

Trust in government tied to compliance with public health policies

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Credit: Brown University

A lack of faith in government institutions' ability to prevent the spread of disease can lead citizens to disregard government-issued disease control measures, a new study suggests.

Lead author Robert Blair, a faculty member at Brown University's Watson Institute for International and Public Affairs, measured the relationship between faith in the efficacy of government institutions in Monrovia, Liberia, and residents' willingness to carry out Ebola Virus Disease (EVD) control interventions to contain the virus during the 2014-15 [epidemic](#).

Yet Blair and his coauthors did not set out to find quantitative evidence supporting that correlation, he said.

"This project began primarily as a humanitarian exercise—an attempt to collect data to identify the neighborhoods in Monrovia that had been hardest hit by the epidemic and to provide the Liberian government and non-governmental organizations with information they could use to target relief services as the crisis waned," he said. "But as we were analyzing the data, we discovered this incredibly powerful correlation between trust in government and compliance with EVD control policies and interventions."

Blair, an assistant professor of political science and international and [public affairs](#), conducted the study with colleagues Benjamin Morse and Lily Tsai of the Massachusetts Institute of Technology.

In the study published in the journal *Social Science & Medicine*, the researchers found that citizens who distrusted the government were less likely to take precautions against EVD in their homes—including keeping a bucket of chlorinated water on hand or using hand sanitizer—or to abide by restrictions on social gatherings, physical contact like kissing, handshaking or caring for relatives with EVD-like symptoms, or changes to culturally important burial practices.

The authors also found that contrary to the stereotype that citizens who distrust the government are uninformed, Monroviaans who attested to a

lack of faith in their leaders were no more or less likely to hold erroneous beliefs about disease transmission than the rest of the population.

"Anecdotally, there's a lot of evidence suggesting that trust in government institutions is an important determinant of compliance with public health guidelines," Blair said, citing the phenomenon of vaccine hesitancy in the U.S. and members of the anti-vaccine movement's skepticism of the guidelines and reassurances that agencies like the Centers for Disease Control provide. "But there's not a lot of evidence of this pattern in less developed countries, where citizens' relationships with government are often especially strained, and where the risks of non-compliance with public health policies are often especially high."

The EVD epidemic in Liberia imposed many hardships on citizens, ranging from the disease's immediate impact (sickness and death) to loss of employment, restrictions on travel, trauma from witnessing bodies in streets, and disease-control policies that contravened cultural norms, like caring for sick family members or cremating the dead.

Blair and his colleagues speculated that such hardships could exacerbate distrust of government, leading to a vicious cycle with more noncompliance, more hardships and less trust, but the study focused on providing quantitative data on trust in government and population behaviors influencing disease spread and control.

The data was gathered by Liberian census-takers who conducted in-person surveys among residents of Monrovia in December 2014 and January 2015, about four months after the peak of the epidemic. Residents answered questions about trust in government, trust in international non-governmental organizations (INGOs), compliance with EVD control measures, support for EVD control interventions, knowledge about EVD and hardships experienced during the epidemic.

The majority of survey respondents described the government as corrupt, while 73 percent of respondents expressed trust in INGOs. While compliance with EVD control measures was high, according to the study, support for the interventions varied by policy. The majority of respondents supported the ban on public gatherings, but only 19 percent supported cremation of EVD-infected bodies, the authors wrote, and respondents were more evenly divided on the nighttime curfew, restrictions on travel and "safe burial" practices.

"The Ebola epidemic really laid bare the role that social, cultural and political factors can play in precipitating the spread of an otherwise easily preventable virus," Blair said.

It also clarified the role of INGOs in epidemic-stricken areas. Even trusted organizations that strived to assist in [disease control](#) and which did have a positive impact, like Doctors Without Borders or the American Red Cross, could not serve as a replacement for or have the same impact as government institutions.

Blair and his coauthors found that "trust in INGOs was not correlated with support for, or compliance with, EVD control interventions." Unlike governing bodies, INGOs lacked the legal authority to impose curfews, restrict travel or ban public gatherings, policies that can help stem an epidemic like EVD.

"This has important implications for the way humanitarian response is done in settings like Liberia," Blair said. "Where government institutions are especially weak, it's tempting to bypass them entirely. This makes some sense. People's lives are at risk, and the most urgent priority is to get assistance to as many people as possible, as quickly as possible. But when the crisis ends, citizens are still going to have to live with those same government institutions. And the more humanitarian responders can 'crowd in' those institutions, rather than crowd them out, the more

likely it is that citizens will heed [government](#) warnings the next time a crisis hits."

It is important to note, Blair said, that "the spread of EVD and similar diseases may be determined as much by social, cultural and political factors as by characteristics of the virus itself."

More information: Robert A. Blair et al. Public health and public trust: Survey evidence from the Ebola Virus Disease epidemic in Liberia, *Social Science & Medicine* (2017). [DOI: 10.1016/j.socscimed.2016.11.016](#)

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