Understanding community Beliefs, Misinformation, and Behavior: A Social and Behavioral Science Lens on Lassa Fever Prevention in Nigeria

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Background

Introduction

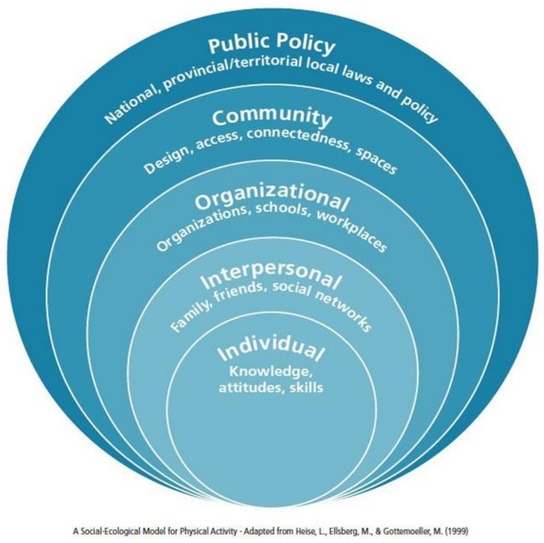
- Incidence of Lassa fever (LF) in the last decade in West African countries have been on the increase with health care providers experiencing increased fatalities
- Bauchi state, Nigeria has witnessed more frequent outbreaks, becoming one of the high-risk states.
- Many communities remain reactive rather than proactive in their approaches to LF outbreaks.
- A multichannel and complementary set of risk communication & community engagement (RCCE) interventions were implemented in varying degrees to mitigate

Objective

To assess community perceptions and misinformation in order to inform the design of effective and context-specific disease prevention strategies.

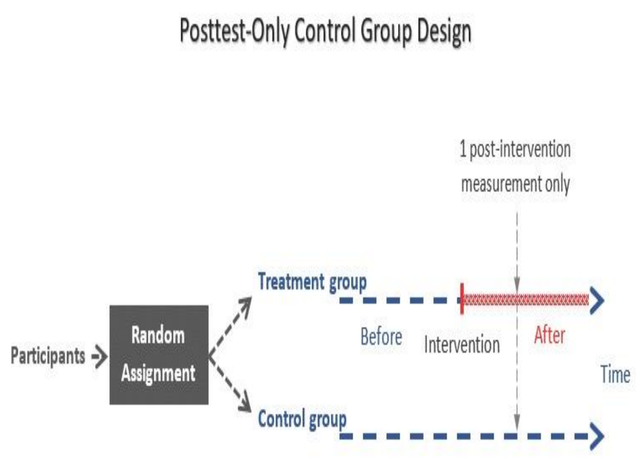
Methods

1. Model: Socio Ecological model (SEM)



A Social-Ecological Model for Physical Activity - Adapted from Heise, L., Ellsberg, M., & Gottemoeller, M. (1999)

2. Study design: Quasi-Experimental



3. Study Location: Bauchi State, Nigeria.

- Intervention LGAs: Bauchi & Toro
- Non-Intervention: Dambam

4. Study Participants

- Cluster of men and women (18+ years) in selected households

5. Sampling Technique

- Multistage clustering sampling technique with simple random sampling
- Stages: LGAs → Wards → Communities → Households

6. Sample size.

- Bauchi (n=506)
- Toro (n=512)
- Dambam (n=526)
- **Total (n=1544)**

Results

Demographics

- Younger adults (20-39years) were prevalent in intervention LGAs compared to older adults (40-59years) in Dambam.
- Formal education was low in Dambam (42%) compared with Bauchi (67%) and Toro (60%).

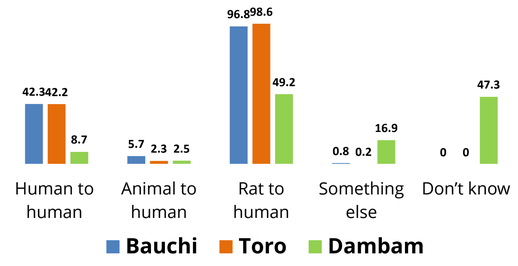
Knowledge

- Rat-to-human transmission of LF was cited by almost all respondents in intervention LGAs but cited by less than half respondents in Dambam.

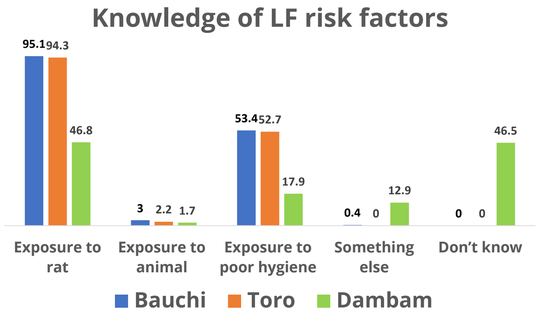
High Risk Attitudes

- More than 60% respondents in intervention LGAs strongly agreed that eating bush rat and drying foodstuff on the floor predisposed someone to LF than the proportion obtained in Dambam (28%)

Knowledge of LF transmission



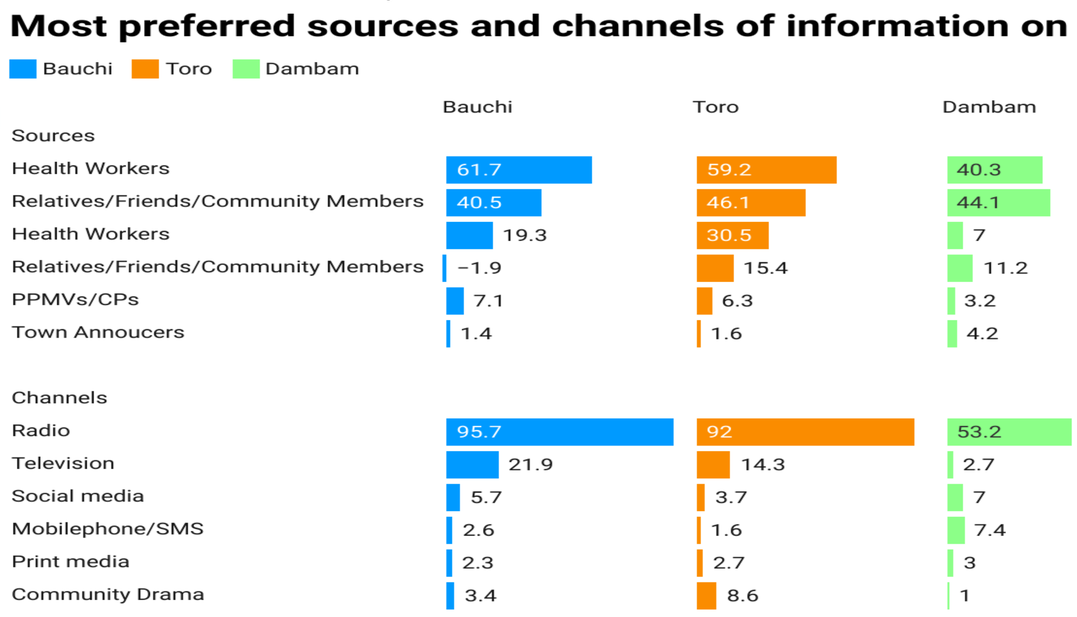
Knowledge of LF risk factors



Communication

- The most effective communication source and channel are radio and relatives/friends/community members.

Most preferred sources and channels of information on LF



Conclusions and Recommendations

Conclusions

- Knowledge about LF varies among community members, with intervention LGAs demonstrating higher awareness of risk factors compared to Dambam.
- Despite this awareness, a considerable proportion of respondents still engage in practices that predispose them to LF, such as open-air drying of food and consuming items exposed to rats.
- Community members hold positive attitudes towards LF elimination, emphasizing the need for joint efforts between communities, government, and healthcare providers.
- Radio, healthcare workers, and friends/family are the most effective sources/channels for LF information, underscoring the importance of sustained, locally tailored awareness campaigns.

Recommendation

- ✓ It is recommended to prioritize culturally grounded communication and behavioral insights when promoting sustainable change in community-based disease prevention strategies.
- ✓ Policymakers should prioritize trust-building as a central pillar of community-based disease prevention strategies in low-resource settings

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