Dear Editor,

Fear and stigma are often common human reactions to a disease, especially diseases with a high rate of transmission. Ebola virus disease (EVD), formerly known as Ebola hemorrhagic fever is a very severe and often fatal illness in humans caused by Ebola virus. There is currently an overwhelming concern in West Africa about the spread of EVD and the consequent health challenges and burden in the affected regions. EVD has a high fatality rate, and there is currently no treatment or vaccine with proven safety and efficacy for the disease. This makes EVD a dreadful disease indeed. The current trend in the epidemic of EVD in West Africa and also the need to really strengthen the health care system in attempt to control the disease has raised a number of ethical issues for health workers practicing in those countries. EVD in its largest outbreak started in Conakry Guinea and spread through Liberia, Sierra Leone, Nigeria, Senegal and finally USA where about two cases have been reported. The current trend has posed a lot of public health concern even in the immigration sectors of many countries. Some factors that have promoted the outbreak include poor public health infrastructure, lack of knowledge/low levels of health literacy, lack of or limited infection prevention and control resources, increased population and highly transmissible nature of the viral infection. Nigeria was exposed to EVD through a Liberian American (Patrick Sawyer) who imported the virus to Africa’s most populous nation in July, 2014. Ever since, the Federal Government of Nigeria through its Federal ministry of health has been resolute to eradicate the disease from the country. However, there should be a system established to promote community support and acceptance among Ebola survivors. One of the potent tools adopted by the Nigerian government has been mass health education, early quarantine and comprehensive medical attention and tracking of contacts. Avoiding direct contact with people infected with Ebola virus is one of the key measures used to reduce the spread of the disease. However, this also has a negative effect as individuals who suffer from other severe illnesses like malaria are sometimes admitted into isolation wards as a precaution. However, when they recover and are discharged, the community still believes they were actually being treated for Ebola and could still be contagious. Fear of being marginalized or isolated may also cause people to conceal their illness. Survivors of Ebola disease in Nigeria who have had family members die, also suffer from stigma. Even after they recover, the community still has a very strong stigma against them and do not want them in social places such as market, in their homes or worship places. Affected persons must get proper treatment, but after they have recovered and are declared free from the virus, they need the community support to return to normal lives.

A questionnaire-based study was conducted in Lagos state of Nigeria. A state that was first affected with the Ebola virus. The questionnaire contained two sections: Section A elicited participants’ knowledge about EVD and section B assessed their attitude toward Ebola survivors. Participants’ knowledge was categorized as adequate, moderate, inadequate and no knowledge and their attitude was categorized as positive and negative. 230 Lagos residents who gave a voluntary consent were asked to fill the self-structured questionnaire.

Findings showed that the majority (79%) of the participants had moderate knowledge of EVD while 56% had a positive attitude toward Ebola survivors. This is in contrast with the report of International Federation of Red cross and Red Crescent Societies stating that Liberian citizens have limited knowledge regarding the mode of transmission of the Ebola virus. Participants’ attitude towards Ebola survivors was significantly associated with their marital status, educational background and knowledge of EVD at 5% level of significance. Majority of the participants felt that Ebola survivors may still be having the disease even after treatment and being declared free by health experts.

Improving the knowledge about EVD is very important in order to curtail its further transmission across borders. Researchers have identified a lack of Knowledge among other issues as a serious challenge in the response to EVD outbreak and its related stigma. A Harvard school of public health study showed that the knowledge of EVD among health care workers was not adequate in order to prevent further spread of the disease.

Figure 1: Participants knowledge level about Ebola virus disease

Knowledge of Ebola virus disease and attitude towards Ebola survivors among residents of Lagos State, Nigeria
health/SSRS poll found that people with less knowledge and education about EVD are more concerned about an outbreak and are also more concerned that they or their families will get sick. The same study also reported that those with less knowledge and education are less likely to be following the news about Ebola outbreak in West Africa closely.[5] In Nigeria, many people have been maltreated by the community member because of their negative attitude toward Ebola survivors and their families. Some have also been found to be subject of discrimination and stigmatization in the workplace by families and communities in the country.

Providing adequate information has been adopted to eliminate stigma associated with other deadly diseases such as HIV/AIDS and sexually transmitted diseases. Educating the masses with correct and adequate information will definitely help to correct misconceptions about EVD and thus reduce the stigma attached to Ebola survivors in Nigeria.

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