Follow-up Study on Public Knowledge, Attitudes, and Practices Relating to EVD in SL

KAP 3
Preliminary Findings
Background

- **KAP 3**: nationally representative household survey carried out in all 4 regions and 14 districts in SL by FOCUS 1000, CDC, and UNICEF
  - Sample size: 3540 individuals from 1770 households
- Allows for trend analysis in EVD knowledge, attitudes, and practices
- **Timeline of Key Activities**
  - KAP 1 Data Collection: 20\(^{th}\) – 26\(^{th}\) August 2014 (9 districts)
  - Ose to Ose Ebola Tok Campaign: September (14 districts)
  - KAP 2 Data Collection: 13\(^{th}\) – 22\(^{nd}\) October 2014 (14 districts)
  - Malaria MDA: December 2014 (Western Area and Port Loko)
  - WAS Campaign – December 2014 (Western Area)
  - KAP 3 Data Collection: 19\(^{th}\) – 28\(^{th}\) December 2014 (14 districts)

*Trend analysis (KAP 1 to 3) restricted to the original 9 districts from KAP 1 (Western Rural, Western Urban, Kambia, Koinadugu, Port Loko, Kailahun, Kenema, Bo, and Moyamba)*

*Comparisons b/w KAP 2 and 3 include all 14 districts*
Methodology

• Randomly selected 90 clusters from across the 14 districts in Sierra Leone
  – Randomly selected 20 HHs from each cluster
  – Interviewed 2 individuals from each HH
    • Head of household always interviewed
    • Randomly selected second HH member
      – Woman (25+) or young person (15-24)
BLUF: Bottom Line Up Front

• **Knowledge, attitudes, and practices continue to improve:**
  – Increased comprehensive knowledge & decreased misconceptions
  – Decreased stigmatization of survivors
  – Decreased resistance to shifting traditional funeral/burial practices
  – Increased avoidance of participating in traditional funerals/burials

• **Intensified social mobilization efforts still needed** in order to sustain the gains made thus far, *especially in:*
  – Kono
  – Western Area – Urban and Rural
  – Northern Province – all districts, but especially Port Loko
  – Moyamba

• With more than half of respondents knowing someone who died of Ebola, **psychosocial support would need to be scaled-up for affected families and communities**
Comprehensive knowledge on Ebola continues to improve across the board

BUT:

• Lower in Northern Province (47%)
• Highest in Southern Province (57%)
• Lower among those with no education or only primary school education
Increased knowledge that Ebola is caused by a virus

BUT such knowledge is

- Lowest in the Northern Province (51%)
- Highest in the Southern Province (78%)

Open ended / unprompted
High level of knowledge on Ebola prevention and treatment

AGREE - person with Ebola has higher chance of survival if s/he immediately goes to a health facility
- KAP 1: 91%
- KAP 2: 93%
- KAP 3: 95%

AGREE- avoid funeral or burial rituals that require handling the body of someone who died of Ebola
- KAP 1: 85%
- KAP 2: 94%
- KAP 3: 96%

AGREE - avoid contact with blood and body fluids
- KAP 1: 87%
- KAP 2: 92%
- KAP 3: 94%
Misconceptions continue to decline as knowledge about Ebola increases

Believe that traditional healers can treat Ebola
- KAP 1: 6%
- KAP 2: 3%
- KAP 3: 1%

Believe that spiritual healers can treat Ebola
- KAP 1: 19%
- KAP 2: 12%
- KAP 3: 5%

Believe Ebola is transmitted through mosquito bites
- KAP 1: 30%
- KAP 2: 20%
- KAP 3: 30%

Believe Ebola is transmitted through air
- KAP 1: 24%
- KAP 2: 30%
- KAP 3: 15%

Believe that bathing with salt and hot water can prevent Ebola
- KAP 1: 42%
- KAP 2: 36%
- KAP 3: 27%

Misconceptions still slightly higher in:
- Western Area,
- Northern Province,
- Kono District

- No education or primary school only
- Women
Continued reduction in stigma and discriminatory attitude towards Ebola Survivors

Some discriminatory attitude towards Ebola survivors
- KAP 1: 38%
- KAP 2: 46%
- KAP 3: 94%

Would not buy fresh vegetables from a shopkeeper who survived Ebola
- KAP 1: 15%
- KAP 2: 31%
- KAP 3: 67%

Believes pupil fully recovered from Ebola puts other pupils in class at risk of Ebola
- KAP 1: 25%
- KAP 2: 20%
- KAP 3: 32%

Would not welcome back neighbor into their community after recovering from Ebola
- KAP 1: 8%
- KAP 2: 14%
- KAP 3: 75%

Stigma highest in:
- Northern Province
- No education

Stigma lowest in:
- Eastern Province
- Secondary+ education
Nearly everyone has heard of a survivor and half know someone who died of Ebola

Respondents in Eastern Region (71%) more likely to know someone who died of Ebola as compared to other regions.
Decreased resistance to shifting traditional burial/funeral rituals BUT more persuasive efforts needed in Kono and Western Urban

- Kono (60%)
- Western Urban (21%)
Decline in the proportion of people participating in burial/funeral ceremonies, but some still having physical contact with corpses

Participation in burial/funeral
- Kono (8%)

Only 0.35% (n=12/3540) of respondents participated in a burial/funeral where they also had physical contact with the corpse
- Kono (6)
- Western Urban (2)
- Western Rural (2)
- Port Loko (1)
- Koinadugu (1)
Increased intention to wait for burial team and avoid contact with corpse while waiting
Western Area: Major improvement people’s intentions to wait for the burial team if a family member died at home in

![Bar Chart]

- Western Area: 75%, 97%
- Northern Province: 84%, 96%
- Eastern Province: 94%, 98%
- Southern Province: 95%, 96%

Legend:
- KAP 1
- KAP 2
- KAP 3
Western Area: Another major improvement in people’s intention to avoid touching or washing the corpse if a family member died at home.
Of the 7% who called 117 in past month: Proportionally more people called to report deaths and suspected Ebola cases.

- Get health information on Ebola: KAP 1 (18%), KAP 2 (11%)
- Report a death: KAP 1 (18%), KAP 2 (31%)
- Report a suspected case: KAP 1 (37%), KAP 2 (40%)
- Want to know if the number is working: KAP 1 (14%)
- Other reasons / don't remember: KAP 1 (4%)
75% of reported deaths picked up in 24 hrs*
79% of reported suspected cases picked up in 24 hrs+

* Called to report death (n=60)
+ Called to report suspected case (n=77)

BUT
16% of dead bodies not picked up for 3 or > days
15% of suspected cases not picked up for 3 or > days
- Western Area (32%)
We continue to see improvement in other self-reported changes in behaviours, especially avoiding contact with corpses and suspected EVD patients.

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>KAP 1</th>
<th>KAP 2</th>
<th>KAP 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wash hands with soap and water</td>
<td>66%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Avoid crowded places</td>
<td>36%</td>
<td>50%</td>
<td>56%</td>
</tr>
<tr>
<td>Avoid physical contact with everyone</td>
<td>44%</td>
<td>52%</td>
<td>55%</td>
</tr>
<tr>
<td>Avoid physical contact with people I suspect may have Ebola</td>
<td>36%</td>
<td>46%</td>
<td></td>
</tr>
<tr>
<td>Do not participate in burials involving handling of the body</td>
<td>28%</td>
<td>50%</td>
<td></td>
</tr>
</tbody>
</table>

* Open-ended, multiple selection question
RADIO remains the leading source for receiving EVD information

Top 5 EVD info sources:
1. Radio
2. Mosques and Churches
3. Ose to Ose Ebola Tok
4. House visits
5. Megaphones

Television has wide reach in Western Area (46%)

* Open-ended, multiple selection question
Act Against Ebola messages having a wide reach BUT more intensified messaging needed in Kono and Moyamba

Safe Burials Save Lives
- Kono (32%)

Get Early Treatment
- Moyamba (26%)

Call 117 to Report Death
- Moyamba (40%)
- Kono (43%)

Stay Safe While You Wait
- Moyamba (4%)

Celebrate Survivors
- Low across all districts
Special radio education programme for school children having a wide reach

• 85% of respondents aware of the programme

• 70% of school-going age children listened to the programme within the past week (as reported by HH members)
  – Main reason for not listening: no radio or conflicting time/schedule

• 90% think programme is either “very good” or “good”
Malaria MDA had wide reach

- Western Area – 83% of HH received tablet
- Port Loko – 74% of HH received tablet
Qualitative Study on Burial Practices
Barriers & Boosters

• KAP 2 revealed 33% of respondents do not burials/funerals not involving the washing/touching of the corpse

• 24 focus group discussions in the 4 regions of SL
  Western Urban (8), Western Rural (4) Port Loko (4), Moyamba (4), Kono (4)

• Targeted four homogenous groups in each FGD community
  – Religious leaders
  – Traditional leaders
  – Women 25+
  – Young people 15-24

• Conducted first week of December 2014
FGD Communities

- **Western Urban**
  - Wilberforce, Wellington

- **Western Rural**
  - Kerry Town

- **Port Loko**
  - Gbinti

- **Kono**
  - Old Sefadu
  - Gandorhun
  - Main Kainkordu
Key Findings -- Boosters

• People do not want to die

• Communities generally understand and accept that the current Ebola crisis requires difficult shifts in traditional practices

• Able to make the link between traditional practices (touching/washing corpses) and high risk of EVD transmission

• Shifts in traditional practices seen as temporary condition

• Cognitive reasoning outweigh emotional desires: “We must do what we have to do for now to stay safe”
• “We cannot say they [burial teams] have buried our family members with 100% respect, but this is the current situation so we just have to accept it so that we will not die” – (Traditional Leader, Rotifunk, Moyamba).

• “We believe if we accept these options [medical burials] we will be able to go back to our normal lives. But if we don’t, then I am not sure we are ready to fight this virus” (Religious Leader, Wilberforce, Western Urban).
Additional Boosters

- **Local bye-laws** including community-based monitoring

- **White body bags** viewed more dignified and culturally appropriate as compared to the previous black body bags

- Families allowed to **observe the burial from a safe distance**

- **Religious leaders present** to say final prayer

- **Burial teams consulting with families** before taking corpse
Barriers

- Lack of women on burial teams

- **Gender norms:** cultural “taboo” to have men handle dead body of a woman – especially those in secret societies (an outside man should not see a woman’s nakedness)

- Dissatisfaction with the **hastiness and handling of corpse**
  - Community onlookers observing signs of disrespect; shamed by these acts

- **Stigma of “Ebola Burial”** -- especially when the cause of death is not perceived to be Ebola

- **Not knowing the burial site** (feeds into conspiracies as to what is done to the body once it is taken away)

- **Small/narrow graves** – nuanced belief that a “tight grave” would cause discomfort in the after life
“We as community people are not happy because some burial teams are not treating the dead with respect; we don’t know where our people have been buried” (Woman Leader, Wellington, Western Urban)

“They should train members from the local communities to help [directly] with the burials. Religious and traditional leaders should be brought onboard to supervise. If it is done right it will help bring some comfort to the grieving families” (Religious Leader, Old Sefadu, Kono).
About 9 in 10 perceived the health care facilities to be safe

– Very safe (38%)
  • In Western Area: 30%
– Safe/somewhat safe (55%)
– Unsafe (5%)
  • In Western Area: 12%
– Very unsafe (1%)
Vaccine Acceptance

• 90% agree that a vaccine is needed

• First takers:
  – health care workers (30%)
  – Me/my family (26%)
  – Political leaders (14%)
  – Vaccine makers (10%)
  – People in worst affected areas (8%)

• Very likely (75%) or likely (18%) to take vaccine
Conclusion

- Social mobilization is having a wide reach throughout SL

- Continue to see improvements in key KAP indicators
  - Comprehensive knowledge, misconceptions, stigmatization, acceptance of safe burial practices, avoidance of physical contact with the sick and dead

- Intensified social mobilization efforts still needed in Western Area, Northern Province, Kono and Moyamba

- Need to sustain soc mob activities in all 14 districts to continue building on the major gains made so far

- Need to scale-up psychosocial support for affected families

- Service delivery mostly able to meet the increased demand, however, further improvements in response time needed to reduce likelihood of contact with sick and dead (and possible further transmissions)
THANK YOU
## Weighted Sample Distribution

<table>
<thead>
<tr>
<th>Distribution of weighted sample by district</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>Western Rural</td>
<td>149</td>
</tr>
<tr>
<td></td>
<td>Western Urban</td>
<td>581</td>
</tr>
<tr>
<td></td>
<td>Bombali</td>
<td>274</td>
</tr>
<tr>
<td></td>
<td>Kambia</td>
<td>191</td>
</tr>
<tr>
<td></td>
<td>Koinadugu</td>
<td>188</td>
</tr>
<tr>
<td></td>
<td>Port Loko</td>
<td>312</td>
</tr>
<tr>
<td></td>
<td>Tonkolili</td>
<td>242</td>
</tr>
<tr>
<td></td>
<td>Kailahun</td>
<td>257</td>
</tr>
<tr>
<td></td>
<td>Kenema</td>
<td>365</td>
</tr>
<tr>
<td></td>
<td>Kono</td>
<td>181</td>
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<tr>
<td></td>
<td>Bo</td>
<td>365</td>
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<tr>
<td></td>
<td>Bonthe</td>
<td>96</td>
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<tr>
<td></td>
<td>Moyamba</td>
<td>154</td>
</tr>
<tr>
<td></td>
<td>Pujeahun</td>
<td>188</td>
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<tr>
<td></td>
<td>Total</td>
<td>3540</td>
</tr>
</tbody>
</table>
Socio-demographic

• **Gender**
  – 49.7% male
  – 50.3% female

• **Education**
  – 33% No Education
  – 67% Some Education (see breakdown on next slide)

• **Religion**
  – 64%
  – 36% Christianity
Education

• No education – 33%
• Some primary – 7.5%
• Completed primary – 12%
• Completed JSS – 21%
• Completed SSS – 16%
• Diploma – 8%
• Bachelors – 2%
• Masters – less than 1%
# Clusters – Western Area

<table>
<thead>
<tr>
<th>WESTERN URBAN</th>
<th>WESTERN URBAN</th>
<th>WESTERN RURAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lombard Street</td>
<td>Big Waterloo Street</td>
<td>Fofu Water (Magbafti)</td>
</tr>
<tr>
<td>Mammy Yoko Street</td>
<td>Small Waterloo Street</td>
<td>Charlotte</td>
</tr>
<tr>
<td>Upper Bombay Street</td>
<td>Sandars Street</td>
<td>Benguema</td>
</tr>
<tr>
<td>Upper Patton Street</td>
<td>Berwick Street</td>
<td>Bawbaw I (Hamilton)</td>
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<tr>
<td>Calaba Town/Pamromko</td>
<td>Old Railway Line</td>
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<tr>
<td>Bai Bureh Road / Bottom Oku</td>
<td>Congo Town</td>
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<tr>
<td>Regent Road</td>
<td>Lumley - Pipeline</td>
<td></td>
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<tr>
<td>Circular Rd</td>
<td>Kolleh Lane (Cockle Baye)</td>
<td></td>
</tr>
</tbody>
</table>
## Clusters – SOUTHERN Province

**BO**
- Bo Number 2 (Tawa Street)
- Kandeh Town (D-Line)
- Kennedy (Musa Street)
- Njagboima (Matru Road)
- Gerihun
- New Sembehun

**PUJEHUN**
- Pujehun Old Town Road
- Chandler Street
- Massam A

**MOYAMBA**
- Pelewahun
- Moyamba Town 2
- Mobiakefi

**BONTHE**
- Goba Town A
- Matru Central 1
# CLUSTERS – SOUTHERN PROVINCE

## KAMBIA
- Kambia I
- Barmoi Lumur B
- Ka-Konta

## BOMBALI
- Field Road
- Yeli Sanda Road
- Kargbo Street
- Timbo
- Kakamathur

## PORT LOKO
- Lamina Area (Rogberray Junct)
- Petifu
- Rosint
- Port Loko Town (Songo Road)
- Port Loko Town (Bai Forki RD)
- Masorie
- Gbinti
- Robis
- Sangoya
- Mayombo
- Magbla / Rogberi
- Makabi
- Port Loko Road
- Sankoya Lane
- Mabasi
- Malikuray

## TONKOLILI
- Magburaka (C) / Upper Railway Line
- Magburaka (E) / Shamel St / Wurie St
- Masethlehe
- Ro-Macca

## KOINADUGU
- Old Makeni Road
- Agriculture Road
- Bambukoro
## Clusters - Eastern Province

<table>
<thead>
<tr>
<th>KENEMA</th>
<th>KAILAHUN</th>
<th>KONO</th>
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<tbody>
<tr>
<td>Bandama</td>
<td>Mbelebu (Kailahun Town)</td>
<td>Kainkondu Road</td>
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<tr>
<td>Roman Street</td>
<td>Kailahun Town (Kissi Kenema)</td>
<td>Bianga Street</td>
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<td>Raymond Alpha Street</td>
<td>Nyanyahun</td>
<td>Baiama</td>
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<td>Bokarie Gbay Street</td>
<td>Fandu</td>
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<td>Blama New Site (B)</td>
<td>Mofindor A</td>
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<td>Levuma C (Ngoleila)</td>
<td>Yandohun</td>
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<td>Kamaru</td>
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<td>Masayema (B)</td>
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<td>Levuma</td>
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