

**Stigma Associated with Lassa-Fever among Healthcare
Workers in Ondo State, Nigeria**

by

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- ✧ Lassa fever is a viral haemorrhagic fever caused by a rodent-borne arenavirus that is endemic in West Africa. The outbreak in Nigeria has been a public health challenge.
- ✧ Although awareness is being created and treatment provided there are socio-cultural factors that drive stigma among the healthcare workers providing treatment and care to the patients.
- ✧ Treatment of Lassa fever is mainly supportive.
- ✧ However, Societal attributes contribute to stigmatization of the disease and ultimately the spread of the disease.
- ✧ Unfortunately, effective strategies to create awareness and educate people in the community about Lassa fever have not been fully utilized.

- ✧ To identify the type of stigma associated with healthcare workers in Ondo state
- ✧ To determine the effect of stigma associated with Lassa Fever among healthcare workers in Ondo state.

Study Design

- ✧ This study was conducted in May 2018 and the qualitative research methods were utilised – 4 Focus Group Discussion (6 participants each) and 10 In-depth Interviews were utilised. The health workers spanned from Doctors, Nurses, Counsellors Lab technicians to health volunteers. The FGDs were categorised based on age, gender and profession.
- ✧ The study was conducted in four Local Governments Areas (LGAs) in Ondo State where Lassa-fever cases were reported and managed- **Owo, Ose, Akure-North and Ondo West**. 28 health workers were interviewed, comprising of 12 male and 16 female health workers (Ondo Town, Owo,).

Confidentiality, Anonymity and Ethical Consideration

- ✧ Ethical Clearance/Approvals to conduct the study was obtained from the NIMR Institutional Reviewers Board and the facilities of the respondents. All participants were given verbal and detailed written information about the study and were made aware of their right to decline to answer questions.
- ✧ Participants who agreed to participate gave their written consent, were de-identified and were enrolled for the study.

- ✧ The interviews were conducted in English, in private rooms at the various health facilities and offices where the participants felt comfortable. Interview guides were used for the Focus Group Discussions and In-depth interviews .
- ✧ The topic guides for the in-depth interviews and FGDs covered health workers' perceptions and experiences of working during the on-going Lassa-fever outbreak, any constraints that they faced, challenges in the health systems, their coping mechanisms, and options to increase the resilience of workers and the health system in the future.
- ✧ The interviews were digitally recorded after gaining permission from the participants. The recordings of the interviews were transcribed verbatim, the data was analysed using the Nvivo software to provide emerging themes.
- ✧ The coding framework was developed using themes emerging from the data, the topic guides and study objectives.

- ✧ 57% were females while 43% were males.
- ✧ Majority of the respondents had completed secondary school education.
- ✧ The age range was between 24years to 61 years.
- ✧ Majority of the respondents were single (17)

Themes

The themes that emerges were:

Self Stigma

- *The Fear of Infection**
- *Denial**
- *Disclosure**
- *Alienation**

Societal Stigma

- *Lack of trust**
- *Perception**
- *Cultural Practice and Beliefs: Burial Rites**

- ✧ 58% of the respondents had little knowledge about Lassa fever and managing the patients.
- ✧ 74% of the respondents reported that they were reluctant to tell their relatives or friends that they had some form of contact with Lassa fever suspects to avoid social embarrassment.
- ✧ 62% stated that it was difficult to approach members in the community to educate them about Lassa fever because they were reluctant to listen.
- ✧ 92% were reluctant to attend to patients because they had limited PPEs to work with.
- ✧ 42% of the health workers who fell ill around the period were scared to have their samples taken.

The Fear of Infection

- ✧ Health workers reported great fear of contracting Lassa-fever. They were worried about how well they followed infection control practices. Many reported constantly looking for symptoms. *“I believed that anytime I’m sick, I have contracted Lassa-fever, I didn’t tell anybody, I was praying and waiting”. (Respondent 9)*

Lack of trust

- ✧ The lack of trust was reported between neighbours /communities and health workers. Many community members believed that Lassa-fever was spread by health workers who had contact with patients.
- ✧ For some health workers, this resulted in a sense of isolation. On the other hand health workers reported that they were also afraid of patients who were ill/rushed to the hospital. A few health workers also reported that patients did not always answer truthfully about their symptoms during assessment.

Cultural Practice and Beliefs

- ✧ Some health workers reported that it was difficult to educate their communities about Lassa fever because of the close-knit functions and practices. For example, it was difficult for family members not to be allowed to bury their loved one based on their various traditions so they had incidents of people not reporting deaths.
- ✧ The themes corroborated studies done by Raven et al (2018) conducted on “health workers experience in Sierra Leone and Asogun et al(2014) on “Dealing with the Unseen: Fear and Stigma” in Irrua, Edo State.

Conclusion

- ✧ Healthcare workers who had managed Lassa fever patients had experienced some form of alienation in their community.
- ✧ Fear of infection was a major driver of stigma.
- ✧ Stigma was highlighted to have a negative effect on healthcare workers.

Recommendation

- ✧ Findings highlight the need to create awareness, educate people and engage the community to create care, treatment and support programs to reduce the stigma associated with Lassa fever.

**Thank
You**



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