

KNOWLEDGE BELIEFS AND SOURCES OF INFORMATION ON LASSA FEVER AMONG RESIDENTS OF A COMMUNITY IN ILORIN NIGERIA

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ABSTRACT

The study aimed at assessing the knowledge and sources of information on Lassa fever among residents of a community in Ilorin, North Central Nigeria. The objective was to know if the residents of the study population are adequately informed about the disease. The study was conducted in Irewolede, a community in Ilorin West Local Government Area of Kwara State. A total of 300 consenting respondents were systematically selected from the study population while primary data was gathered through self-administered structured questionnaire. Findings in this study revealed that respondents have fair knowledge of the disease. Even though all respondents have heard about this disease through various media like radio, television, newspapers, magazines and social media, their knowledge is still inadequate being fraught with misconceptions especially in the means of acquisition, transmission and prevention. Four hypotheses were tested in the study which indicated a significant relationship between sex, education, occupation and the knowledge of Lassa fever among the respondents ($p < 0.05$), while there was no statistically significant relationship between the age and knowledge of Lassa fever among the respondents ($p > 0.05$). The study recommended a wider dissemination of adequate information on Lassa fever through media campaign by all relevant stakeholders.

Keywords: Lassa fever, Viral Haemorrhagic Fever, Rats, Knowledge, Sources of information, Media, Ilorin, Nigeria.

INTRODUCTION

Lassa fever, also known as Lassa haemorrhagic fever (LHF), is an acute viral haemorrhagic fever caused by the Lassa virus. It was first discovered in 1969 in a

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town called Lassa in Borno State, Nigeria (Frame *et al.*, 1970). The primary host of Lassa virus is the natal multimammate rat (many breasted rat called *Mastomys natalensis*) found in and around homes in most sub-Saharan African countries, scavenging on food remains or poorly stored food (Werner, 2004). Lassa virus is transmitted by contact with the faeces or urine of animals accessing grains stores in residences. Infected rodents excrete the virus in urine, saliva, respiratory secretion and blood (Keenlyside *et al.*, 1983). Humans presumably become infected with the virus through contact with infected rodents' excreta, urine, tissues or blood (Monath *et al.*, 1974). Transmission to man can also be through feaco-oral route, inhalation of contaminated air containing the virus, contact with infected blood, or through sexual intercourse (Ogbu *et al.*, 2007). Lassa fever outbreak has been observed in the West African region like Nigeria, Liberia, Sierra Leone, and Guinea (Monath *et al.*, 1972; Carey *et al.*, 1972).

In Nigeria, the recent outbreak in Bauchi State which occurred in 2015 was unprecedented. It began in mid-November and by January 2016, the virus had already spread to other states like Nasarawa, Niger, Taraba, Kano, Rivers, Edo, Plateau, Gombe and Oyo. A total of 81 cases and 35 deaths were reported, with a mortality rate of 43.2% (Federal Ministry of Health, 2016). Adequate information and knowledge of the disease is hence imperative and cannot be over emphasised.

A study conducted recently in and around Lafia, North Central Nigeria among 200 respondents revealed that 87% of the respondents have heard about Lassa fever previously even though there was a misconception on the mode of transmission, while 39% of the respondents identified bleeding as the major clinical manifestation (Reuben & Gyar, 2016). In another related study conducted in Odeda Local Government Area of Ogun State, South West Nigeria, result showed that, knowledge of Lassa fever among respondents was fair with (68.3%) out of the 300 respondents involved in the study havenot heard of Lassa fever before, while rural dwellers have the poorest knowledge of the disease (Lawal, 2014). Unfortunately, accurate figures on outbreaks and subsequent responses to arrest the outbreak in Nigeria have not been properly documented (Ajayi, *et al.*, 1995). A number of figures available have only focused on outbreaks that occurred in the past or in recent years, on laboratory diagnosis of suspected cases (Fisher-Hoch *et al.*, 1995; Omilabu *et al.*, 2005; Ehichioya *et al.*, 2010).

It is against this backdrop that this study aimed at accessing the knowledge, beliefs and sources of information on Lassa fever among the residents of a community in North Central Nigeria. The study is expected to evaluate the level of knowledge the study population has about the disease.

Epidemiology

- LF: map of Nigeria 2012 and 2013 outbreaks

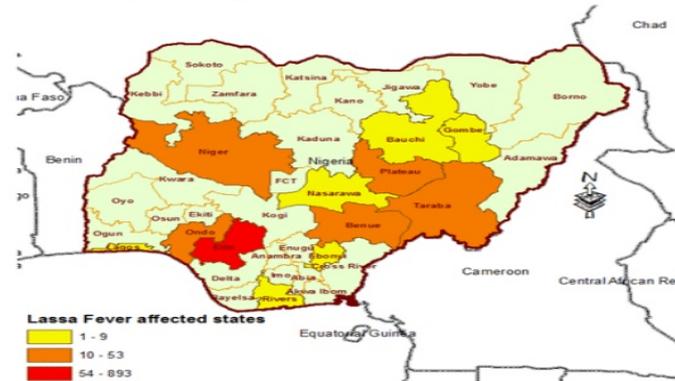


Figure1: Map of Nigeria Showing 2012 and 2013 Lassa fever outbreaks
Source: <https://www.google.com/search?q=Map+of+Nigeria+Showing+2012+and+2013>

STATEMENT OF THE PROBLEM

Lassa fever is one of the viral haemorrhagic fevers. It is extremely virulent and highly infectious (Anyanwu & Nwaopara 2005; Federal Ministry of Health, 2008). Its incubation period has been reported to be between 1 to 24 days (Mertens *et al.*, 1972; McCormick *et al.*, 1987). The clinical manifestation of the disease includes fever, general weakness, headache, sore throat, muscle pain, cough, chest pain, nausea, vomiting, diarrhoea, and abdominal pain with or without bleeding (Reuben & Gyar, 2016). It is an emerging disease that causes high morbidity and mortality and has the capacity to devastate and threaten lives if adequate measures are not put in place to avert its occurrence.

Lassa fever is prevalent in the West African region with about 300,000 to 500,000 cases reported annually and causing about 5,000 deaths each year (Ogbu *et al.*, 2007). In Nigeria Lassa fever outbreaks occur almost every year in different parts of the country, with yearly peaks observed between December and February (WHO, 2016). Studies conducted in places around the country have shown that knowledge of the disease is lacking among many and inadequate amongst quite a large proportion thereby making it difficult for people to avert the occurrence of the outbreak (Aigbiremolen *et al.*, 2012; Lawal, 2014; Reuben & Gyar, 2016).

Outbreaks of Lassa fever have however been reported in Edo, Ebonyi, Ondo, Taraba, Plateau, Anambra, Nasarawa, Yobe and Rivers States (Ogbu *et al.*, 2007; Nigerian Centre for Disease Control, 2012). A previous study conducted in the country has shown that the seroprevalence of the disease in Nigeria is about 21 % (Tomori *et al.*, 1988). This invariably means that the prevalence of the disease is

presently high in the country, thus the need for mass enlightenment on how to prevent future occurrence of the disease by ensuring that the people of Nigeria are adequately informed of the disease.

THEORETICAL ORIENTATION

The study employed the Media system dependency theory (MSD), proposed by Ball-Rokeach & DeFleur (1976). The theory claimed that, an integral relationship exists between the audiences, media and the larger social system. According to MSD, an individual will depend on media information to meet some needs and achieve certain goals. The theory identified two basic reasons individuals will depend on the media for information. First, an individual will become more dependent on media that meet a number of their needs than media that provide just a few and secondly, dependence on the media may be imperative for social stability especially when social change and conflict are high and established institutions, beliefs and practices are challenged.

Following these assumptions, this study can be explained on the premise that individuals will depend largely on the media for information on Lassa fever expecting to get adequate information required to prevent them from being infected by the disease. It is also assumed that the source of information of the disease would go a long way in determining an individual's level of understanding of the disease.

The theory has been criticised for not considering other means of information such as inter-personal relationships which is ultimately linked to the media. It has also been criticised for not taking into consideration problems that may occur during the information process, like distortion of information or recreating of media stories.

METHODS

The study was conducted in Irewolede, Ilorin West Local Government Area of Kwara State in Nigeria. Ilorin city is the capital city of Kwara State located in the North Central Nigeria with a population of about 850,000 as at 2007 (The World Gazetteer, 2013). Majority of the inhabitants of the city are from the Yoruba tribe with a mixture of other ethnic groups like Hausa, Igbo, Fulani, Nupe, and Baruba co-habiting with them. Irewolede is located in the heart of Ilorin and majority of its habitants are civil servants; it is a semi-urban community which is mainly residential.

A total of 300 consenting respondents were included in the study, which was selected by a 2-staged random sampling technique: houses were numbered, respondents selected from houses with odd numbers. The respondents from the selected houses were selected by simple random sampling, choosing randomly

from the people met in the house as at the time of the survey. In the case where no one was met in the numbered house, the next odd-numbered house to it was used. Information was gathered through self-administered questionnaires which included closed and open ended questions. Three research assistants were employed to assist in distributing the questionnaires and also to explain the details of the questionnaire to the respondents for clarity.

The questionnaire contained socio-demographic variables of respondents, knowledge of respondents on Lassa fever, beliefs about Lassa fever and sources of information on Lassa fever.

Primary data was analysed using the Statistical Package for Social Science, version 19 (SPSS 19.0) and was presented using tables and simple percentages. The chi square test statistical tool was used to test hypotheses formulated for the study.

RESULTS

Table 1

Socio-demographic Variables of Respondents

Variables	No. of Respondents	Percentages
Sex		
Male	123	(41.0)
Female	177	(59.0)
Total	300	(100)
Age		
< 18 years	26	(8.7)
19-45 years	242	(80.6)
46 years and above	39	(10.7)
Total	300	(100)
Marital Status		
Single	98	(32.7)
Married	202	(67.3)
Total	300	(100)
Religion		
Christianity	137	(45.7)
Islam	156	(52.0)
Traditional	7	(2.3)
Total	300	(100.0)
Tribe		
Yoruba	253	(84.3)
Hausa	8	(2.7)
Igbo	11	(3.7)
Others	28	(9.3)
Total	300	(100.0)
Occupation		
Trader/Business	72	(24.0)
Civil Servant	103	(34.3)

Artisan	54	(18.0)
Student	45	(15.0)
Unemployed	26	(8.2)
Total	300	(100.0)
Highest Level of Educational Qualification		
Primary	18	(6.0)
Secondary	29	(9.7)
Tertiary	253	(84.3)
	300	(100.0)

Source: Researchers' Survey 2016

Table 2

Knowledge of Lassa fever among Respondents

Variables	No. of Respondents	Percentages
Have you ever heard of Lassa fever before?		
Yes	300	(100.0)
No	0	(0.0)
Total	300	(100.0)
What Causes Lassa fever?		
Eating of bush rat	121	(40.3)
Eating food contaminated by rat's faeces and urine	283	(94.4)
Eating of bush meat	36	(12.0)
Bitten by rats	96	(32.0)
Poor Hygiene	163	(54.3)
Poverty	58	(19.3)
Others, i.e. Ignorance	15	(5.0)
Is Lassa fever a deadly disease?		
Yes	27	(9.0)
No	273	(91.0)
Total	300	(100)
Can Lassa fever be contacted from a healthy looking person?		
Yes	105	(35.0)
No	175	(58.3)
I don't know	20	(6.7)
Total	300	(100.0)
Can Lassa fever be contacted from blood and bodily fluids of an infected person?		
Yes	205	(68.3)
No	95	(31.7)
Total	300	(100.0)
Signs and Symptoms of Lassa fever that you know?		
Fever	102	(39.4)
Bleeding from the mouth, nose, vagina or gastrointestinal tract	72	(28.0)
Diarrhoea	52	(20.2)
Headache	49	(19.1)
Vomiting	46	(17.9)
Pains in muscle, chest, abdomen	25	(9.7)
Cough	17	(6.6)

General weakness of the body	14	(5.4)
Facial swelling	11	(4.3)
Red eyes	10	(3.9)
Fatigue	6	(2.3)
Skin infection and internal wounds	6	(2.3)
Weight loss	4	(1.6)
How can Lassa fever be prevented		
By avoiding contact with infected person	46	(15.3)
By avoiding food contaminated by rats	145	(48.3)
Good personal hygiene	66	(22.0)
Good environmental hygiene	27	(9.0)
Proper preservation of food items	68	(22.7)
Total eradication of rodents from homes and environment	28	(9.3)
I don't know	36	(12.0)

Source: Researchers' Survey 2016

Table 3

Beliefs held about Lassa fever

Beliefs	Number of Respondents (n=300)	Percentage
Lassa fever is an act of God	37	(12.3)
Lassa fever can be used to afflict someone spiritually	90	(30.0)
Lassa fever is a poor man's disease	47	(15.7)
Lassa fever is caused by the devil	128	(42.7)
Lassa fever is caused by witches and wizards	26	(8.7)
Lassa fever is a white man's disease	10	(3.3)
Lassa fever does not exist	28	(9.3)
Lassa fever can only be cured spiritually	60	(20.0)
Lassa fever can only be cured traditionally	18	(6.0)
Lassa fever came into existence as a result of sins committed by mankind	74	(24.7)

Source: Researchers' Survey 2016

Table 4

Sources of Information on Lassa fever

Sources of Information	Number of Respondents(n=300)	Percentage
Over the radio	235	(78.3)
On the television	171	(57.0)
In the school	66	(22.0)
At place of work	76	(25.3)
In the church	62	(20.7)
Via social media	131	(43.7)
Newspaper/Magazine	100	(33.3)
Posters and banners	66	(22.0)
Health talk/ Seminar	78	(26.0)

From a friend	82	(27.3)
Family members	72	(24.0)
In the market	32	(10.7)

Source: Researchers' Survey 2016

Table 5

Grading of respondents' knowledge on Lassa fever

Grading	Number of Respondents	Percentage
Good (>20)	73	(24.3)
Average (11–20)	163	(54.3)
Poor (1–10)	64	(21.3)
Total	300	(100.0)

Source: Researchers' Survey 2016

Respondents were almost evenly distributed with 123(41.0%) male and 177(49%) female in (Table 1). Twenty-six (8.7%) of the respondents were less than 18 years, 242(80.6%) were within the age of bracket of 19–45 years while 39(10.7%) were 46 years and above. In addition, 98(32.7%) of the respondents were single while 201(67.3%) were married. One hundred and thirty-seven (45.7) of the respondents were Christians, 156(52.0%) were Muslims while 7(2.3%) of the respondents were traditional worshippers. A total of 253(84.3%) were Yoruba, 8(2.7%) were Hausas, 11(3.7%) were Igbos while 28(9.3%) belong to other minority ethnic groups in Nigeria. Furthermore, 103(34.3%) were civil servants while 72(24.0%) of the respondents sampled are either traders or businessmen. Also, 54(18.0%) were artisans while 45(15.0%) were students and 26(8.2%) unemployed. The highest educational qualification of the majority of the respondents was tertiary (84.3%) while 18(6.0%) of the respondents had primary education and 29(9.7%) had secondary education (Table 5).

Table 2 also shows that all the respondents have heard about Lassa fever before. However, 121(40.3%) of the respondents claimed that Lassa fever is caused by eating of bush rat, 283(94.4%) claimed that Lassa fever can be caused by eating food contaminated by rats' faeces and urine while 36(12.0%) claimed that the disease is caused by eating bush meat. Also, 96(32.0%) claimed that the disease is caused by bites from rats while 163(54.3) claimed that it is caused by poor hygiene. In addition to this, 58(19.3%) claimed that Lassa fever is caused by poverty while 15(5.0%) of the respondents claimed that the disease is caused from ignorance.

Most of the respondents however do not think the disease is deadly (91%). One hundred and five respondents (35%) think the disease can be contacted from a healthy looking person while 175(58.3%) do not think so and 20(6.7%) of the

respondents do not know. In addition, 205(68%) think the disease can be contacted from blood and bodily fluid of an infected person while 95(31.7%) do not think so.

In the area of signs and symptoms of the disease, 102(39.4%) answered fever, 72(28.0%) said bleeding from mouth, nose, vagina and gastrointestinal tract. Furthermore, 52(20.2 %) said diarrhea, 49(19.1) vomiting, while 25(9.7%) also claimed pains in the muscle, chest and abdomen. Other signs and symptoms mentioned by the respondents, include: cough 17(6.6%), general weakness of the body 14(5.4%), facial swelling 11(4.3%), red eyes 10(3.9%), fatigue 6(2.3%), skin infection and internal wounds 6(2.3%), and weight loss 4(1.6%).

On how Lassa fever can be prevented, 46(15.3%) said that it can be prevented by avoiding contact with infected persons, 145(48.3) said that Lassa fever can be prevented by avoiding food contaminated by rats while 66(22.0%) claimed that the disease can be avoided by maintaining good personal hygiene. In addition, 27(9.0%) claimed that Lassa fever can be prevented by maintaining good environmental hygiene while 68(22.7%) said that Lassa fever can be prevented through proper preservation of food items. Furthermore, 28(9.3%) claimed that Lassa fever can be prevented by total eradication of rats from homes while 36(12.0%) do not have any idea of how Lassa fever can be prevented.

Table 3 contained beliefs held about respondents on Lassa fever. Among all, 37(12.3%) believed that Lassa fever is an act of God, 90(30.0%) believed that Lassa fever can be used to afflict a person, 47(15.7%) believed that the disease is a poor man's disease, 128(42.7%) believed that the disease is caused by the devil. In addition, 26(8.7%) believed that Lassa fever is caused by witches and wizards, 10(3.3%) believed that it is a Whiteman's disease while 10(3.3%) also claimed that the disease does not even exist. Furthermore, 60(20.0%) of the respondents believed that the disease can only be cured spiritually, 18(6.0%) believed that the disease can only be cured traditionally while 74(24.7%) believed that the disease came into existence as a result of the sin of mankind.

In Table 4, sources of information of Lassa fever identified by respondents include 235(78%) over the radio, 171(57.0) from the television, 66(23.0%) in the school, 76(25.3%) at work, while 62(20.7%) heard of the disease from the church. In addition to this, 131(43.7%) of the respondents heard about the disease from the social media, 100(33.3%) heard about the disease from newspapers and magazines, 66(22.0%) heard of it from posters and banners, 78(26.0%) heard of the disease through health talk and seminars and 82(27.3%) heard of it from their friends. Furthermore, 72(24.0%) heard about the disease from family while 32(10.7%) of the respondents; heard of Lassa fever from the market places.

Table 5 shows that the total score of knowledge ranges from 1–31. Respondents with good knowledge constitute 24.3%, those with average/fair knowledge constitute 54.3%, while 21.3% of the respondents had poor knowledge of the disease.

TEST OF HYPOTHESES

H01: There is no significant relationship between age and Knowledge of Lassa fever

Age	Knowledge of Lassa fever			
	Good (%)	Fair (%)	Poor (%)	Total (%)
<18 years	9(34.6)	11(42.3)	6(23.1)	26(100.0)
19-45 years	54(22.3)	137(56.6)	51(21.1)	242(100.0)
46 years and above	10(31.3)	15(56.9)	7(21.9)	32(100.0)
TOTAL	73(24.3)	163(54.3)	64(21.3)	300(100.0)
$X^2=3.464, df = 4, p\text{-value} = 0.4834$				

Researchers' Survey 2016

H02: There is no significant relationship between Sex and knowledge of Lassa fever

Sex	Knowledge of Lassa fever			
	Good (%)	Fair (%)	Poor (%)	Total (%)
Male	42(34.1)	58(47.2)	23(18.7)	123(100.0)
Female	31(17.5)	105(59.3)	41(23.2)	177(100.0)
TOTAL	73(24.3)	163(54.3)	64(21.3)	300(100.0)
$X^2 = 10.906, df = 2, p\text{-value} = 0.0042$				

Researchers' Survey 2016

H03: There is no significant relationship between Educational attainment and Knowledge of Lassa fever

Highest Education Attained	Knowledge of Lassa fever			
	Good (%)	Fair (%)	Poor (%)	Total (%)
Primary	4(22.2)	6(33.3)	8(44.4)	18(100.0)
Secondary	7(24.1)	12(41.4)	10(34.5)	29(100.0)
Tertiary	62(24.5)	15(57.3)	46(18.2)	153(100.0)
TOTAL	73(24.3)	163(54.3)	64(21.3)	300(100.0)
$X^2 = 10.842, df = 4, p\text{-value} = 0.0284$				

Researchers' Survey 2016

H04: There is no significant relationship between occupational status of Respondents and knowledge of Lassa fever

Occupation	Knowledge of Lassa fever			
	Good (%)	Fair (%)	Poor (%)	Total (%)
Trading/ Business	16(22.2)	35(48.6)	21(29.2)	72(100.0)
Civil Servant	23(22.3)	73(70.9)	7(6.8)	103(100.0)
Artisans	7(13.0)	24(44.4)	23(42.6)	54(100.0)
Student	18(40.0)	20(44.4)	7(15.6)	45(100.0)
Unemployed	9(34.6)	11(42.3)	6(23.1)	26(100)
TOTAL	73(24.3)	163(54.3)	64(21.3)	300(100.0)
$X^2 = 41.386, df = 8, p\text{-value} = 0.0001$				

Researchers' Survey 2016

DISCUSSION

An overall assessment of the knowledge of Lassa fever among the respondents in the study showed that respondents have a fair knowledge of the disease (See Table 5). Although all (100%) of the respondents sampled have heard about Lassa fever previously and a large proportion of the respondents (94.4%) know that the Lassa fever can be contacted from eating food contaminated by rat's faeces and urine; yet, many of the respondents (91.0%) do not know that the disease is a very deadly disease, while almost about two third (58.3%) of the respondents do not have the knowledge that Lassa fever can be contacted from a healthy looking person.

Result also showed that, while about two third (68.3%) of the respondents know that Lassa fever can be contacted from blood and bodily fluids of an infected person, and about one third (39.4%) know that high fever is a clinical manifestation of the disease, more than a tenth (12.0%) of the respondents do not know how Lassa fever can be prevented. This is contrary to findings in a previous survey conducted in Odeda Local Government Area of Ogun State, South-West Nigeria; in and around Lafia, North-Central Nigeria and in Ekpoma, Edo State Nigeria where the general knowledge of Lassa fever is low despite the fact that majority of the respondents have heard of Lassa fever before (Tobin *et al.*, 2012; Lawal, 2014; Reuben & Gyar, 2016).

The place of cultural beliefs on the knowledge of Lassa fever among the respondents could not also be overemphasised. In spite of the majority of the respondents had tertiary education (84.3%), about half of that number (42.7%) still believe that Lassa is caused by the devil, one third 30.0% believed that Lassa fever can be used to afflict a person, while one fifth 24.7% of the respondents believed the Lassa fever emerged as a result of the sin committed by mankind and serves as punishment from God. This result showed the ethnic and cultural diversity of Nigeria and the studied population and the significance of cultural beliefs in shaping people's belief on illness and diseases.

The study also emphasized the role of the media in educating the people on Lassa fever. According to the results, radio (78.3%), television (57.0%), social media (43.7%) and newspaper/magazine (33.3%) are ranked in that order which are, the sources of information of Lassa fever among the respondents in the study. This asserts the view of Rokeach & DeFleur (1976) on their theory of Media Dependency which claimed that individuals tend to be more dependent on the media than meet a number of their needs than the media that provide just a few, and they also depend on the media for social stability when established institutions, beliefs and practices are challenged. This is in line with the previous study conducted in Esan East and Esan Central Local Government area of Edo State, South Nigeria among health workers where 58.8% of the studied population heard about Lassa fever from the television, radio and the print media (Aigbiremolen *et al.*, 2012).

The first hypothesis tested in the study revealed that a statistically significant relationship does not exist between age and knowledge of Lassa fever among the respondents as $P > 0.05$. The result showed that there is a greater knowledge of the disease among the active population of (19–45 years) than among respondents in the age bracket of 18 years and below and also within the age bracket of 46 years and above. This means that age does not determine the knowledge of Lassa fever among the study population. This agrees with earlier study conducted at Ijebu-Owo in Ondo State, South-West Nigeria where those within the age bracket of 24–64 years were the most knowledgeable of Lassa fever (Ilesanmi *et al.*, 2015).

The second hypothesis tested suggests that a statistical significant relationship exists between sex and knowledge of Lassa fever among the study population as $p < 0.05$. It showed that men have a better understanding of the disease than the female gender. This is however not in agreement with the study conducted in Ijebu-Ode in Ogun State, South-West Nigeria, on the level of awareness of rat as a vector of Lassa fever among the rural people in the area which showed that female respondents have better knowledge of the disease than their male counterpart. According to the study, the trend may have been as a result of women's regular visit to health centers, especially the pregnant ones (Adefisan, 2014).

The third hypothesis tested in the study showed a significant relationship between educational status of the respondents and the knowledge of Lassa fever among the respondents $p < 0.05$. This means that the higher the level of education attained by respondents, the greater their knowledge of Lassa fever. In other words, as the level of education of respondents increases, understanding of the disease increases. This is also in agreement with the study conducted in a rural community in Edo State, where there was a significant relationship between the level of education of respondents and knowledge of Lassa fever (Asogun *et al.*, 2010).

The last hypothesis formulated and tested in the study also revealed a significant relationship between occupation of the respondents and respondents' knowledge of Lassa fever as $p < 0.05$. That is, the higher the economic status of the respondents, the higher their knowledge of the disease. This shows that people with higher economic status are able to afford and access information than those of lower socio-economic status, they having greater knowledge of the disease than those of lower economic status.

CONCLUSION AND RECOMMENDATION

The study has been able to assess the knowledge and sources of information of Lassa fever among residents of Irewolede in Ilorin, North Central Nigeria. The objective of the study is to know if the respondents are adequately informed about the disease. 300 consenting respondents were involved in the study in which information was gathered through a self-administered structured questionnaire having open and closed questions.

Results showed that a significant relationship does not exist between age of the respondents and knowledge of Lassa fever while a statistical significant relationship exists between sex, educational attainment as well as occupational status of respondents and knowledge of Lassa fever. The media such as television, radio, newspaper/ magazine and the social media also played a massive role in educating the people on the knowledge of Lassa fever among the studied population.

In all, the overall assessment of the knowledge of Lassa fever among the respondents revealed that the studied population has fair knowledge of the disease, as there were misconceptions on how the disease is contacted and prevented. Therefore, the knowledge of the disease among the studied population is inadequate.

The study recommends a wider media campaign over the radio, television, newspaper and magazines as well as the social media about Lassa fever among the Nigerian populace by stakeholders since the study emphasized their role in educating people on Lassa fever, so that the teeming population can be adequately informed about the disease in order to forestall future outbreaks.

The study also recommends proper monitoring of information disseminated to the populace on health issues especially endemic diseases like Lassa fever that causes outbreaks, morbidity, and mortality to the people. This is because people depend on the media for accurate knowledge on health. Therefore, government and other regulatory agencies related to media should of utmost importance censor properly and monitor information on health issues, like the one in this study to ensure that citizens get the correct and adequate required information.

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