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Speaker1: March 2020, [...] the first case of Covid 19 is reported. I hurry to join mine in the capital, Abidjan, before we are cut off from the rest of the Ivory Coast. In the vehicles, information about the daily records of cases and deaths registered in the world is continuously transmitted. It is a morbid atmosphere that is [...] on the air since the beginning of the disease. Dead people, dead people, only dead people. In the coffee shops, the barber shops on the street corners, the usual speeches gave way to the news about Covid 19 . The information overload has begun, and I lose four kilograms in the next four months. The more information weighs, the more weight I lose, as if to compensate for the information overload that is about to structure my daily life. I suffer from information overload both in my professional and personal life, as the border between these two areas has become porous. Everything brings me back to the disease, from current events, to my daily life, to my new research object - the pandemic. How to manage the resistance of the populations in case the disease reaches the interior of Côte d'Ivoire and which concern the news [...] related to the Covid 19 on Facebook? [...] too much information, sometimes true and regularly false, from conspiracy theories to preventive and curative methods, everything is there.

Speaker1: We are in June 2020. The disease has spread to the Ivory Coast. We are three months after the first reported case of Covid. This is not a time for celebration. Abidjan and Côte d'Ivoire are living at the rhythm of the restrictions marked by the coronavirus crisis. I was sent to the interior of the country to conduct a study on the impact of Covid 19 on the provision of immunization services. A study in contact with the local populations which will make me see the information differently. In the midst of the Covid 19 crisis, I begin the mission that will take me to five regions of Côte d'Ivoire. It is with enthusiasm that I embark in a 4x4 to face the roads of the extreme, accompanied by a partner and a driver. The atmosphere in the vehicle is good. The driver is a man of average height, with a shaved head, not very talkative and introverted. My partner, my oldest of eleven years, is the opposite. He tells of his adventures in the street scene [...] funny, which makes us burst out laughing. As we move away from the urban landscape to get closer to the various target locations, we discover forests as far as the eye can see and more chaotic roads. I knew theoretically, from my research, that news could cause resistance. But given the community

mobilization that had been done by the health workers before we arrived, I was confident.

Speaker1: Then you'd have to take the time to explain. Clearly, I underestimated the power of information on people's behaviors. The children's mothers were waiting for us but from a distance. [...] "Covid is scary, and let's stay two meters away from them, they come from Abidjan, that's where the disease is. To another to add: "They are from health too. We're willing to trade with you, but don't bother giving us the muffler or the hydroalcoholic gel, it must be infected with your corona there." At this point, I think to myself, this is a serious situation. It's going to be difficult. They see me as a pest. But in the face of such resistance, I tell myself that it is enough to explain. We came for you moms. The Minister of Health sent us to you. We did our tests before we got here and we protect ourselves. We need to set an example for you. "They send you. We don't know if you are sick because some people are asymptomatic" she replies, still more suspicious. Explaining was not enough. I will spare you the rest of the exchanges. All was mistrust. Group discussions that were to take place between the women and us were frequently interrupted by men who came to make sure that the woman was not among the gang of Abidjanese, the likely carriers of the disease.

Speaker1: If conducting the interview was not easy, obtaining consent was even more difficult. Mothers categorically refused to use a pen lent to them to sign, refused to put their index finger in the inkwell. We had to wait for them to get the pens at home to collect the consents. I didn't expect that. And in those moments, I felt hurt, rejected, stigmatized. I am refused. I am denied the professional that I am. I will remember this mistrust for the rest of my life. It has left the young researcher that I am with a feeling of helplessness, which I did not suspect. Faced with this mistrust, I understood that information has the power to destroy [...], to protect or to worry, to save or to kill, to make anxious, sick or afraid. To saturate us too, as it was the case for me. But it is indispensable. Not everyone wants to be curious, to question and to search. People want immediate information, even if it is not reliable. We consume information like we buy products we know. What is certain, and what I experienced on this occasion, is that information is at the heart of major public health issues, with its share of benefits and harms, and that we must be prepared for it.