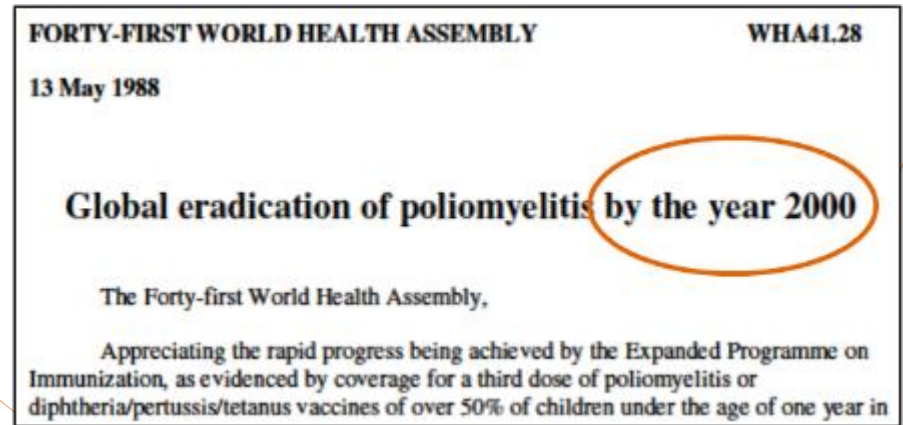


**Axe de communication :
La grossesse commence dès l'aménorrhée.**

Travail mené en RDC (Kimbanseke, banlieue de Kinshasa), 2013.

Poliomyélite

- Mai 1988 : L'Assemblée Générale de l'OMS lance la Campagne mondiale pour l'éradication de la poliomyélite. Objectif : 2000



- ➔ **L'éradication n'a pas eu lieu, alors que les critères biologiques étaient réunis.**
- ➔ **Première raison : résistances de la population.**

Gaza's crisis must not be overshadowed

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See World Report page 323

For information from WHO about Gaza see <http://www.who.int/emergencies/gaza/index.html>

As The Lancet went to press, bombs were raining down on civilians in southern Lebanon and northern Israel in the escalating conflict between Israel and the militant group Hizbollah. So great are the fears for the health and welfare of civilians that WHO issued a statement of serious concern about the high risk of casualties and danger to health posed by escalating violence, population displacement, and limited access to humanitarian aid.

There is, however, another danger resulting from this crisis: that the worsening humanitarian situation in Gaza may slip from the international community's list of concern. Gaza has been in a state of socioeconomic and humanitarian crisis since 2000. But in February, 2006, the situation deteriorated rapidly when major international donors cut direct aid in protest at the newly elected Hamas leadership of the Palestinian Authority. At this time, the transfer of taxes from Israel, comprising 50% of the Authority's budget, was also halted.

Years of underinvestment in the health system means this financial boycott has hit the health sector especially

hard. Among many other effects, the suspension has led to increases in malnutrition—from which 70% of the population is at risk—and mental-health problems. If funding is not resumed, immunisation programmes and communicable-disease surveillance may have to be scaled down, which will increase the risk of disease outbreaks going unnoticed—a particular concern since Gaza's March, 2006, outbreak of H5N1 among domestic poultry.

The delivery of basic health services is now very difficult. Aid agencies and non-governmental organisations are attempting the near-impossible task of acting as an alternative provider, delivering health and other services to the increasingly isolated Palestinians. And despite a recent agreement by international donors to resume funding, the situation remains perilous.

It is understandable and inevitable that this conflict will keep international eyes focused on Lebanon and Israel. But Gaza's residents will continue to suffer if international pressure to solve current aid blockages is not maintained.

■ The Lancet

Whom would you believe?

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Imagine this scene: you are a mother of young children, living in a rural village in northern India. Largely ignored by state and national governments, the village has no clean water, no sanitary systems, and no proper roads. You do little to limit the scourges like malaria, health official paid a visit, wanting to give your children some drops he said would protect against a disease you have neither seen nor heard of—polio.

Whom would you believe?

you are a mother of young children, living in a rural village in northern India. Largely ignored by state and national governments, the village has no clean water, no sanitary systems, and no proper roads.

a government health official paid a visit, wanting to give your children some drops he said would protect against a disease you have neither seen nor heard of—polio.

Qui croirez vous ?

Vous êtes la mère de jeunes enfants d'un petit village du nord de l'Inde. Délaissé par l'État et le gouvernement national le village n'a ni eau potable, ni tout-à-l'égout, ni routes convenables. Un représentant du ministère de la Santé vient vous voir pour faire avaler à vos enfants des gouttes dont il dit qu'elles les protégeront contre une maladie que vous n'avez jamais vue et dont vous n'avez jamais entendu parler, la polio.

Nigeria

Du point de vu d'un Nigérian, se voir offrir un médicament gratuit est aussi inhabituel que si un inconnu distribuait des billets de 100 dollars au porte-à-porte aux USA. C'est totalement étrange dans un pays où les gens se battent pour obtenir les médicaments et les traitements élémentaires dans les dispensaires locaux.

From a Nigerian's perspective, to be offered free medicine is about as unusual as a stranger's going door to door in America and handing over \$100 bills. It does not make any sense in a country where people struggle to obtain the most basic medicines and treatment at local clinics"

This high prevalence was attributed to poor vaccine coverage during the previous control campaigns. But the GPEI's hopes were dashed by a boycott of the polio immunization campaign in three states in northern Nigeria, amidst rumours and public distrust.

The Boycott in Northern Nigeria

Public trust is essential in promoting public health [13]. Such trust plays an important role in the public's compliance with public health interventions, especially compliance with vaccination programs, which target mainly healthy people. Where public



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with less than one fifth in the north), 60% versus 11% in 1999, and 64% versus 8% in 2003 [18–20].

Other historical factors that fed into the polio vaccination boycott include population and fertility regulation. In the 1980s, President Babangida's administration adopted a population policy that set a limit of four children per woman. Some people connected this population control campaign with immunization, believing that vaccination was one way the government might be reducing the population [21]. This belief was not restricted to northern Nigeria—similar opinions were also expressed in some communities in southern Nigeria.

For example, in an anthropological study carried out in Nigeria [22], an adult male participant stated that "people do carry rumour that immunisation is a secret way of controlling population." A young female participant said "some people say that immunisation is part of the methods used to check the number of children a woman can bear."

Another important factor that played a role in the polio vaccine boycott was the general distrust of aggressive, mass immunization programs in a country where access to basic health care is not easily available [16]. In his report for the *Baltimore Sun*, John Murphy wrote: "The aggressive door-to-door mass immunizations that have stashed polio infections around the world also raise suspicions. From a Nigerian's perspective, to be offered free medicine is about as unusual as a stranger's going door to door in America and handing over \$100 bills. It does not make any sense in a country where people struggle to obtain the most basic medicines and treatment at local clinics" [16].

The political context. In Nigeria, states have administrative control over health affairs at the primary and secondary care levels while the federal government has control at the tertiary care level. Although the federal government sets health policy for the nation, immunization is under the primary health-care system controlled by each state government. This was why the Kano state government was able to issue a directive to halt the immunization exercise planned by the federal government.

"We believe that modern-day Hitlers have deliberately adulterated the oral polio vaccines with antifertility drugs and...viruses which are known to cause HIV and AIDS" [14].

The *New York Sun* reported that this fear of polio vaccines in northern Nigeria "caught on because of the war in Iraq" [15]. Ali Gada Yakai, a WHO doctor investigating polio cases in Kano, told the *Baltimore Sun*, "What is happening in the Middle East has aggravated the situation. If America is fighting people in the Middle East, the conclusion is that they are fighting Muslims" [16].

progress" [17].

Background to the Boycott

The historical context. The polio vaccination boycott should not be considered in isolation, but rather in the context of the history of orthodox health services in northern Nigeria. Generally, utilization rates of orthodox health-care services in the region have always been low. For instance, comparative utilization rates of southern Nigeria versus northern Nigeria were 50% versus 18% in 1990 (i.e., half of people in the south used orthodox health services, compared

Nigeria

- 2003 : les Etats de Kano, Zamfara et Kaduna interdisent la vaccination contre la polio.
 - « Depuis le 11 septembre, le monde islamique se méfie de tout ce que fait le monde occidental. Les vaccins contre la polio inquiètent beaucoup la population » (porte-parole du gouverneur de Kano).
 - « Des Hitler des temps modernes ont trafiqué les vaccins contre la polio et leur ont ajouté des médicaments stérilisants et des virus du sida » (Datti Ahmed, Kano, dirigeant du Conseil suprême de la Sharia au Nigéria).¹

1 . www.news24.com, 2 novembre 2004.

Nigeria

La crise aurait pu être évitée si des efforts avaient été entrepris beaucoup plus tôt pour associer les communautés et gagner la confiance dans des régions où les méfiances étaient bien connues.

the crisis could have been averted with a much earlier effort to engage communities and build trust in the areas where overall levels of mistrust were well known.

COMMENTARY

building—and maintaining—public trust in health interventions and in the authorities who provide them. Trust relationships must be built over time so that they become the social framework in which health interventions—and positive health outcomes—can thrive.

Transparency is an essential criteria for trust. The 2009 WHO guidance document *Pandemic Influenza Preparedness and Response*⁸ calls on affected countries to “maintain trust across all agencies and organizations and with the public through a commitment to transparency and credible actions.” Transparency includes being clear about what is unknown and what is known and requires clarity about the basis for decision making. Listening and taking into account what the public is thinking and saying—even though the public’s reactions may not be scientifically based—is critical to building trust relations. Trust is not a one-way relationship.⁹ Public perception affects individual choice and must be taken into account.

Building and maintaining trust is challenging in an environment and time when the public is wary and distrustful of institutions—and in the face of contradictory information on the Internet. The Centers for Disease Control and Prevention has put on its Web site a tag line, “Your Online Source for Credible Health Information.” New social media and the emergence of a postdeferral society are challenging traditional trusted sources of information. However, rather than becoming defensive in the face of an increasingly questioning public, the medical and public health communities must recognize the importance of changing the conversation with individual patients and the public and the importance of being open to hearing real concerns that will affect the acceptance or rejection of health services. The public health community must recognize that the realm of rumors and perceptions may include clues about reasons for concern.

The environmental risk communication literature can share many lessons on public trust with public health. One study on the determinants of trust¹⁰ identified 3 key elements: knowledge and expertise; openness and honesty;

concern and care. It is not only the “what” that matters but “who” is conveying the information or concerns and “how” it is communicated. Concern and care also listening.

It is time to consider the long-term implications of the current response to the influenza A(H1N1) virus. The lessons of the A(H1N1) pandemic will not be forgotten; they will remain a factor in public trust the next time a public health threat or pending pandemic occurs.

Several approaches may contribute to longer-term public trust. For instance, while alerting the public to the real, although uncertain, risks of the A(H1N1) pandemic, the messages should not be sensationalized. Public health officials should listen genuinely to public concerns and questions because they can help to target where information is needed. It is important to educate and engage citizen advocates on the relative benefits and risks of the vaccine. Citizens listen to their peers as much, if not more, than health “experts.” Finally, it is essential to maintain perspective about other important health concerns of the public. These concerns will be present for the long term, well after the current influenza A(H1N1) pandemic has resolved.

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Poliomyélite

- Même rumeur : le vaccin stérilise les filles, le pouvoir veut limiter notre communauté. Des familles cachent leurs enfants.
- La résistance est favorisée ou utilisée dans le cadre de conflits ethniques, politiques et religieux.
- Des adaptations de la stratégie de communication ont finalement permis l'éradication du virus sauvage au Nigéria et en Inde.
- ... mais le virus sauvage circule toujours et une épidémie de PV/PV a commencé en 2016.



doutes



méfiance



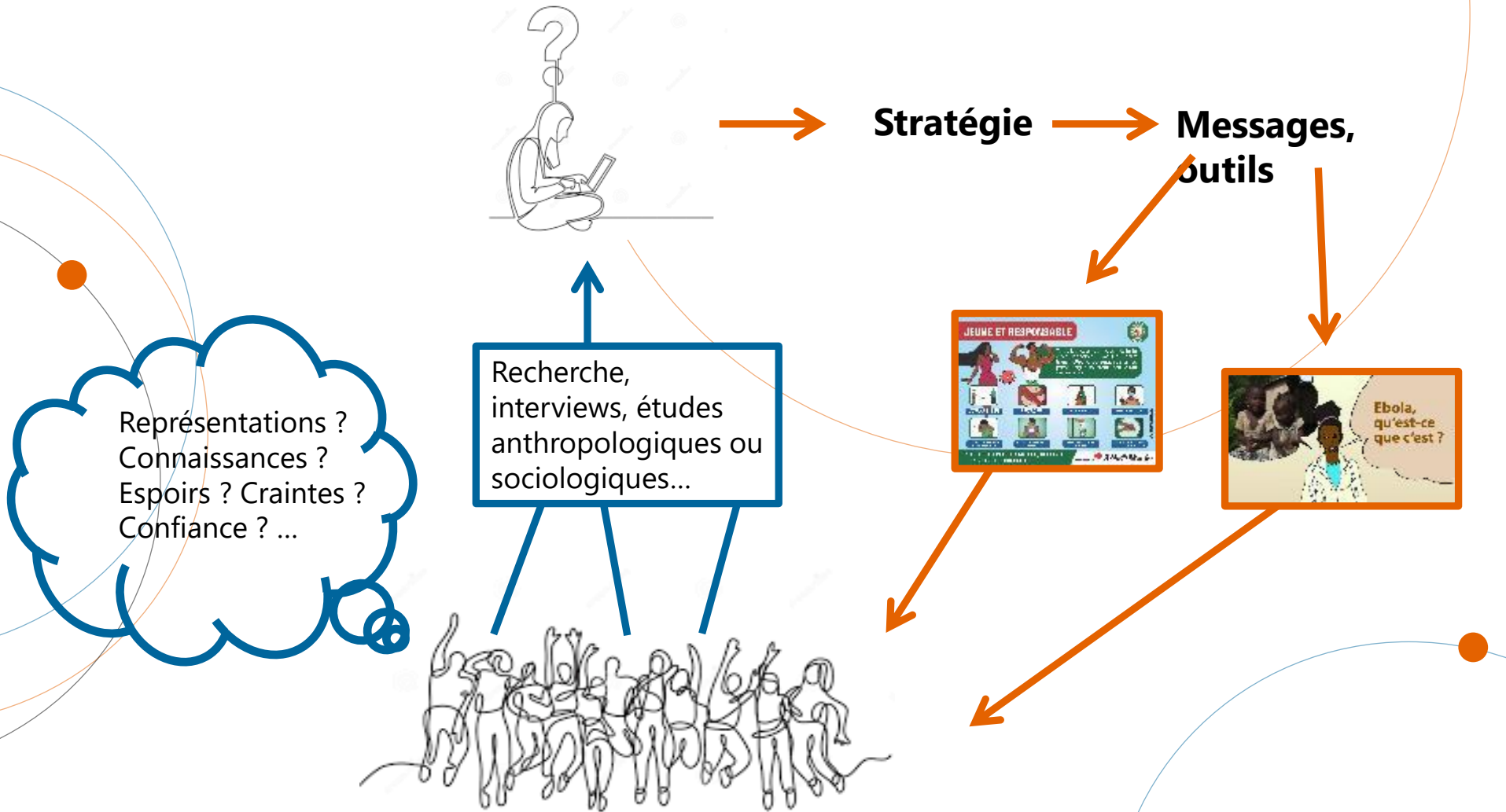
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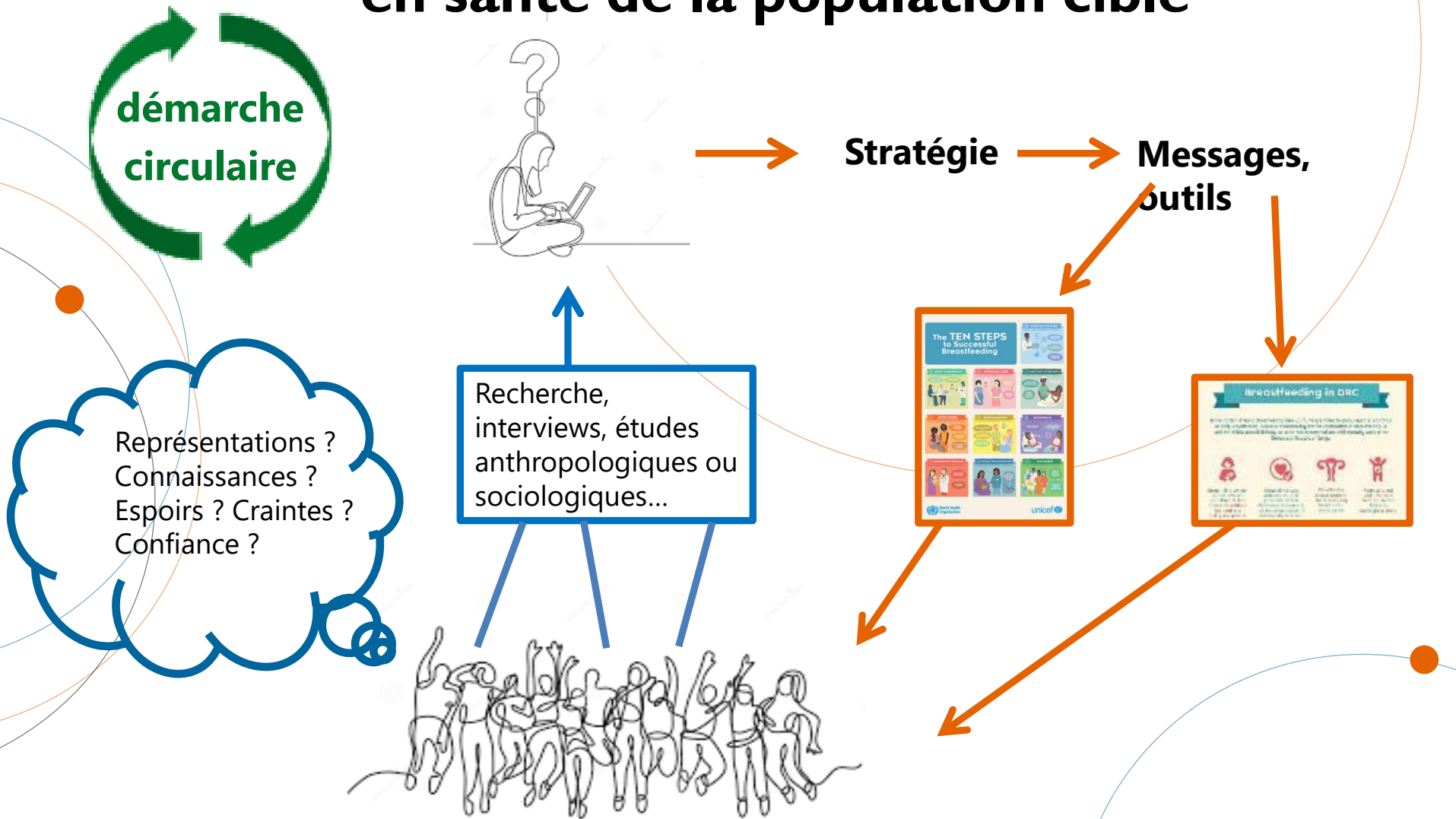
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Une communication fondée sur la culture en santé de la population cible



Une communication fondée sur la culture en santé de la population cible



Une communication fondée sur la culture en santé de la population cible



Merci pour votre attention.

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