

Healthcare Seeking Behaviour in Lassa Fever Endemic Communities in Edo State

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Outline

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Background

- Lassa fever is endemic in several communities in Edo State.
- It shares many symptoms with other common diseases like malaria, typhoid fever and respiratory infections.
- Seeking care early in health facilities is critical to early diagnosis, referral and treatment of Lassa fever.
- The aim of this study was to assess the healthcare-seeking behaviour of residents in Lassa fever endemic communities in Edo State.

Methodology

- This research used a cross sectional study design. It was carried out in selected communities of Ovia North East, Esan Central and Etsako West Local Government Areas (LGAs) of Edo State.
- The study population consisted of adults aged 18 years and above. Residents who have lived in the selected communities for at least 1 year preceding the study were eligible.
- A sample of 299 participants was drawn from the study area using multi-stage sampling technique. Data was analysed using Statistical Package for the Social Sciences (SPSS) version 21.

Results

Table 1: Socio-demographic characteristics of study participants

Variable	Frequency (N= 299)	Percent
Age		
18-29	121	40.5
30-39	88	29.4
40-49	44	14.7
50-59	25	8.4
≥60	21	7.0
Sex		
Male	137	45.8
Female	162	54.2
Marital status		
Single	108	36.1
Married	180	60.2
Widowed	11	3.7
Religion		
Christianity	264	88.3
Islam	35	11.7
Educational level		
No formal education	14	4.7
Primary	46	15.4
Secondary	100	33.4
Tertiary	139	46.5
Occupation		
Trader/business	108	36.1
Civil servant	57	19.1
Artisan	43	14.4
Unemployed	55	18.4
Farmer	36	12.0
Monthly income (₦)		
<20, 000	189	63.2
20000-49999	70	23.4
50000-99999	26	8.7
≥100000	14	4.7

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Table 2: Options of health care

Variable	Frequency	Percent
*Option		
Hospital/health centre	220	73.6
Drug store/chemist	79	26.4
Self medication	50	16.7
Traditional healer	13	4.3
Religious centre	8	2.7
Best recommended option of care for household members		
Hospital	254	84.9
Drug store/chemist	25	8.4
Traditional healer	10	3.3
Self medication	6	2.0
Religious center	4	1.3

*Multiple options applied

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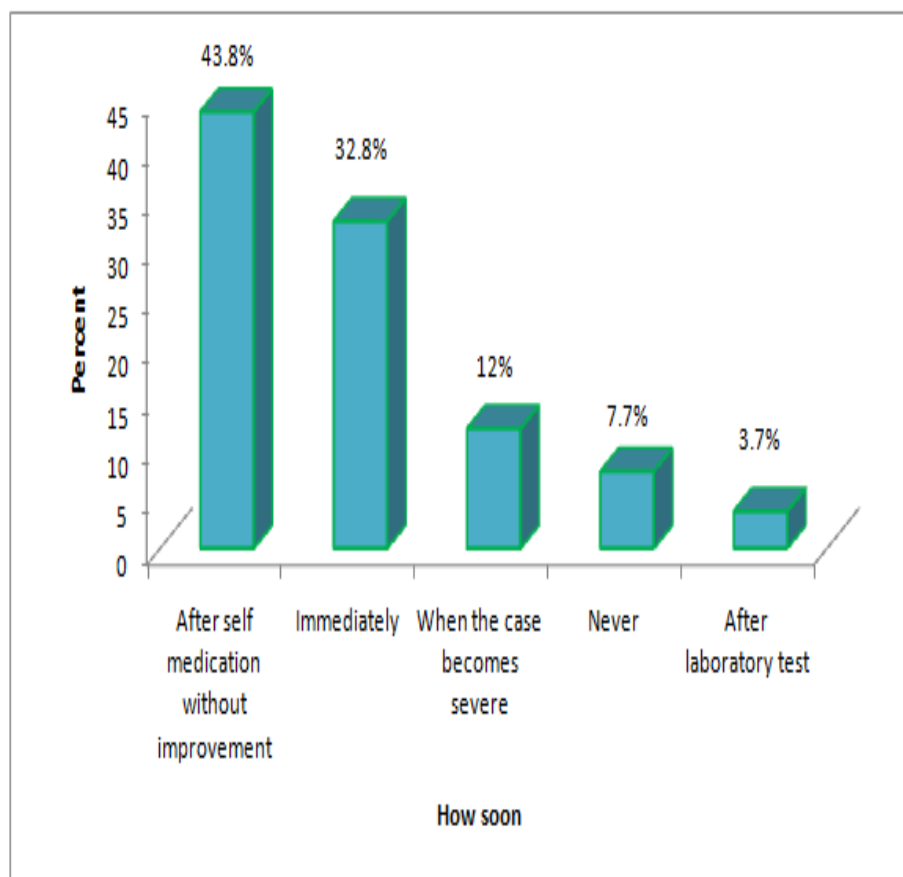


Figure 1: How soon respondents report to the hospital/health centre when ill

Table 3: Delay in seeking health care in hospital/health centre

Variable	Frequency	Percent
Ever had a delay (n=299)		
Yes	119	39.8
No	180	60.2
Commonest reasons for delay (n=119)		
Inadequate funds	72	60.0
It is too expensive	22	18.3
Nobody to take me there	15	12.5
Attitude of health workers	8	6.7
Hospital is too far	3	2.5

*Multiple responses applied.

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Table 4: Factors associated with health seeking behaviour

Variable	Health seeking behaviour		Statistics
	Poor Frequency (%)	Good Frequency (%)	
Age (in years)			
<30	86 (71.1)	35 (28.9)	$\chi^2 = 7.486$
30-39	71 (80.7)	17 (19.3)	$df = 3, p = 0.058$
40-49	28 (63.6)	16 (36.4)	
≥ 50	28 (60.9)	18 (39.1)	
Sex			
Male	106 (77.4)	31 (22.6)	$\chi^2 = 4.645$
Female	107 (66.0)	55 (34.0)	$df = 1, p = 0.031$
Marital status			
Single	75 (69.4)	33 (30.6)	$\chi^2 = 7.602$
Married	134 (74.4)	46 (25.6)	$df = 2, p = 0.022$
Widowed	4 (36.4)	7 (63.6)	
Religion			
Christianity	187 (70.8)	77 (29.2)	$\chi^2 = 0.180$
Islam	26 (74.3)	9 (25.7)	$df = 1, p = 0.672$
Level of education			
No formal/Primary	42 (70.0)	18 (30.0)	$\chi^2 = 6.051$
Secondary	80 (80.0)	20 (20.0)	$df = 2, p = 0.049$
Tertiary	91 (65.5)	48 (34.5)	
Monthly income (N)			
<50,000	190 (72.2)	73 (27.8)	$\chi^2 = 7.499$
50,000 – 100,000	18 (78.3)	5 (21.7)	$df = 2, p = 0.024$
$\geq 100,000$	5 (38.5)	8 (61.5)	
Knowledge of Lassa fever			
Poor	194 (73.2)	71 (26.8)	$\chi^2 = 4.414$
Good	19 (55.9)	15 (44.1)	$df = 1, p = 0.036$

Discussion/Conclusion

- The implications of poor health seeking behaviour in communities where Lassa fever outbreaks are common include higher risks for severe and mortality.
- Healthcare seeking behaviour was poor in Lassa fever endemic communities in Edo State and was associated with important socio-demographic variables.
- It is ***recommended*** that health promotion programmes should be designed by government and partners at all levels to address the issue.

References

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