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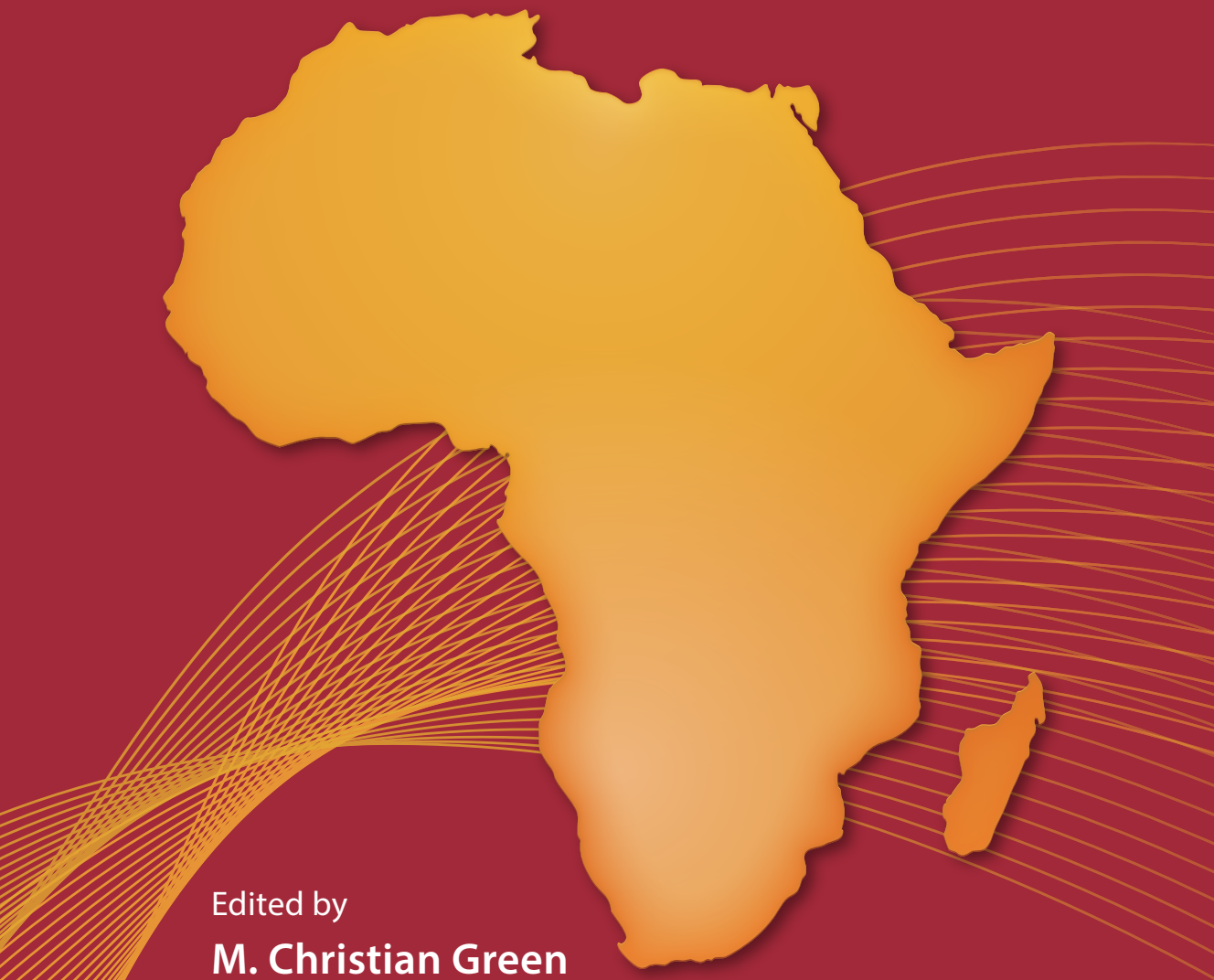

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13 The socio-cultural foundations of the Waaba people's reluctance to vaccinate against Covid-19 in Benin

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INTRODUCTION

On 8 December 2019, the world discovered Covid-19, a new virus which originated from the Chinese city of Wuhan.[3] Subsequently, the World Health Organization (WHO) declared the existence of the virus in January 2020. The damage caused in Western countries was the subject of hyper-mediatisation by both traditional media and social networks.[4] Faced with the alarming Western social and health situation, African government authorities in general, and Benin in particular, put in place various barrier measures, including the closure of the land borders between Benin and the other countries of the sub-region in order to avoid any infiltration of the virus. Despite these precautions, Benin, a West African country, recorded its first case in March 2019 in Cotonou. From that moment, the virus, until then considered foreign and distant, became part of the daily life of Beninese people. Its detection created a wave of fear and involved a mobilisation of various actors, especially the government and health authorities of the country.

On 11 March 2020, in view of the damage caused by the virus, Covid-19 was classified as a pandemic by WHO. African countries, including Benin, were on general state of alert.[5] Various initiatives were taken at the national level to contain the spread of the virus. It was in this context that the first case of Covid-19 was

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3 Borell J. 2020. "Covid-19: Le monde d'après est déjà là [Covid-19: The world after is already here]", *Institut Français des relations internationales/Politique étrangère* [French Institute of International Relations/Foreign Policy] 2:9-23; Al-Jayyousi GF et al. 2021. "Factors Influencing Public Attitudes towards Covid-19 Vaccination: A Scoping Review Informed by the Socio-Ecological Model", *Vaccines* 9:548.

4 Balard F and Corvol A. 2020 "Covid et personnes âgées: liaisons dangereuses [Covid and the elderly: dangerous liaisons]", *Gérontologie et Société* [Gerontology and Society] 42(162):9-16.

5 World Health Organization. 2020. "Listing of WHO's response to Covid-19", WHO, 29 June.

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detected in the department of Atacora.[6] At the sub-regional level, the management of Covid-19 by the Beninese authorities was considered a textbook case. Far from merely observing the measures applied in other African countries, Benin innovated by implementing a measure called the "*cordon sanitaire*". This measure consisted in isolating potentially dangerous parts of the country from others. Covid-19 thus became a collectively shared evil, which implied the need to act together collectively.[7] Beyond the ordinary measures and the establishment of the *cordon sanitaire*, a vaccination campaign was also introduced, as in European countries.[8]

The Waaba are a socio-cultural group from northern Benin made up of four tribes: the Waaba (Yimbopa), the Tangamba, the Daataba and the Naasiba. They are mainly from the department of Atacora, but have also settled in other regions of the country, such as Borgou, Collines and Zou, as well as outside Benin, such as the Saki regions of Nigeria, due to the rural exodus. The singular of Waaba is Waao, the spoken language is Waama. We write Waaba (plural) or Waao (singular) to designate the people and Waaba (plural) or Waao (singular) when it comes to the qualifying adjective. Attention is drawn to them here because of their resistance to vaccination against Covid-19. Faced with the reluctance of populations to be vaccinated, various strategies were tested, including awareness-raising through the media to convince communities at the national level. However, these initiatives were not successful in blunting the reluctance of the general population, including the Waaba of North Benin, to vaccinate against Covid-19.

From March 2021 forward, the fight against Covid-19 included a vaccination campaign in Benin. Despite communication and pressure actions, reluctance towards vaccination against Covid-19 has been notable within the Waao community. The research underlying this chapter aims to elucidate the socio-cultural foundations of this situation. The research is essentially qualitative, using interviews and questionnaires, and was carried out in 2022 in the towns of Natitingou and Toucountouna and in the villages of Yarikou and Pouya in the district of Kotopounga,[9] with professionals and authorities of the health system, survivors of Covid-19 and other actors in their immediate social environment, including traditional healers, traditional religious leaders, other religious authorities and media representatives. The focus of the analysis was the socio-health context of the imposition of vaccination, beliefs about Covid-19, socio-cultural representations, the availability and

6 This department is located in the northwest of Benin. It is bounded to the north by Burkina-Faso and Alibori, to the west by Togo, to the east by Borgou and Alibori and to the south by Donga. The nine municipalities that it comprises are: Kérou, Kouandé, Péhunco, Natit. ingou, Toucountouna, Tanguiéta, Matéri, Cobly and Boukoumbé.

7 Rémon M. 2020."Covid-19, notre mal commun [Covid-19, our common evil]". CERAS/ Revue Projet N° 375(2):1.

8 Le Bars S et al. 2021. "Covid-19: en Europe, la vaccination obligatoire s'impose comme l'ultime recours dans les pays qui résistent au vaccin [Covid-19: in Europe, mandatory vaccination is the last resort in countries that are resistant to the vaccine]", *Le Monde*, 8 December.

9 Kotopounga is a district of the commune of Natitingou.

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accessibility of local recipes for prevention and treatment of the disease establish the level of adherence of affected communities to vaccination against Covid-19. This chapter, examining the vaccine resistance of the Waaba people, seeks to answer the following research question: What are the social and cultural foundations that justify the Waaba's reluctance to vaccinate against Covid-19? The hypothesis is that the local socio-health context and the socio-cultural representations of Covid-19 may explain the reluctance of the Waaba of North Benin in the face of vaccination against Covid-19.

UNDERSTANDING VACCINE HESITANCY AMONG THE WAABA

As noted above, the present research on the social and cultural foundations of Covid-19 vaccination hesitancy among the Waaba people of Benin is essentially qualitative in nature. Indeed, it focuses on personal representations of prevention and treatment practices, factors determining reluctance and adherence to Covid-19 vaccination recommendations, but it also employs statistical data relating to vaccination coverage rates. The research is based on empirical collection of data in the field, using interview scripts and an interview guide as working tools, as well as a literature review, which was ongoing throughout the process of conducting the research. The empirical data collection was carried out from December 2021 to February 2022.

The results of the study focus on the presentation of the national and local socio-health context, as seen through the traditional religious beliefs of the Waaba in the face of pandemics, the social representations of Covid-19 among the Waaba and the social and cultural factors behind vaccine hesitancy. These social and cultural factors are examined in connection with data on the national and local socio-health context of the unfolding of the vaccination campaign against Covid-19. The population surveyed was composed of professionals and authorities from the health system, survivors of Covid-19, traditional therapists and other actors in the immediate social environment. The theoretical approach used is the social constructionism of Berger and Luckman.[10] According to this sociological theory, social realities are artefacts constructed on the basis of the experience of social actors.[11]

The data for the present study was collected in Natitingou, Yarikou, Pouya and Toucountouna from fifty people, including twenty women. These sites were selected because they are characterised by a strong dominance of Waaba populations. The research was carried out in two communes of the department of Atacora, namely

10 Berger P and Luckman T. 1986. *La construction sociale de la réalité* [The social construction of reality]. Paris: Méridien Klienksiek.

11 The data has been manually stripped and the method of data processing and analysis is content analysis according to the method of Muchielli. See Muchielli A. 2013. *Dictionnaire des Méthodes qualitatives en sciences humaine et sociales* [Dictionary of Qualitative Methods in the Human and Social Sciences]. Third Edition. Paris: Armand Colin.

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Toucountouna[12] and Natitingou.[13] Natitingou is the capital of the department of Atacora. Located in northern Benin, the communes of Natitingou and Toucountona are open to Burkina Faso and Togo by land borders. The main ethnic groups that inhabit them are the Waaba, the Bèètamaribè, the Nyendé, the Natemba and the Dendi, among others. Various religious practices are practised there, including Islam, Christianity and traditional religions. Similarly, these groups make use of various therapeutic remedies in case of disease, including self-medication, traditional therapy and modern health care. The population is predominantly young, a demographic that was seen as a barrier to the spread of Covid-19. The municipality of Natitingou has a health infrastructure, but it had no emergency management centre for Covid-19. The recourse infrastructures in this context were available in Parakou[14] in the department of Borgou.[15] It shares the latter with the commune of Toucoutouna, whose central district is 25 kilometres from Natitingou.

The implementation of the Covid vaccination campaign at the national level was characterised as a non-emergency situation. As of January 2022, there were 25 522 registered cases of Covid in Benin, with 24 823 cases presumed cured, 538 cases under treatment and 161 cases of death from Covid.[16] These data show that as of January 2022, two years after the outbreak of Covid-19 in Benin, the country had the capacity to successfully treat more than 97% of reported cases. Similarly, the death rate was very marginal (0.06%). All recorded cases have been cured, therefore, no cases of death have been recorded at the sites studied.

12 The commune of Toucountouna is located in the department of Atacora, twenty-five (25) kilometres from Natitingou. It has three districts namely Kouarfa, Tampègré and Toucountouna Centre. It is bordered to the north by the commune of Tanguiéta, to the south by that of Natitingou, to the east by the commune of Kouandé and to the west by the Atacora mountain. Commune of Toucountouna. 2015. *Communal Conservation Plan and Biodiversity of the Protected Areas System: Municipality of Toucountouna*, 63.

13 The municipality of Natitingou has nine districts namely Natitingou 1, Natitingou 2, Natitingou 3, Kotopounga, Pèporiyarikou, Perma, Kouandata, Kouaba and Tchoumi-Tchoumi. It is located in the northwest in the department of Atacora and is bordered to the north by Togo, to the south and east by the commune of Kouandé and to the west by the commune of Boukoumbé. INASAE. 2008. *Monograph of the municipality of Natitingou*, 131.

14 The city of Parakou is the capital of the department of Borgou, located in the North-East of Benin. It is a cosmopolitan city where several languages are spoken. It is located 435 km from Cotonou and is bounded to the north by the municipality of N'Dali, to the south, east and west by the municipality of Tchaourou. Ministry of State in Charge of Planning and Development (MPD). 2019. *Spatialisation of priority targets of the SDGs in Benin: Monograph of the communes of the departments of Borgou and Alibori. Summary note on the update of the diagnosis and the prioritisation of the targets of the communes*, 213.

15 The department of Borgou has seven municipalities, including Parakou, N'Dali, Bembèrèkè, Pèrèrè, Nikki, Kalalé and Sinendé. It borders Nigeria, the departments of Alibori, Atacora and Collines. The main languages spoken are Bariba, Dendi and Yoruba. MPD, *Spatialisation of priority targets of SDGs in Benin*.

16 Gouvernement de la République du Bénin. 2022. "Informations coronavirus (covid-19)". Online at: https://www.gouv.bj/coronavirus [Accessed January 2022].

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Despite being faced with what seemed to be a non-emergency context at both national and local levels, a state of emergency was eventually declared and vaccination was made mandatory throughout the national territory. This imposition faced resistance from the populations. Beyond the general context presented above, various social factors have been mentioned in connection with vaccine resistance. In reality, death was experienced remotely via television and social networks, and there were not always actual cases in the immediate social environment of the those who were reluctant to be vaccinated. As one Catholic priest stated, "It is on TV that we see those sick with corona. We say we die from it, but no one in our environment has died."[17] There was also reported recovery from Covid-19 through the use of local medicinal plants. Presumptions from these reports, coupled with the lack of direct experience with Covid deaths, provided fertile ground for reluctance that was further induced by cultural factors. This situation was reflected in the present study recurrence of remarks relating to Covid deaths as mediatised and unlived. Covid-19, as an emergency, was simply not a part of people's perceived reality or lived experience.

CULTURAL DRIVERS OF COVID-19 VACCINE HESITANCY AMONG THE WAABA

The reluctance to vaccinate against Covid is rooted in the religious beliefs of the Waaba in the face of the disease and in the representations these communities had of the vaccine and Covid-19. These representations are multidimensional. After all, Africa has been, throughout its existence, a setting for the manifestation of epidemics. The latter profoundly mark the populations, because they result in deaths. However, in the popular mentality, certain forms of death are considered to be reaction of the deities against certain malicious behaviours of men. In Africa, especially Benin and particularly among the Waaba, epidemics are considered a form of manifestation of the discontent of the Supreme Being (Ouin-Ouro) against humans. This perception of epidemics is reflected in the response to Covid-19. Taking account of the socio-cultural representations, requires focused reflections on: (1) the belief or non-belief in the existence of Covid-19 by the survey participants, (2) the vocabulary associated with Covid-19, (3) the cultural referents surrounding vaccination among the Waaba and (4) the perception of the vaccine.

Existence of Covid-19

Reluctance to adopt a given practice may stem from a contradiction of perceptions between stakeholders. Regarding the existence of Covid-19, divergent positions are juxtaposed – that of the medical profession and survivors of Covid-19, on the one hand, and that of most Waaba, who lacked direct experience with the virus, on the other. Medical professionals and survivors understood Covid-19 through

17 Interview with D.C., a Catholic Waao priest, by TS Toungakouagou Sama, Natitingou, Benin, January 2022.

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the registration of cases, mainly serious, which were treated in hospital, as well as through the interest shown by the authorities and media, especially television media, to disclose information about Covid-19. These groups believed in the existence of the disease. But for some of the communities studied, Covid-19 did not seem to exist. This position can be explained by the disproportionate involvement of the political and health authorities in the matter and the non-existence of Covid-19 cases and deaths in their families and immediate social environment.

Vocabulary of Covid

For those who were less sceptcal, in connection with the health and therapeutic referents of the Waaba, the coronavirus, even if it existed, was not perceived as a new disease. It was likened to a chronic malaria and therefore considered to be curable and not dangerous. As a result, the vocabulary developed around the disease, included referents such as malaria *(kpawago*) and colds (*mimbu*), which can be chronic (*kpèbu*) or benign *(minditafa*). In a nutshell, Covid-19, among the Waaba, seemed to be nothing but chronic malaria or a more benign infection, such as a cold with cough. In their experience, Covid had about the same symptoms as malaria, to which were added the symptoms of cough, cold and flu, leading to widespread fatigue. The name ultimately adopted was the same one used at the international level: coronavirus. However, several associated terms were in circulation in Waaba social environments, relating to the novelty of the disease (*bèètchatu*), its distant and white origin (*yiiboribèètu*), its symptoms and manifestations (*Korona* or *Korona bètu*) and its announced consequences (*tikpitibètu*).

Cultural referents for the vaccine

For critics of the vaccination campaign, the Covid-19 vaccine was not the solution to the situation they were experiencing. While vaccines are sometimes beneficial, the Covid vaccines were perceived as unprotective, possibly even dangerous and deadly. For those who were hestitant about the vaccine, the rush to develop the vaccines and noncompliance with lengthier periods normally required for validation of a vaccine made them sceptical about both the effectiveness and the safety of the vaccine. As one business executive in Yarikou stated: "I do not know why the government is forcing us to vaccinate. The research is not conclusive. Everywhere we say that it takes a certain amount of time and experimentation to know if the vaccine is good. All of this is not settled, but we are pressed."[18] This lack of confidence in the vaccine contrasted with their certainty about the availability and accessibility of traditional local care, based mainly on plants.

18 Interview with S.Y., a Waao executive, by TS Toungakouagou Sama, Yarikou, Benin, January 2022.

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Availability of alternative treatments

Still another factor that was unfavourable to vaccination was the perceived existence and accessibility of alternative remedies for the prevention and treatment of Covid-19. As a housewife in Toucountouna stated, "Traditional healers offer plants and recipes that work. A traditional healer went on the radio to advertise a recipe that healed his family. The most effective remedy is hot water, plus ginger, plus aye, onion and sport. But many do not know it because everything must be done to eliminate by pigs. This is why infusion with neem is important."[19] Likewise, a Catholic priest stated,

> I take herbal teas to boost my immunity. The flu is related to the lungs, it is necessary to take ginger, aye and powder of the *cailcédrat*; I drink a lot of hot water and lemongrass. I personally believe I had Covid, but I treated myself with hot neem water that I inhaled using a loincloth for two days. Papa Valère gave me leaves that I boiled and drank.[20]

Among these were plants that were prepared and taken in the form of baths or drinks. Beverages came in various forms, namely hot, cold and alcoholic. The plants considered to be sufficient themselves against Covid were: *barikataka*, *baroma* (bush bean), *neem* (*Azadirachta indica*) leaves, artemisia and *pututunan* and *tokotu* (king of herbs). However, some were taken in combination with other plants, including mixtures such as: (1) *quinquelibat* (*combretum micanthum* plant), papaya leaves and *cailcedrat* (*Khaya senegalesis* tree); (2) lemon, *yayanon*, and papaya leaves; (3) ginger, garlic, and Guinea sorrel; (4) moringa, basil and garlic; and (5) lemon and moringa.

IMPACT ON VACCINATION ADHERENCE

This logic, forged by the context of the vaccination campaign and amidst the prevailing representations of Covid and the vaccine, explained the low adherence of the Waaba to vaccination against Covid-19. The national and local socio-health context of the implementation of the vaccination campaign, religious beliefs about pandemics, representations of Covid-19 and the vaccine, and the accessibility and availability of local herbal recipes for the prevention and treatment of Covid-19 had repercussions on the adherence of Waaba communities to Covid-19 vaccination campaigns.

As a result, particular strategies were developed by health authorities. These strategies included information sessions, awareness-raising and the establishment of mobile teams for targeted vaccination as a means of exerting pressure on civil servants and public and private vaccination service delivery. As a health care worker in Natitingou put it, "We are developing various strategies to convince people, including door-to-door work carried out by mobile teams. These teams

19 Interview with S.M., a housewife, by TS Toungakouagou Sama, Toucountouna, Benin, January 2022.

20 Interview Y.P., a Waao priest of the Catholic Church by TS Toungakouagou Sama, Pouya, Benin, January 2022.

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are paid by the results and collectively. This is a means of ensuring that results are achieved. If there is a sloth in a team, the other members feel unsafe and motivate him to the task."[21]

For most respondents, these strategies were counterproductive. Only 20% of participants in the study report being vaccinated. These included users of public and private services, healthcare workers and people who had either been infected with Covid-19 or had exposure through their social environment. The reasons for their adherence to the vaccine were varied and included the need to protect themselves and others, their concern to access public services and their confidence in the government's initiatives. The other 80% of the study participants said they were not vaccinated. They gave as reasons the supposed dangerous nature of the vaccine, the perceived mildness of the disease that did not require the use of a vaccine, the comorbidity associated with susceptibility to Covid-19 and the unconvincing discourse of the country's public and health authorities. As one unvaccinated woman confided, "I didn't get vaccinated. It doesn't convince me. The vaccine requires at least five years to validate. Today, it's something in experimentation that they call vaccine. However, there are proven remedies. Pharmaceutical companies are encouraged."[22] Overall, the imposition of vaccination took place in an unfavourable social and cultural context.

A SOCIAL AND CULTURAL CONTEXT OF VACCINE HESITANCY

The imposition of the Covid-19 vaccination as a sustainable Covid-19 prevention strategy has faced a difficult social and cultural context. These include both the national and local regulatory context and cultural factors. In combination, these resulted in the low vaccination adherence among the Waaba.

National and local regulations

The Covid-19 vaccination campaign was implemented in a social context with multiple hesitancy factors. The social context was characterised by the non-emergency state of affairs in response to the disease, the real inexperience of death resulting from the virus and the exaggerated commitment of the country's health and political authorities to a non-emergency socio-health situation. Thus, the vaccination campaign was imposed in a national social context where the national health system had the capacity to successfully treat more than 97% of reported cases and where only 0.06% of people declared affected had died. It should be noted that Covid-19 was even less of a concern at these local sites than it was at the national one. According to official figures, very few cases were recorded, and all were cured.

21 Interview with a medical professional by TS Toungakouagou Sama, Natitingou, Benin, January 2022.

22 Interview with Y.R., a female, by TS Toungakouagou Sama, Natitingou, Benin, January 2022.

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Added to this was the counter-campaign orchestrated by both traditional media and social networks and the capacities for prevention and cure of Covid-19 cases from local medicinal plants.

Several studies have focused on social factors underlying attitudes towards vaccination, but rarely in isolation from other demographic factors, despite the importance of the social environment.[23] Other social factors relate to the level of trust given to the authorities have also been cited, including the trust given to science and the health institutions, on the one hand, and conspiracy theories, on the other.[24] One of the few studies that addressed social factors in isolation, highlighted the role of family, friends, relatives, traditional media and social networks.[25] Although they concern the social aspects, these results of these studies do not focus on the same of analysis as the results of the present study. However, they agree on the role of traditional media and social networks. The particularity of the present study is that it highlights, beyond the social factors mentioned above, the real inexperience of the pandemic, the alternatives offered by traditional medicine and the capacity to manage cases recorded by the country's health and political authorities.

Cultural factors

Cultural factors, in particular, stand out as barriers to communities' full adherence to Covid-19 vaccination. These include religious beliefs about pandemics and therefore about Covid-19, sociocultural representations of Covid-19, the existence and accessibility of natural resources for prevention and treatment and perceptions of the vaccine. Regarding religious beliefs, the Waaba believe that in the face of any disease and therefore in the face of Covid-19, the Supreme Being (Ouin-Ouro), which promotes the advent of a pandemic, also makes available to particular social actors the means to overcome it through natural remedies such as plants. When it comes to representations of the pandemic, the Waaba and their caregivers had an identical view of the origin of Covid-19, but they had different perceptions about the dangerousness of the disease. While caregivers, particularly medical personnel, described it as dangerous and deadly, for the Waaba, the harm was benign and treatment was accessible. Among the Waaba, Covid-19 was considered to be no more severe than chronic malaria or more benign infectious disease, such as colds and coughs. An associated vocabulary developed to justify their perception of the

23 Al-Jayyousi et al, "Factors Influencing Public Attitudes towards Covid-19 Vaccination", 548.

24 See Schmelza K and Bowles S. 2021. "Overcoming Covid-19 vaccination resistance when alternative policies affect the dynamics of conformism, social norms, and crowding out", *PNAS* 118(25):e210491218; Okoro O et al. 2021. "Exploring the Scope and Dimensions of Vaccine Hesitancy and Resistance to Enhance COVID-19 Vaccination in Black Communities", *Journal of Racial and Ethnic Health Disparities* 9:2117-2130.

25 Al Shurman BA et al. 2021."What Demographic, Social, and Contextual Factors Influence the Intention to Use Covid-19 Vaccines: A Scoping Review", *International Journal of Environmental Research and Public Health* 18(17):9342.

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disease. In the same vein, they considered the vaccine to be non-protective, but rather dangerous and deadly given the availability of local traditional care.

Some of these findings are consistent with previous studies that have addressed the cultural drivers of Covid-19. Thus, cultural factors are related to conflicting beliefs about Covid-19, and these deep beliefs function as systems of representations that impact attitudes on whether or not to adhere to vaccination.[26] It should be noted that the present research evokes, beyond these aspects, the dimensions related to the representation of the vaccine as dangerous and non-protective, the availability of local natural recipes involving a traditional therapeutic recourse and the perception of Covid-19 as a curable and controllable evil.

Low vaccination adherence of Waaba

The combined factors of the national and local socio-health context, the beliefs and cultural representations of the Waaba regarding the pandemic and the vaccine and the accessibility and use of natural resources have been obstacles to the adherence of vaccination by these communities. Previous work has focused on statistics on vaccination adherence and hesitancy, but in different contexts.[27] This work allowed countries to be classified into two categories regarding vaccination: highly reluctant and highly favourable. Analysis showed much lower levels of concern to be vaccinated among African countries and higher ones in Western countries,[28] with the rare exception of some countries, such as Australia, where the accession rate to the vaccine was 6%.[29] A study conducted in nineteen Western countries, found global vaccination rates generally varying between 63% and 93%,[30] while it is 89% in China and 55% in Russia.[31] In Senegal, the vaccination rate was 32.80%.[32] There were general trends towards low vaccination rates of African states and African-Americans in the United States.[33] This contrasts with high vaccination rates in Europe and Asia, which are explained by different socio-health contexts. On the one hand, the pandemic has imposed itself as a health, social and economic shock

26 Al-Jayyousi, "Factors Influencing Public Attitudes towards Covid-19 Vaccination", 548. See also Okoro et al, "Exploring the Scope and Dimensions of Vaccine Hesitancy and Resistance".

27 Ba MF et al. 2022. "Factors associated with Covid-19 vaccine hesitancy in Senegal: a mixed study", *Human Vaccines & Immunotherapeutics* 18(5):2060020.

28 Hyland P et al. 2021. "Resistance to Covid-19 vaccination has increased in Ireland and the United Kingdom during the pandemic", *Public Health* 195:54-56.

29 Edwards B, Biddle N, Gray M and Sollis K. 2021. "Covid-19 vaccine hesitancy and resistance: Correlates in a nationally representative longitudinal survey of the Australian population", PLoS ONE 16(3): e0248892.

30 Hyland et al. "Resistance to Covid-19 vaccination has increased in Ireland and the United Kingdom during the pandemic".

31 Alshurman et al, "What Demographic, Social, and Contextual Factors Influence the Intention to Use Covid-19 Vaccines".

32 Ba et al, "Factors associated with Covid-19 vaccine hesitancy in Senegal: a mixed study".

33 Okoro et al, "Exploring the Scope and Dimensions of Vaccine Hesitancy and Resistance.

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and has profoundly changed the relationship between human beings and their relationship to death in many parts of the word, but, on the other hand, there are African communities where it has not spread.[34]

CONCLUSION

Covid-19 imposed itself on the world in different ways. The manifest evil of the pandemic had different impacts in different regions of the world. The health, social and economic shock has been intense in the West, but it was less so in Africa. In Benin, although official public health data showed that Covid-19 was under control, vaccination was imposed by the political and health authorities as the effective remedy for the spread of the disease. This imposition was perceived as an inappropriate and irrelevant recommendation in the face of a non-emergency situation, the availability and accessibility of local remedies and massive awareness against the vaccine through traditional media and social networks. It was therefore at the level of the public health context that the first obstacles to the achievement of vaccination results were encountered.

Social barriers encountered a favourable terrain in terms of cultural representations and practices. The combined effects of these social and cultural factors gave rise to a system of representations that resulted in vaccine hesitancy. Cultural factors translated into religious beliefs and representations about Covid-19 and the vaccine, the availability and accessibility of local natural remedies. Faced with this unfavourable system of socio-cultural representations, local authorities developed many strategies including information, awareness-raising and even pressure. However, these strategies were effective because, the vaccination remained low, including just 20% of the Waaba population.

34 Borell, "Covid-19: Le monde d'après est déjà là".

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