

# Study on Public Knowledge, Attitudes, and Practices Relating to Ebola Virus Disease (EVD) Prevention and Medical Care in Sierra Leone

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September 2014



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## Foreword

On behalf of UNICEF, FOCUS 1000, and Catholic Relief Services, I am pleased to share with you this research report on the Public Knowledge, Attitudes, and Practices study relating to Ebola Virus Disease (EVD) Prevention and Medical Care in Sierra Leone.

The findings from the study provide us with invaluable baseline data to guide our efforts in refining the social mobilization strategies, activities, and messages. Furthermore, the baseline data would help us evaluate the effectiveness of the social mobilization and behavior change communication efforts undertaken through the multi-sectorial response.

Our collective actions are showing some positive results. We now know that awareness of the disease is very high, denial is low, but there are serious misconceptions that we need to address. While there are positive attitudes towards prevention measures and medical seeking behaviours, comprehensive knowledge on the disease is low. But we are pleased to note that nearly everyone interviewed through the study reported some changes in behaviours to help prevent the spread of the infection – with almost 7 in 10 people now washing their hands with soap and water as a protective measure against Ebola.

In conclusion, let me take this opportunity to thank you all for your unwavering contributions towards the social mobilization efforts in halting the unprecedented Ebola epidemic in Sierra Leone and the sub-region. Our collective and sustained action is undoubtedly making a meaningful difference in the fight against Ebola.

Sincerely,

Roeland Monasch  
Representative  
UNICEF, Sierra Leone

## Acknowledgements

We are extremely grateful to all household heads, women, and young people who participated in the research study for their willingness, time commitment and sincere responses. We thank the paramount chiefs, /village chiefs, health workers, teachers, local councils, law enforcement authorities, and civil society groups who participated in the in-depth interviews and focus group discussions. The study would not have been possible without their full cooperation.

Likewise, we extend our sincere gratitude to the data collection teams and supervisors whose diligent efforts ensured reliable and quality outputs from the research study. We further acknowledge the invaluable support of our partner organizations – UNICEF and Catholic Relief Services – for their technical and financial support to the study.

In addition, we recognize the technical guidance and commitment of the Ministry of Health and Sanitation, the Emergency Operation Center and the Communication Pillar to incorporate the findings of the study into the National Social Mobilization Strategy and Action Plan. We are confident that the baseline data will continue to inform and guide our collective efforts to contain the spread of Ebola in Sierra Leone.

FOCUS 1000 remains firmly committed to supporting the Government, development partners and civil society in generating data to inform evidence-based strategies and actions to halt the Ebola epidemic. Together we will win the battle against Ebola.

Sincerely,

Mohammad Bailor Jalloh  
Chief Executive Officer  
FOCUS 1000, Sierra Leone

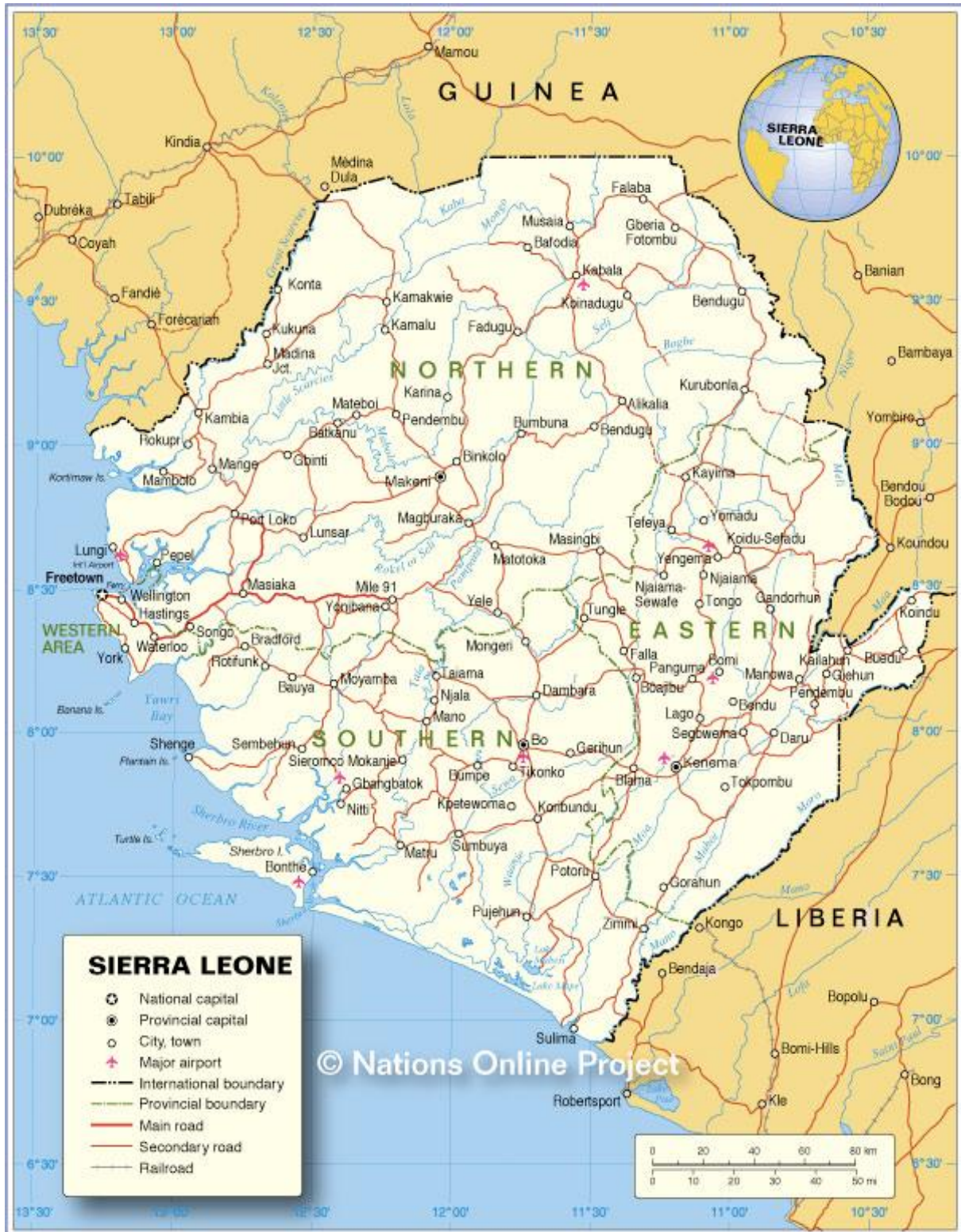
## List of acronyms and abbreviations

| Abbreviation | Definition  |
|--------------|---|
| ANC          | Antenatal clinic  |
| BCC          | Behavior Change Communication                                       |
| C4D          | Communication for Development                                       |
| CBO          | Community Based Organization  |
| CDC          | US Centers for Disease Control and Prevention                       |
| CRS          | Catholic Relief Services  |
| CSO          | Civil Society Organization  |
| DHMT         | District Health Management Team                                     |
| EOC          | Emergency Operation Center  |
| EVD          | Ebola Virus Disease   |
| FBO          | Faith Based Organization  |
| FGD          | Focused Group Discussion  |
| FOCUS 1000   | Facilitating and Organizing Communities for Sustainable Development |
| GoSL         | Government of Sierra Leone  |
| HBM          | Health Belief Model   |
| HHS          | Household Survey  |
| KAP          | Knowledge, Attitudes, and Practices                                 |
| KII          | Key Informant Interview   |
| MoHS         | Ministry of Health and Sanitation                                   |
| NGO          | Non Governmental Organization                                       |
| PC           | Paramount Chief   |
| RCH          | Reproductive and Child Health                                       |
| SPSS         | Statistical Package for Social Science                              |
| UNICEF       | United Nations Children's Fund                                      |
| WASH         | Water, Sanitation and Hygiene                                       |
| WHO          | World Health Organization   |

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## Map of Sierra Leone





## Executive summary

As of September 15<sup>th</sup>, Sierra Leone has recorded a total of 1503 confirmed cases of Ebola virus disease (EVD) with 325 cumulative survivors and 468 laboratory confirmed deaths<sup>1</sup>. The epidemic which has ravaged Sierra Leone, Guinea and Liberia has been characterized by the World Health Organization (WHO) as one of the most challenging Ebola outbreaks to date. There have been 3685 cumulative cases attributed to EVD in Sierra Leone, Liberia, and Guinea as of August 31<sup>st</sup> 2014 according to the WHO<sup>2</sup>.

The Government of Sierra Leone, development partners, and civil society continue to place a major focus on educating the public on how to prevent the transmission of EVD as well as encouraging people to promptly seek medical care in the event that they experience signs and symptoms associated with the disease. Despite these efforts, public education and social mobilization campaigns were met with varied resistance from communities. Myths, misconceptions, and misinformation about the disease continue to put a strain on the fight against it. There have been widespread stories of people fearing to seek medical treatment and reporting suspected cases.

It was against this background that FOCUS 1000, UNICEF and CRS decided to undertake this current study to:

1. Conduct a household survey to quantitatively examine the public's knowledge, attitudes, and practices related to Ebola Virus Disease (EVD) in the propose districts.
2. Identify barriers that hinder the containment of the EVD epidemic.
3. Use the generated findings to inform evidence-based strategies in preventing the transmission of EVD

## Methodology

A multi-stage cluster sampling design with primary sampling units (PSUs) selected with probability relative to their size (PPS) was used in the study. The survey sample comprised 1413 individuals from 706 households in Western Rural, Western Urban, Kenema, Kailahun, Bo, Moyamba, Kambia, Port Loko, and Koinadugu districts. This sample size is beyond the minimum sample of approximately 800 in order to attain 95% confidence level and confidence interval of +/- 3.5% given the estimated population of about 6 million as per population estimates from the National Population and Housing Census (Statistics Sierra Leone 2004).

Households were distributed among the 24 enumeration areas (clusters) using the probability proportional to size procedure. Systematic random sampling was used to select households for interviews. The household head was always selected given his/her influential role on the decisions and practices within the household. We randomly selected another participant from the household who was either a woman or young person between ages of 15 and 24.

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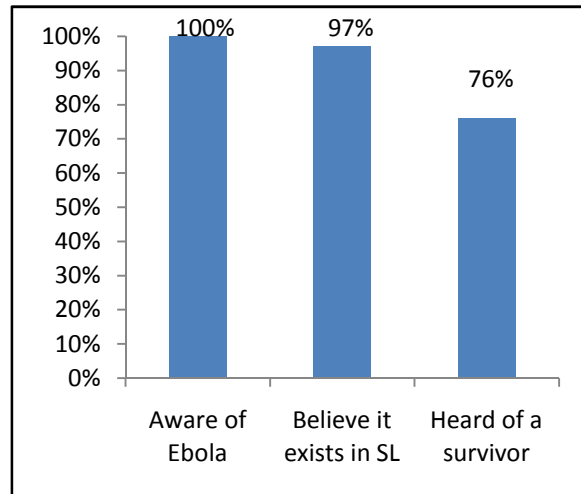
<sup>1</sup> Sierra Leone Ministry of Health and Sanitation, *Ebola Update*. August 7<sup>th</sup> 2014.

<sup>2</sup> World Health Organization, Ebola virus disease update - West Africa, [http://www.who.int/csr/don/2014\\_08\\_04\\_ebola/en](http://www.who.int/csr/don/2014_08_04_ebola/en) (Aug 6, 2014).

## Key Findings

### Awareness is high, denial is low, but there are serious misconceptions

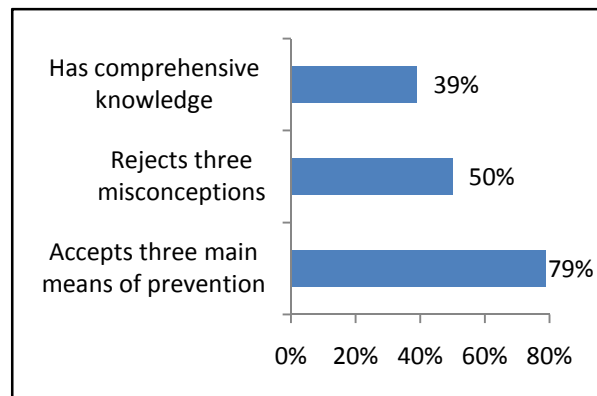
All the respondents surveyed have heard of Ebola and nearly everyone believes that it exists in the country (97%). About 77% of respondents have heard of someone who survived Ebola. Nonetheless, nearly one-third of respondents believe that EVD is transmitted by air or through mosquito bites. About 2 in 5 respondents believe that they can protect themselves from Ebola by washing with salt and hot water while nearly 1 in 5 believe that spiritual healers can successfully treat the disease – such belief is more higher in Western Urban and Rural (32-45%) as compared to other parts of the country. Regarding risk perceptions, 36% believe that they are at no risk of contracting Ebola within the next 6 months while nearly the same proportion (34%) believes that they are at great risk.



### Comprehensive knowledge on EVD is low

Comprehensive knowledge<sup>3</sup> on EVD prevention is generally low. Only 39% of respondents were able to identify three means of prevention and rejected three misconceptions. While not sufficient in itself, comprehensive knowledge is a critical component in increasing the likelihood of individuals to adopt the promoted prevention and medical seeking behaviours.

The study found that nearly everyone would like to receive additional information on EVD (95%); especially on ways to prevent the disease (48%) and medical care/treatment options for those infected.



<sup>3</sup>**Accepts** that EVD can be prevented by: avoiding contact with blood and body fluids; avoiding funeral or burial rituals that require handling the body of someone who has died from Ebola; immediately going to a health facility if suspected of having Ebola; and

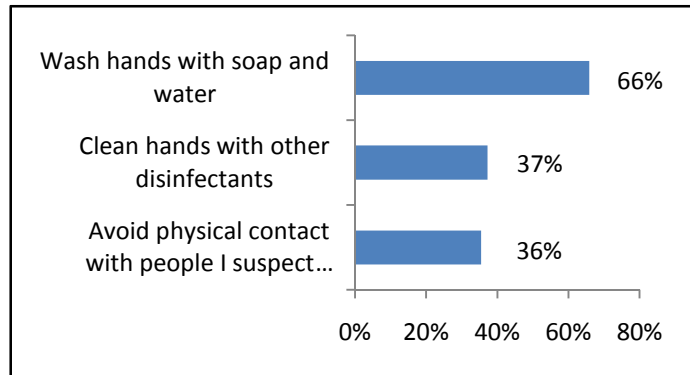
**Rejects** the notion that: traditional healers can treat Ebola successfully; spiritual healers can treat Ebola successfully; and bathing with salt and hot water can prevent Ebola.

### Positive attitudes towards prevention practices and medical care seeking behaviours

- 87% agree with statement that one should “avoid contact with blood and body fluids”
- 85% agree with statement that one can “protect oneself by avoiding funeral or burial rituals that require handling the body of someone who died of EVD”
- 91% agree with statement that a “person with Ebola has higher chance of survival if he/she goes immediately to a health facility”

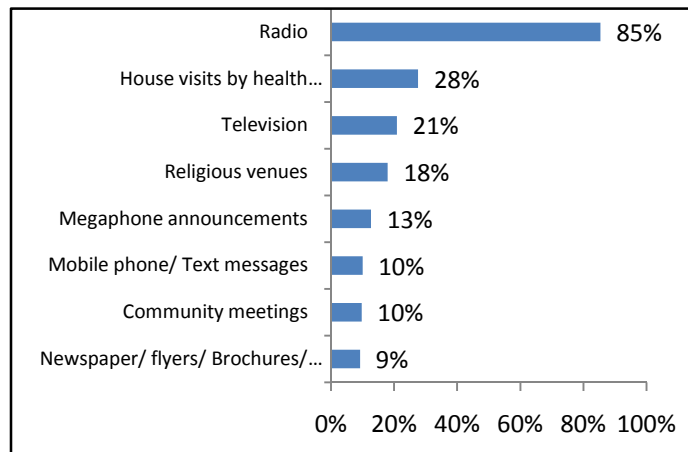
### Nearly everyone is reporting some change in behavior

Nearly everyone (95%) is reporting some change in behavior since learning about Ebola. About 7 in 10 respondents reported that they are washing their hands with soap and water in order to help prevent EVD. Hand washing with soap and water is highest in Bo (86%) and Koinadugu districts (84%). However, the percentage of people reporting that they avoid physical contact is alarmingly low (36%).



### Radio by far the preferred means for receiving information about Ebola

Not only does radio have the widest reach, it is also the most preferred channel with 85% of respondents preferring to get Ebola related information through the radio. This is followed by house visits by health professionals, television, and religious venues (mosques/churches). In the epicenters, house visit by health professionals is the second most preferred means of receiving EVD information (54-63%). Television is more preferred in urban settings such as Western Area and Bo Town as compared to rural parts of the country.



### Health professionals and Government/MOHS: the most trusted source of information

Health and medical professionals are perceived to be the most trusted source of information on Ebola related issues (60%). In the Kailahun and Kenema, the level of trust of health professionals ranges from 70 to 86%. Health professionals are least trusted in Western Urban (43%). The second most trusted source of information is the Government/MoHS (48%).

### Very high level of stigma and discrimination towards Ebola victims

- 96% report some discriminatory attitude towards people suspected of having (had) Ebola.
- 76% would not welcome a neighbor recovering from Ebola back into their community
- 32% believe that a school pupil fully recovered from Ebola will put other pupils in their class at risk of Ebola infection.

### **Key recommendations for social mobilization and behavior change communication**

- Address misconceptions about the disease;
- Avoid fear-based messages as they may discourage prompt medical seeking behaviors;
- Clearly spell out modes of transmission in the local languages;
- Develop clear messages in local languages on protective practices (including safe medical burials and home-based care while waiting for medical help);
- Develop special messages around community acceptance of Ebola affected persons and families;
- Maximally use radio as it is the most preferred channel with the widest geographic reach;
- Support inter-personal engagement at grassroots level in order to improve community response and ownership of the social mobilization efforts;
- Effectively use television medium to tell survivor stories and create a hopeful narrative;
- Strategically engage religious leaders – via churches and mosques – in disseminating key prevention messages using a faith-based lens and perspective; and
- Ensure that key information is communicated directly by health professionals and GoSL/MoHS because they are the most trusted source on Ebola.

## Introduction

As of September 15<sup>th</sup>, Sierra Leone has recorded a total of 1503 confirmed cases of Ebola virus disease (EVD) with 325 cumulative survivors and 468 laboratory confirmed deaths<sup>4</sup>. The epidemic which has ravaged Sierra Leone, Guinea and Liberia has been characterized by the World Health Organization (WHO) as one of the most challenging Ebola outbreaks to date. There have been 3685 cumulative cases attributed to EVD in Sierra Leone, Liberia, and Guinea as of August 31<sup>st</sup> 2014 according to the WHO<sup>5</sup>.

The Government of Sierra Leone, development partners, and civil society continue to place a major focus on educating the public on how to prevent the transmission of EVD as well as encouraging people to promptly seek medical care in the event that they experience signs and symptoms associated with the disease. Despite these efforts, public education and social mobilization campaigns were met with varied resistance from communities. Myths, misconceptions, and misinformation about the disease continue to put a strain on the fight against it. There have been widespread stories of people fearing to seek medical treatment and reporting suspected cases.

Reuters documented an instance in July when the family of a woman suspected of having EVD forcefully removed her from the King Harman Government Hospital against the advice of medical professionals<sup>6</sup>. That patient later died of the disease as confirmed by MoHS. One potential barrier in effectively educating the public on EVD is the fact that its signs and symptoms are similar to those of other common diseases in the country such as malaria, typhoid fever, and cholera. The outbreak which was initially concentrated in Kailahun and Kenema districts has now spread to several other parts of the country, with 167 confirmed cases now being reported in the capital city of Freetown (Western Area) according to MoHS. Given its urban setting and dense population, the increase in EVD cases in Freetown poses a serious public health challenge to an already complex situation.

In Kailahun and Kenema, the International Federation of Red Cross and Red Crescent Societies had conducted a KAP study in June 2014 revealing that only 26.7% of respondents in Kailahun and 21.4% in Kenema knew that avoiding the dead remains of an infected individual is a way of preventing the transmission of EVD<sup>7</sup>. In addition, the same study illustrated that only 13.3% of respondents in Kailahun and 7.1% in Kenema knew isolating a family member or neighbor suspected to have contracted EVD is a method limiting the transmission of the disease. While the KAP study in Kenema and Kailahun provided valuable baseline data for the epicenter, its sample size was too small to be representative of the region. To the best of our knowledge, there had not been a national KAP study on Ebola in Sierra Leone. It was against this background that FOCUS 1000, UNICEF and CRS decided to undertake this current study.

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<sup>4</sup> Sierra Leone Ministry of Health and Sanitation, *Ebola Update*. August 7<sup>th</sup> 2014.

<sup>5</sup> World Health Organization, Ebola virus disease update - West Africa, [http://www.who.int/csr/don/2014\\_08\\_04\\_ebola/en](http://www.who.int/csr/don/2014_08_04_ebola/en) (Aug 6, 2014).

<sup>6</sup> Reuters, *Sierra Leone Ebola patient, recovered from family, dies in ambulance*, <http://uk.reuters.com/article/2014/07/27/uk-health-ebola-africa-idUKKBN0FVoNR20140727> (July 27 2014).

<sup>7</sup> International Federation of Red Cross and Red Crescent Societies, *Knowledge, Attitudes and Practices (KAP Survey on the Ebola Virus Disease (EVD) – Kailahun and Kenema Districts, Sierra Leone* (June 2014).

## Objectives

1. Conduct a household survey to quantitatively examine the public's knowledge, attitudes, and practices related to Ebola Virus Disease (EVD) in the propose districts.
2. Identify barriers that hinder the containment of the EVD epidemic.
3. Use the generated evidence to inform evidence-based strategies in preventing the transmission of EVD and enhancing caring for those already infected and affected by the epidemic.

## Methodology

### Study design

The study employed a cross-sectional design to assess public knowledge, attitudes, and behaviors relating to Ebola Virus Disease (EVD) in Sierra Leone. In addition, focus group discussions and in-depth interviews were conducted with key informants and various community groups in order to gain qualitative understanding of perceived barriers, misconceptions, and bottlenecks in relation to EVD prevention. The research period spanned between 25<sup>th</sup> July and September 10<sup>th</sup> 2014. Data collection took place during 20<sup>th</sup> – 26<sup>th</sup> August 2014. See Annex 2 for the full study timeline.

### Sampling

A multi-stage cluster sampling design with primary sampling units (PSUs) selected with probability relative to their size (PPS) was used in the study. The survey sample comprised 1413 individuals from 707 households in Western Rural, Western Urban, Kenema, Kailahun, Bo, Moyamba, Kambia, Port Loko, and Koinadugu districts. This sample size is beyond the minimum sample of approximately 800 in order to attain 95% confidence level and confidence interval of +/- 3.5% given the estimated population of about 6 million as per population estimates from the National Population and Housing Census (Statistics Sierra Leone 2004).

### Selection of districts

Enumeration districts were purposefully selected based on EVD epidemiological trends in the country. Kailahun and Kenema were selected from the Eastern Province; Port Loko, Kambia and Koinadugu from the Northern Province; and Bo and Moyamba from the Southern Province. Both Urban and Rural districts were selected in the Western Area. The rationale being that the Western Area is the most densely populated location in Sierra Leone with growing number of confirmed EVD cases. Kailahun and Kenema were selected as they were the main epicenters. Port Loko at the time had emerged as the district with the third highest number of confirmed cases as of 16<sup>th</sup> August 2014. Kambia was selected because it is a major border district with Guinea – the index country of the current EVD epidemic. Koinadugu was unique as it remained the only district that had not reported any confirmed case of EVD. Bo shares a border with Kenema and had the fourth highest number of

cases at the time of the research design. Moyamba served as a second enumeration district in the Southern Province given its proximity to Kenema, Bo, Port Loko and Western Area.

## Selection of clusters (enumeration areas)

### Provincial districts

Across the 7 provincial districts, chiefdoms hosting the district headquarter town were purposively selected given their population density and higher propensity of Ebola Virus Disease burden. An enumeration area within the district headquarter town was randomly selected. Using simple random sampling, a second chiefdom was selected that is approximately within a 35 mile radius from the district headquarter town. The rationale for doing so was that most of the hotspots were within such proximity to the district headquarters. An enumeration area within the headquarter town of the second chiefdom was then randomly selected. The methodology resulted in each district having two enumeration areas. This brings the total number of enumeration areas (clusters) in the provincial districts to 14.

### Western Area

In Western area, 6 out of 8 wards in Western Urban and 2 out of 4 wards from Western Rural were randomly selected. From these selected wards, a total of 10 enumeration areas (3 in WR and 7 in WR) were then randomly selected for inclusion in the study. The 2004 Census List of Enumeration Areas served as the sampling frame for the selection of enumeration areas (clusters).

**Table 1: Distribution of population and sample by district**

| District      | Population       | Proportion of Population | Sample Size | Proportion of Sample |
|---------------|------------------|--------------------------|-------------|----------------------|
| Western Rural | 263,619          | 6%                       | 92          | 7%                   |
| Western Urban | 1,040,888        | 25%                      | 339         | 24%                  |
| Bo            | 403,182          | 10%                      | 151         | 11%                  |
| Moyamba       | 278,119          | 7%                       | 127         | 9%                   |
| Kambia        | 341,690          | 8%                       | 120         | 8%                   |
| Port Loko     | 557,978          | 14%                      | 196         | 14%                  |
| Koinadugu     | 335,471          | 8%                       | 119         | 8%                   |
| Kenema        | 440,883          | 11%                      | 139         | 10%                  |
| Kailahun      | 465,048          | 11%                      | 130         | 9%                   |
| <b>Total</b>  | <b>4,126,878</b> | <b>100%</b>              | <b>1413</b> | <b>100%</b>          |

## Selection of households

Households were distributed among the 24 enumeration areas (clusters) using the probability proportional to size procedure. To select households for interview, the enumerators used random

walk method – a form of systematic random sampling – whereby the households were selected as follows:

- Identification of the centre of the sampled community;
- Throwing of a pen up in the air, allowing it to fall, and using the direction of the tip of the pen to identify the starting point of the random walk;
- Estimation of the number of households in the community and estimating the skip-interval defined as number of households divided by the sample for that community;
- The sampling interval (skip) was estimated by the research team in advance of the field work using census projections and provided to the respective data collection teams;
- Counting of the houses in the direction of the pen from the random starting point and selecting every  $k^{\text{th}}$  house (using the provided sampling interval) until the required sample of the assigned enumeration area is acquired.

### **Selection of interviewees**

Interviews were conducted with two individuals from each randomly selected household. The household head was always selected given his/her influential role on the decisions and practices within the household. However, anticipating that a majority of the household heads would be older men, we randomly selected another participant from the household who was either a woman or young person between ages of 15 and 24.

### **Qualitative Data Collection**

A total of 20 in-depth interviews and focus group discussions<sup>8</sup> were conducted with local authorities, religious leaders, traditional leaders, health workers, teachers, and law enforcement officials to gather qualitative data on emerging issues including:

- Gaps in knowledge and practice
- Myths and rumors about the origin, cause, preventive measures, and “cures” of EVD
- Perceived barriers to seeking prompt medical care in suspected cases
- Concerns and fears relating to the outbreak
- Recommendations to enhance containment

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<sup>8</sup> Qualitative findings are not included in this report as the data is being analyzed. The triangulated findings will be included in a subsequent report.



## Training of Data Collectors

FOCUS 1000 recruited and trained 30 experienced data collectors, 10 team supervisors, and 4 regional supervisors during a two-day workshop on the proper administration of the questionnaire. Each enumerator then had the opportunity to pre-test the questionnaire in an assigned community in Western Area. Feedback from the pretest was used to refine the items on the questionnaire. The training focused on the following core areas:

- Overall research protocols and guidelines
- Informed consent
- Safety and security precautions
- Administration of questionnaire
- Quality control and assurance (QA/QC)

The trained data collectors and supervisors were subsequently divided into their respective teams. Each team was assigned to specified geographic clusters. Data collection lasted for a total of 6 days.

## Survey Administration, Data Entry, and Analysis

The supervisors were responsible to oversee the day-to-day collection of data by the trained data collectors. In addition to the team supervisors, senior staff from FOCUS 1000 served as regional supervisors to ensure proper quality control. Each enumerator was expected to complete 10-12 questionnaires per day. Four trained data entry clerks were responsible for data entry and processing and worked closely with the FOCUS 1000 team in ensuring data quality and accuracy. Double entry verification was performed on randomly selected questionnaires. Data entry was done using a customized Excel-based system and subsequently analyzed in SPSS.

## Limitations

Given the limited resources available and time-sensitivity of the emergency, it was not possible to include all 14 districts in the sample. The nine districts were purposefully selected based on the EVD epidemiological trend at the time of the study design. However, the inclusion of enumeration areas from all 3 provinces and both Western Rural and Urban mitigates the likelihood of sampling bias. Similarly, district headquarter towns were purposively selected as they have recorded higher number of EVD cases as compared to other chiefdoms.

Consequently, the sample contains proportionally more enumeration areas with higher disease burden (such as the epicenter and hotspots for instance). These areas may have higher level of knowledge and better prevention practices relating to EVD as a result of their potential increased exposure to social mobilization and BCC interventions.

Another limitation is that self-reported behaviours may not always be aligned with the individual's actual practices. It is possible that respondents may have provided socially desirable responses; especially due to the high awareness of EVD and heavy dose of sensitization and education being undertaken by undertaken. The in-depth interviews and focus group discussions, however, allowed probe further and gain a more qualitative understanding of the on-the-ground realities.

## Findings

### Awareness

Everyone in Sierra Leone has heard of Ebola and nearly everyone believes that it exists in the country (97%). Approximately, 77% of respondents have heard of someone who survived Ebola while 53% know the number to call to report suspected EVD cases or ask questions about the disease.

| Table 2: Awareness of Ebola Virus Disease   |                   |                                    |   |   |              |
|---|-------------------|------------------------------------|---|---|--------------|
| Percentage of respondents who have heard of EVD and know the disease exists in Sierra Leone, 2014 |                   |                                    |   |   |              |
|   | Have heard of EVD | Believe EVD exists in Sierra Leone | Have heard of people that have survived Ebola | Know the number to call to report a suspected Ebola case or ask questions about Ebola | Total Number |
| <b>District</b>   |                   |                                    |   |   |              |
| Kambia  | 100               | 90.8                               | 60.8  | 36.7  | 120          |
| Koinadugu   | 100               | 98.3                               | 58.1  | 41.2  | 119          |
| Port Loko   | 100               | 97.4                               | 74.5  | 55.6  | 196          |
| Bo  | 100               | 99.3                               | 89.3  | 64.2  | 151          |
| Moyamba   | 100               | 97.6                               | 63  | 29.9  | 127          |
| Kailahun  | 100               | 99.2                               | 98.5  | 58.5  | 130          |
| Kenema  | 100               | 98.6                               | 96.4  | 51.1  | 139          |
| Western Urban   | 100               | 95.9                               | 71.6  | 62.5  | 339          |
| Western Rural   | 100               | 94.6                               | 72.8  | 57.6  | 92           |
| <b>Age</b>  |                   |                                    |   |   |              |
| 15-24   | 100               | 96.3                               | 70  | 54.3  | 510          |
| 25+   | 100               | 97.3                               | 80  | 52.6  | 881          |
| <b>Education</b>  |                   |                                    |   |   |              |
| None  | 100               | 94.4                               | 67.8  | 31.9  | 360          |
| Primary   | 100               | 98.4                               | 71.3  | 51.1  | 188          |
| Secondary +   | 100               | 97.6                               | 81.1  | 62.4  | 840          |
| <b>Total</b>  | <b>100</b>        | <b>96.9</b>                        | <b>76.4</b>                                   | <b>53</b>   | <b>1388</b>  |

## Cause of Ebola Virus Disease

Bats, monkeys, and wild animals are mostly associated with the cause of the disease (74%) as compared to 41% who link the disease to a virus. Respondents with no or low level of education were less likely to associate the origin of EVD to a virus as compared to those with secondary education or higher. Less than 2% of respondents believe that EVD is caused by God, witchcraft, evil-doing, or curse.

| Percentage of respondents who have heard about EVD and know the causes of the disease, Sierra Leone, 2014 |              |             |   |                        |            |                |            |                       |
|---|--------------|-------------|---|------------------------|------------|----------------|------------|-----------------------|
|   | Heard of EVD | Virus       | Bats/Monkeys/ Chimpanzees, other wild animals | God/other higher power | Witchcraft | Evildoing/Sin/ | Curse      | Number of Respondents |
| <b>District</b>   |              |             |   |                        |            |                |            |                       |
| Kambia  | 100          | 19.2        | 65  | 4.2                    | 0          | 0              | 0          | 120                   |
| Koinadugu   | 100          | 22.7        | 86.6  | 0.8                    | 0          | 0              | 0.8        | 119                   |
| Port Loko   | 100          | 52.6        | 71.4  | 2.6                    | 2          | 0              | 0.5        | 196                   |
| Bo  | 100          | 67.5        | 76.2  | 3.3                    | 1.3        | 2.6            | 2.6        | 151                   |
| Moyamba   | 100          | 33.9        | 59.1  | 3.1                    | 1.6        | 1.6            | 2.4        | 127                   |
| Kailahun  | 100          | 31.5        | 82.3  | 0                      | 0.8        | 0              | 0          | 130                   |
| Kenema  | 100          | 39.6        | 84.2  | 0                      | 0          | 0              | 0          | 139                   |
| Western Urban   | 100          | 43.7        | 71.1  | 1.2                    | 0.6        | 1.2            | 0          | 339                   |
| Western Rural   | 100          | 40.2        | 60.9  | 0                      | 2.2        | 1.1            | 1.1        | 92                    |
| <b>Age</b>  |              |             |   |                        |            |                |            |                       |
| 15-24   | 100          | 39.9        | 75.9  | 1.6                    | 0.8        | 0.6            | 1.2        | 510                   |
| 25+   | 100          | 41.7        | 71.6  | 1.7                    | 0.9        | 0.9            | 0.3        | 881                   |
| <b>Education</b>  |              |             |   |                        |            |                |            |                       |
| None  | 100          | 29.2        | 69.7  | 1.9                    | 0.8        | 0.3            | 1.7        | 360                   |
| Primary   | 100          | 37.2        | 72.3  | 1.1                    | 1.1        | 2.7            | 0.5        | 188                   |
| Secondary +   | 100          | 47.4        | 75.4  | 1.7                    | 0.8        | 0.5            | 0.4        | 840                   |
|   |              |             |   |                        |            |                |            |                       |
| <b>Total</b>  | <b>100</b>   | <b>41.3</b> | <b>73.5</b>                                   | <b>1.7</b>             | <b>0.9</b> | <b>0.7</b>     | <b>0.7</b> | <b>1388</b>           |

## Modes of transmission

There is low level of knowledge that EVD could be transmitted through contact with an infected person's blood (32%), semen (17%), breast milk (13%), and other bodily fluids (43%). There is higher knowledge on the following modes of transmission: shaking hands or other physical contact with an infected person (55%), eating or preparing bush meat (52%), and eating fruits likely eaten by bats – “bat mot” (33%). Even though inaccurate, 39% of respondents believe that it is possible to contract EVD from an infected person who has not shown any signs or symptoms.

**Table 4: Transmission of EVD**

| Percentage of respondents who have heard about EVD and know its modes of transmission, Sierra Leone, 2014 |              |  |                            |   |                             |                             |                                   |   |                                    |                       |
|---|--------------|--|----------------------------|---|-----------------------------|-----------------------------|-----------------------------------|---|------------------------------------|-----------------------|
|   | Heard of EVD | From a person who is infected but doesn't have any signs or symptoms | Eating/preparing bush meat | Eating wild fruits likely eaten by bats | Blood of an infected person | Sperm of an infected person | Breast milk of an infected person | Shaking hands or other physical contact with an infected person | Other fluids from an infect person | Number of respondents |
| <b>District</b>   |              |  |                            |   |                             |                             |                                   |   |                                    |                       |
| Kambia  | 100          | 26.5   | 42.5                       | 18.3                                    | 12.5                        | 0.8                         | 0.8                               | 30.8  | 15.8                               | 120                   |
| Koinadugu   | 100          | 35   | 70.6                       | 28.6                                    | 12.6                        | 3.4                         | 0.8                               | 57.1  | 17.6                               | 119                   |
| Port Loko   | 100          | 72   | 62.2                       | 32.7                                    | 28.6                        | 11.2                        | 8.2                               | 54.6  | 46.9                               | 196                   |
| Bo  | 100          | 31.5   | 72.8                       | 69.5                                    | 87.9                        | 69.5                        | 72.8                              | 83.4  | 84.1                               | 151                   |
| Moyamba   | 100          | 31.5   | 46.5                       | 24.4                                    | 15                          | 11                          | 10.2                              | 52  | 33.9                               | 127                   |
| Kailahun  | 100          | 40.8   | 43.1                       | 30                                      | 35.4                        | 29.2                        | 13.1                              | 82.3  | 53.1                               | 130                   |
| Kenema  | 100          | 34.1   | 43.2                       | 51.8                                    | 46                          | 15.8                        | 5.8                               | 56.8  | 49.6                               | 139                   |
| Western Urban   | 100          | 41.4   | 46.9                       | 16.8                                    | 16.2                        | 7.4                         | 1.5                               | 41.3  | 52.8                               | 339                   |
| Western Rural   | 100          | 37   | 41.3                       | 27.2                                    | 29.3                        | 2.2                         | 1.2                               | 37  | 31.5                               | 92                    |
| <b>Sex of respondent</b>  |              |  |                            |   |                             |                             |                                   |   |                                    |                       |
| Female  | 100          | 37.5   | 53.4                       | 30                                      | 28.5                        | 16                          | 11.5                              | 51.9  | 42.9                               | 749                   |
| Male  | 100          | 44.3   | 51.3                       | 32.7                                    | 32.5                        | 16.9                        | 12.8                              | 56.3  | 49.8                               | 655                   |
| <b>Age</b>  |              |  |                            |   |                             |                             |                                   |   |                                    |                       |
| 15-24   | 100          | 36.7   | 51.8                       | 30.8                                    | 28.7                        | 13.3                        | 9.6                               | 52.7  | 45.5                               | 510                   |
| 25+   | 100          | 43   | 52.4                       | 31.9                                    | 31.5                        | 18.3                        | 13.6                              | 54.9  | 46                                 | 881                   |
| <b>Education</b>  |              |  |                            |   |                             |                             |                                   |   |                                    |                       |
| None  | 100          | 35.5   | 53.1                       | 31.9                                    | 27                          | 18.3                        | 11.9                              | 53.9  | 37.2                               | 360                   |
| Primary   | 100          | 34.8   | 54.3                       | 30.9                                    | 30.9                        | 16.5                        | 12.8                              | 56.9  | 44.1                               | 188                   |
| Secondary +   | 100          | 44.3   | 52.3                       | 32.3                                    | 31.9                        | 16.1                        | 12.3                              | 54  | 50.7                               | 840                   |
|   |              |  |                            |   |                             |                             |                                   |   |                                    |                       |
| <b>Total</b>  | <b>100</b>   | <b>38.2</b>  | <b>52.7</b>                | <b>32</b>                               | <b>30.5</b>                 | <b>16.7</b>                 | <b>12.3</b>                       | <b>54.4</b>   | <b>46.3</b>                        | <b>1388</b>           |

## Misconceptions

Nearly one-third of respondents believe that EVD is transmitted by air or through mosquito bites. Regarding risk perceptions, 36% believe that they are at no risk of contracting Ebola within the next 6 months while nearly the same proportion (34%) believes that they are at great risk.

| <b>Table 5: Misconceptions of EVD modes of transmission</b>                                  |                      |                |                       |
|--|----------------------|----------------|-----------------------|
| Percentage of respondents who have misconceptions on the EVD transmission Sierra Leone, 2014 |                      |                |                       |
|  | Transmitted through: |                | Number of Respondents |
|  | Air                  | Mosquito bites |                       |
| <b>District</b>  |                      |                |                       |
| Kambia   | 33.9                 | 22.5           | 120                   |
| Koinadugu  | 30.8                 | 38.7           | 119                   |
| Port Loko  | 28.4                 | 26.3           | 186                   |
| Bo   | 32.7                 | 30.7           | 130                   |
| Moyamba  | 33.3                 | 34.6           | 127                   |
| Kailahun   | 13.7                 | 30.8           | 130                   |
| Kenema   | 29.1                 | 35.8           | 123                   |
| Western Urban  | 34.2                 | 25.4           | 338                   |
| Western Rural  | 30.8                 | 28.6           | 91                    |
| <b>Sex of respondent</b>   |                      |                |                       |
| Female   | 32.1                 | 32.5           | 730                   |
| Male   | 28.4                 | 26.3           | 646                   |
| <b>Age</b>   |                      |                |                       |
| 15-24  | 29.8                 | 32.3           | 501                   |
| 25+  | 30.5                 | 28             | 863                   |
| <b>Education</b>   |                      |                |                       |
| None   | 36.5                 | 37             | 349                   |
| Primary  | 34.3                 | 46.2           | 182                   |
| Secondary +  | 26.9                 | 22.9           | 829                   |
|  |                      |                |                       |
| <b>Total</b>   | <b>30.4</b>          | <b>29.6</b>    | <b>1360</b>           |

About 2 in 5 respondents believe that they can protect themselves from Ebola by washing with salt and hot water while nearly 1 in 5 believe that spiritual healers can successfully treat the disease – such belief is more higher in Western Urban and Rural (32-45%) as compared to other parts of the country.

| <b>Table 6: Misconceptions of EVD treatment and prevention</b>                             |   |   |  |                       |
|--|---|---|--|-----------------------|
| Percentage of respondents who have misconceptions on the EVD treatment, Sierra Leone, 2014 |   |   |  |                       |
|  | Believe that traditional healers can treat Ebola successfully | Believe that spiritual healers can treat Ebola successfully | Believe that bathing with salt and hot water can prevent Ebola | Number of respondents |
| <b>District</b>  |   |   |  |                       |
| Kambia   | 12.7  | 19.5  | 49.6   | 118                   |
| Koinadugu  | 5.9   | 9.2   | 27.7   | 119                   |
| Port Loko  | 3.6   | 8.7   | 44.5   | 196                   |
| Bo   | 2.7   | 11.3  | 37.7   | 150                   |
| Moyamba  | 8.7   | 25.2  | 55.8   | 127                   |
| Kailahun   | 3.1   | 7.2   | 50.8   | 125                   |
| Kenema   | 2.9   | 11.5  | 39.4   | 139                   |
| Western Urban  | 7.1   | 32.4  | 39.8   | 109                   |
| Western Rural  | 4.3   | 45.1  | 28.6   | 41                    |
| <b>Sex of respondent</b>   |   |   |  |                       |
| Female   | 5.4   | 20  | 43.8   | 741                   |
| Male   | 6   | 18.7  | 39.2   | 653                   |
| <b>Age</b>   |   |   |  |                       |
| 15-24  | 4.7   | 16.4  | 43.8   | 507                   |
| 25+  | 6.4   | 21.5  | 40.2   | 874                   |
| <b>Education</b>   |   |   |  |                       |
| None   | 7.5   | 21.1  | 44.6   | 345                   |
| Primary  | 5.3   | 16  | 53.3   | 184                   |
| Secondary +  | 4.9   | 19.5  | 37.6   | 819                   |
|  |   |   |  |                       |
| <b>Total</b>   | <b>5.6</b>  | <b>19.4</b>   | <b>41.5</b>  | <b>1348</b>           |

## Attitudes and perceptions towards prevention

Generally, there are positive attitudes and perceptions towards key means of preventing Ebola such that 87% of respondents agree that they can prevent Ebola by avoiding contact with blood and bodily fluids; 85% agree that they can prevent the disease by avoiding funeral or burial rituals that require handling the body of someone who died from Ebola; and 91% agree that a suspected person reduces the chance of spreading the disease by immediately going to a health facility.

| Table 7: Attitudes/perceptions towards means of EVD prevention                               |   |  |   |   |                       |
|--|---|--|---|---|-----------------------|
| Percentage of respondents who correctly identify means of EVD prevention, Sierra Leone, 2014 |   |  |   |   |                       |
|  | Avoiding contact with blood and body fluids | Avoiding funeral or burial rituals that require handling the body of someone who has died from Ebola | A suspected person reduces the chance of spreading Ebola by immediately going to hospital | A suspected person with Ebola has higher chance of survival if he/she goes immediately to a Health Facility | Number of respondents |
| <b>District</b>  |   |  |   |   |                       |
| Kambia   | 76.3  | 77.5   | 77.6  | 73.9  | 116                   |
| Koinadugu  | 96.6  | 64.7   | 93.3  | 87.4  | 119                   |
| Port Loko  | 90.4  | 96.4   | 93.4  | 93  | 196                   |
| Bo   | 98  | 90   | 97.3  | 97.9  | 150                   |
| Moyamba  | 85.6  | 89.8   | 92.1  | 89.7  | 127                   |
| Kailahun   | 90.8  | 100  | 97.7  | 98.5  | 130                   |
| Kenema   | 75.5  | 74.3   | 76.8  | 94.9  | 138                   |
| Western Urban  | 85.8  | 80.8   | 96.2  | 87.9  | 338                   |
| Western Rural  | 84.6  | 82.6   | 85.9  | 88  | 92                    |
| <b>Sex of respondent</b>   |   |  |   |   |                       |
| Female   | 86.7  | 82.5   | 90.5  | 89  | 747                   |
| Male   | 88  | 87.5   | 92.2  | 91.9  | 652                   |
| <b>Age</b>   |   |  |   |   |                       |
| 15-24  | 86.2  | 81.8   | 89.8  | 88.3  | 508                   |
| 25+  | 87.7  | 86.4   | 82  | 91.3  | 878                   |
| <b>Education</b>   |   |  |   |   |                       |
| None   | 82.7  | 79.7   | 87.7  | 85.8  | 358                   |
| Primary  | 91  | 80.9   | 89.4  | 89.2  | 188                   |
| Secondary +  | 88.4  | 87.9   | 93.2  | 92.8  | 837                   |
| <b>Total</b>   | <b>87.3</b>                                 | <b>84.8</b>  | <b>91.3</b>   | <b>90.5</b>   | <b>1383</b>           |

## Comprehensive knowledge

Comprehensive knowledge on EVD prevention is generally low. Only 39% of respondents were able to identify three means of prevention and rejected three misconceptions. Comprehensive knowledge of Ebola transmission and prevention is a prerequisite, although insufficient in itself, for the adoption of behaviors that reduce the risk of EVD. Correct knowledge of the false modes of transmission is as important as knowing the correct modes – and enables one to better understand how to protect oneself.

| Table 8: Knowledge of means of EVD prevention  |   |                       |                               |                       |  |                       |
|--|---|-----------------------|-------------------------------|-----------------------|--|-----------------------|
| Percentage of respondents who correctly identify means of EVD prevention, Sierra Leone, 2014 |   |                       |                               |                       |  |                       |
|  | Accepts three main means of prevention* |                       | Rejects three misconceptions+ |                       | Has comprehensive knowledge (rejects three misconceptions and accepts three prevention means of Ebola) |                       |
|  | Percent                                 | Number of respondents | Percent                       | Number of respondents | Percent  | Number of respondents |
| <b>District</b>  |   |                       |                               |                       |  |                       |
| Kambia   | 79.5                                    | 88                    | 35.2                          | 71                    | 27.1   | 59                    |
| Koinadugu  | 62                                      | 108                   | 64.9                          | 94                    | 44.9   | 89                    |
| Port Loko  | 89.3                                    | 169                   | 59.9                          | 162                   | 54.7   | 148                   |
| Bo   | 92.9                                    | 141                   | 61                            | 118                   | 56.9   | 109                   |
| Moyamba  | 83.9                                    | 112                   | 34.1                          | 85                    | 32.5   | 77                    |
| Kailahun   | 92                                      | 125                   | 43.8                          | 105                   | 35.6   | 101                   |
| Kenema   | 63.8                                    | 130                   | 55.1                          | 118                   | 28.9   | 114                   |
| Western Urban  | 73.7                                    | 293                   | 44.2                          | 233                   | 30   | 210                   |
| Western Rural  | 70.4                                    | 81                    | 48                            | 50                    | 32   | 43                    |
| <b>Sex of respondent</b>   |   |                       |                               |                       |  |                       |
| Female   | 77                                      | 652                   | 47.5                          | 537                   | 34.4   | 486                   |
| Male   | 81                                      | 590                   | 53.7                          | 495                   | 44   | 461                   |
| <b>Age</b>   |   |                       |                               |                       |  |                       |
| 15-24  | 74.2                                    | 453                   | 48.3                          | 404                   | 34.7   | 369                   |
| 25+  | 81.3                                    | 775                   | 51.9                          | 619                   | 41.7   | 568                   |
| <b>Education</b>   |   |                       |                               |                       |  |                       |
| None   | 75.7                                    | 296                   | 45.9                          | 233                   | 33.7   | 208                   |
| Primary  | 75.7                                    | 169                   | 42.3                          | 142                   | 29   | 131                   |
| Secondary +  | 80.6                                    | 763                   | 53.5                          | 650                   | 42.7   | 600                   |
| <b>Total</b>   | <b>78.7</b>                             | <b>1228</b>           | <b>50.2</b>                   | <b>1025</b>           | <b>38.8</b>  | <b>939</b>            |

\***Accepts** that EVD can be prevented by: avoiding contact with blood and body fluids; avoiding funeral or burial rituals that require handling the body of someone who has died from Ebola; immediately going to a health facility if suspected of having Ebola

+**Rejects** that: traditional healers can treat Ebola successfully; spiritual healers can treat Ebola successfully; and bathing with salt and hot water can prevent Ebola



## Current information channels

Radio is by far the primary channel of receiving information on EVD (88%), followed by religious venues (42%), megaphone announcements (21%) and television (21%). In the most affected areas (Kenema and Kailahun), religious venues such as churches and mosques have a 65-75% reach. About 40-43% of respondents from urban areas (Western Urban and Bo are) receive EVD information through television.

| Percentage of respondents who report to have learned about Ebola from the following means in Sierra Leone, 2014 |             |             |                                       |  |                       |   |                                      |  |                          |
|---|-------------|-------------|---------------------------------------|--|-----------------------|---|--------------------------------------|--|--------------------------|
|   | Radio       | Television  | Megaphone/<br>public<br>announcements | Church/<br>mosque/<br>other<br>religious<br>venues | Community<br>meetings | Newspaper/<br>flyers/<br>Brochures/<br>other print<br>media | Mobile<br>phone/<br>Text<br>messages |  | Number of<br>respondents |
| <b>District</b>   |             |             |                                       |  |                       |   |                                      |  |                          |
| Kambia  | 86.7        | 2.1         | 29.2                                  | 29.2   | 5                     | 2.5   | 0.8                                  |  | 120                      |
| Koinadugu   | 95          | 10.1        | 18.8                                  | 31.1   | 13.4                  | 9.2   | 0                                    |  | 119                      |
| Port Loko   | 93.4        | 8.2         | 10.7                                  | 29.1   | 23.5                  | 10.7  | 2                                    |  | 196                      |
| Bo  | 95.4        | 39.7        | 26.5                                  | 31.1   | 14.6                  | 4   | 0                                    |  | 151                      |
| Moyamba   | 77.2        | 6.3         | 18.1                                  | 38.6   | 10.2                  | 3.1   | 0                                    |  | 127                      |
| Kailahun  | 98.5        | 10          | 40                                    | 74.6   | 13.1                  | 15.4  | 0                                    |  | 130                      |
| Kenema  | 79.1        | 10.1        | 43.2                                  | 64.7   | 9.4                   | 8.6   | 0                                    |  | 139                      |
| Western Urban   | 85.5        | 43.7        | 15.6                                  | 32.7   | 10                    | 5.9   | 0.3                                  |  | 339                      |
| Western Rural   | 76.1        | 16.3        | 13                                    | 47.8   | 6.5                   | 16.3  | 1.1                                  |  | 92                       |
| <b>Sex of respondent</b>  |             |             |                                       |  |                       |   |                                      |  |                          |
| Female  | 87          | 20.6        | 23.8                                  | 42.1   | 9.3                   | 6.3   | 0.4                                  |  | 749                      |
| Male  | 89          | 20.6        | 20                                    | 38.5   | 15.6                  | 9.9   | 0.5                                  |  | 655                      |
| <b>Age</b>  |             |             |                                       |  |                       |   |                                      |  |                          |
| 15-24   | 86.1        | 21          | 21.6                                  | 42.9   | 10.2                  | 7.8   | 0.4                                  |  | 510                      |
| 25+   | 88.8        | 20.3        | 22                                    | 39   | 13.4                  | 7.8   | 0.6                                  |  | 881                      |
| <b>Education</b>  |             |             |                                       |  |                       |   |                                      |  |                          |
| None  | 84.7        | 12.5        | 23.6                                  | 40   | 5.6                   | 2.2   | 0.8                                  |  | 360                      |
| Primary   | 86.2        | 19.7        | 29.3                                  | 51.1   | 10.1                  | 4.8   | 0                                    |  | 188                      |
| Secondary +   | 89.5        | 24.5        | 19.8                                  | 38.7   | 15.8                  | 11.2  | 0.5                                  |  | 840                      |
| <b>Total</b>  |             |             |                                       |  |                       |   |                                      |  |                          |
|   | <b>87.8</b> | <b>20.7</b> | <b>22</b>                             | <b>40.7</b>  | <b>12.4</b>           | <b>8</b>  | <b>0.5</b>                           |  | <b>1388</b>              |

## Preferred information channels

Not only does radio have the widest reach, it is also the most preferred channel with 85% of respondents preferring to get Ebola related information through the radio. This is followed by house visits by health professions (28%), television (21%), religious venues (18%), megaphone/public announcements (13%), and mobile phones / text messages (11%). The least preferred channels are: community meetings (10%) and print sources (9%). In the epicenters, house visit by health professionals is the second most preferred means of receiving EVD information (54-63%). Television is more preferred in urban settings such as Western Area and Bo Town as compared to rural parts of the country.

| Percentage of respondents who prefer to get information about Ebola from the following means Sierra Leone, 2014 |             |             |                                |                                      |  |                    |   |                             |                       |
|---|-------------|-------------|--------------------------------|--------------------------------------|--|--------------------|---|-----------------------------|-----------------------|
|   | Radio       | Television  | Megaphone/public announcements | House visits by health professionals | Church/ mosque/ other religious venues | Community meetings | Newspaper/ flyers/ Brochures/ other print media | Mobile phone/ Text messages | Number of respondents |
| <b>District</b>   |             |             |                                |                                      |  |                    |   |                             |                       |
| Kambia  | 78.3        | 3.3         | 18.5                           | 21.7                                 | 13.3                                   | 5                  | 1.7   | 3.3                         | 120                   |
| Koinadugu   | 89.9        | 10.9        | 13.4                           | 19.3                                 | 14.3                                   | 11.8               | 8.4   | 23.5                        | 119                   |
| Port Loko   | 87.8        | 7.7         | 6.1                            | 20.4                                 | 22.4                                   | 10.2               | 19.9  | 14.3                        | 196                   |
| Bo  | 94.7        | 35.1        | 18.5                           | 32.5                                 | 31.8                                   | 10.6               | 6.6   | 23.8                        | 151                   |
| Moyamba   | 82.7        | 3.9         | 15.7                           | 14.2                                 | 2.4                                    | 10.2               | 5.5   | 1.6                         | 127                   |
| Kailahun  | 96.9        | 12.3        | 23.1                           | 63.1                                 | 29.2                                   | 16.2               | 11.5  | 7.7                         | 130                   |
| Kenema  | 79.9        | 8.6         | 18                             | 54                                   | 29.5                                   | 5.8                | 4.3   | 12.9                        | 139                   |
| Western Urban   | 81.4        | 48.7        | 8.6                            | 13                                   | 9.1                                    | 9.4                | 7.4   | 2.7                         | 339                   |
| Western Rural   | 73.9        | 10.9        | 12                             | 32.6                                 | 15.2                                   | 5.4                | 15.2  | 4.3                         | 92                    |
| <b>Sex of respondent</b>  |             |             |                                |                                      |  |                    |   |                             |                       |
| Female  | 86          | 21.6        | 13.2                           | 28                                   | 18.8                                   | 9.6                | 8   | 10                          | 749                   |
| Male  | 84.4        | 20          | 11.9                           | 26.7                                 | 16.9                                   | 9.6                | 10.4  | 9.6                         | 655                   |
| <b>Age</b>  |             |             |                                |                                      |  |                    |   |                             |                       |
| 15-24   | 84.3        | 21          | 10.6                           | 25.5                                 | 15.7                                   | 7.5                | 11  | 10.4                        | 510                   |
| 25+   | 85.4        | 20.8        | 13.4                           | 28.5                                 | 19.1                                   | 10.9               | 7.9   | 9.1                         | 881                   |
| <b>Education</b>  |             |             |                                |                                      |  |                    |   |                             |                       |
| None  | 84.4        | 12.8        | 15.6                           | 29.2                                 | 22.8                                   | 9.7                | 4.2   | 11.7                        | 360                   |
| Primary   | 82.4        | 16.5        | 16.5                           | 33.5                                 | 18.1                                   | 13.3               | 3.2   | 6.4                         | 188                   |
| Secondary +   | 86.5        | 25.4        | 10.6                           | 25.6                                 | 16                                     | 8.8                | 12.7  | 10.1                        | 840                   |
|   |             |             |                                |                                      |  |                    |   |                             |                       |
| <b>Total</b>  | <b>85.4</b> | <b>20.9</b> | <b>12.7</b>                    | <b>27.6</b>                          | <b>18</b>                              | <b>9.7</b>         | <b>9.2</b>                                      | <b>10</b>                   | <b>1388</b>           |

## Trusted sources of information

Health and medical professionals are perceived to be the most trusted source of information on Ebola related issues (60%). In the Kailahun and Kenema, the level of trust of health professionals ranges from 70 to 86%. Health professionals are least trusted in Western Urban (43%). The second most trusted source of information is the Government/MoHS (48%).

| Table 11: Trusted sources of information about EVD  |                     |              |                                      |                             |   |                        |                          |
|---|---------------------|--------------|--------------------------------------|-----------------------------|---|------------------------|--------------------------|
| Percentage of respondents who identify various means to be trusted in getting information about Ebola in Sierra Leone, 2014 |                     |              |                                      |                             |   |                        |                          |
|   | Government/<br>MoHS | The<br>Media | Health /<br>medical<br>professionals | Relatives<br>and<br>Friends | Religious<br>leaders<br>(e.g.<br>Pastor,<br>Imam) | Traditional<br>leaders | Number of<br>respondents |
| <b>District</b>   |                     |              |                                      |                             |   |                        |                          |
| Kambia  | 22.5                | 26.7         | 60.8                                 | 6.7                         | 5   | 0                      | 120                      |
| Koinadugu   | 63                  | 37           | 70.6                                 | 2.5                         | 4.2   | 0                      | 119                      |
| Port Loko   | 65.8                | 41.8         | 40.3                                 | 2.6                         | 0.5   | 0                      | 196                      |
| Bo  | 50.3                | 43.7         | 78.8                                 | 10.6                        | 24.5  | 0                      | 151                      |
| Moyamba   | 36.2                | 15           | 67.7                                 | 3.9                         | 0   | 0                      | 127                      |
| Kailahun  | 60.8                | 17.7         | 86.2                                 | 8.5                         | 8.5   | 0.8                    | 130                      |
| Kenema  | 61.9                | 41           | 66.9                                 | 28.1                        | 20.9  | 1.4                    | 139                      |
| Western Urban   | 35.4                | 44.2         | 42.8                                 | 6.5                         | 4.7   | 0                      | 339                      |
| Western Rural   | 44.6                | 26.1         | 56.5                                 | 2.2                         | 9.8   | 1.1                    | 92                       |
| <b>Sex of respondent</b>  |                     |              |                                      |                             |   |                        |                          |
| Female  | 48.5                | 38.1         | 58.5                                 | 9.1                         | 8.3   | 0.3                    | 749                      |
| Male  | 47.8                | 32.2         | 61.2                                 | 6.6                         | 7.9   | 0.3                    | 655                      |
| <b>Age</b>  |                     |              |                                      |                             |   |                        |                          |
| 15-24   | 48.2                | 35.7         | 55.9                                 | 8.4                         | 6.3   | 0.2                    | 510                      |
| 25+   | 47.8                | 35           | 62.2                                 | 7.7                         | 9.2   | 0.3                    | 881                      |
| <b>Education</b>  |                     |              |                                      |                             |   |                        |                          |
| None  | 47.2                | 36.9         | 60.6                                 | 9.7                         | 10.8  | 0.3                    | 360                      |
| Primary   | 45.7                | 40.4         | 59                                   | 10.6                        | 8.5   | 0                      | 188                      |
| Secondary +   | 49.4                | 33.9         | 59.8                                 | 6.5                         | 6.9   | 0.4                    | 840                      |
| <b>Total</b>  | <b>48.3</b>         | <b>35.6</b>  | <b>59.9</b>                          | <b>7.9</b>                  | <b>8.1</b>  | <b>0.3</b>             | <b>1388</b>              |

## Information gaps

Nearly everyone (94%) would like to get more information about Ebola – especially on ways to prevent the disease as well as medical care and treatment options for infected persons.

| <b>Table 12: Need for additional information about EVD</b>   |  |                               |                                   |                             |                                    |                       |
|--|--|-------------------------------|-----------------------------------|-----------------------------|------------------------------------|-----------------------|
| Percentage of respondents who want to get more information about Ebola from the following areas Sierra Leone, 2014 |  |                               |                                   |                             |                                    |                       |
|  | Respondents who need more information on Ebola | Cause / origin of the disease | Signs and symptoms of the disease | Ways to prevent the disease | Medical care and treatment options | Number of respondents |
| <b>District</b>  |  |                               |                                   |                             |                                    |                       |
| Kambia   | 94.9   | 28.6                          | 15                                | 60.8                        | 29.2                               | 120                   |
| Koinadugu  | 98.3   | 23.5                          | 10.9                              | 54.6                        | 48.7                               | 119                   |
| Port Loko  | 91.8   | 23.5                          | 23                                | 38.3                        | 17.9                               | 196                   |
| Bo   | 96.6   | 29.8                          | 45                                | 82.8                        | 57                                 | 151                   |
| Moyamba  | 92.1   | 37                            | 11                                | 47.2                        | 9.4                                | 127                   |
| Kailahun   | 87.7   | 10                            | 14.6                              | 69.2                        | 29.2                               | 130                   |
| Kenema   | 90.9   | 23.7                          | 26.6                              | 39.6                        | 56.8                               | 139                   |
| Western Urban  | 93.5   | 20.4                          | 12.4                              | 46.6                        | 34.2                               | 339                   |
| Western Rural  | 96.7   | 31.5                          | 26.1                              | 40.2                        | 20.7                               | 92                    |
| <b>Sex of respondent</b>   |  |                               |                                   |                             |                                    |                       |
| Female   | 93.5   | 25.1                          | 18.6                              | 52.6                        | 36.8                               | 749                   |
| Male   | 93.4   | 23.4                          | 21.5                              | 52.1                        | 30.7                               | 655                   |
| <b>Age</b>   |  |                               |                                   |                             |                                    |                       |
| 15-24  | 93.7   | 23.8                          | 17.6                              | 48.4                        | 33.9                               | 510                   |
| 25+  | 93.6   | 24.4                          | 20.9                              | 54.8                        | 33.8                               | 881                   |
| <b>Education</b>   |  |                               |                                   |                             |                                    |                       |
| None   | 90.7   | 28.6                          | 20.6                              | 53.3                        | 34.4                               | 360                   |
| Primary  | 93   | 35.8                          | 23.3                              | 46.3                        | 38.3                               | 188                   |
| Secondary +  | 94.7   | 20                            | 19.2                              | 53.3                        | 32.9                               | 840                   |
| <b>Total</b>   | <b>93.5</b>                                    | <b>24.4</b>                   | <b>20</b>                         | <b>52.4</b>                 | <b>34</b>                          | <b>1388</b>           |

## Behaviors and practices

Nearly everyone (95%) is reporting some change in behavior since learning about Ebola. However, the percentage of people reporting that they avoid physical contact is alarmingly low (36%).

**Table 13: Reported changes of behaviour to prevent EVD**

| Percentage of respondents who have changed their behaviour since hearing about Ebola Sierra Leone, 2014 |   |                                |                                      |                         |                  |                                     |  |                       |
|---|---|--------------------------------|--------------------------------------|-------------------------|------------------|-------------------------------------|--|-----------------------|
|   | Respondents who reported change of behaviour since hearing of Ebola | Type of change behavior        |                                      |                         |                  |                                     | I try to avoid physical contact with people I suspect may have Ebola | Number of respondents |
|   |   | Wash hands with soap and water | clean hands with other disinfectants | Drink traditional herbs | Take antibiotics | Wear gloves and protective clothing |  |                       |
| <b>District</b>   |   |                                |                                      |                         |                  |                                     |  |                       |
| Kambia  | 80  | 58                             | 16.9                                 | 7.5                     | 0                | 3.3                                 | 15   | 120                   |
| Koinadugu   | 95  | 81.7                           | 11                                   | 0                       | 0.8              | 0                                   | 27.7   | 119                   |
| Port Loko   | 95.9  | 54.8                           | 20.4                                 | 0                       | 0.5              | 3.6                                 | 14.6   | 192                   |
| Bo  | 98  | 84.1                           | 86.8                                 | 6.6                     | 5.3              | 10.6                                | 76.8   | 151                   |
| Moyamba   | 98.4  | 65.4                           | 28.3                                 | 0.8                     | 0                | 2.4                                 | 30.7   | 127                   |
| Kailahun  | 97.7  | 78.5                           | 56.2                                 | 1.5                     | 2.3              | 5.4                                 | 82.3   | 130                   |
| Kenema  | 99.3  | 49.6                           | 74.8                                 | 0                       | 1.4              | 5                                   | 66.9   | 139                   |
| Western Urban   | 95.3  | 69.6                           | 21.2                                 | 0.3                     | 0                | 2.1                                 | 16.2   | 339                   |
| Western Rural   | 93.5  | 40.2                           | 33.7                                 | 0                       | 1.1              | 0                                   | 9.8  | 92                    |
| <b>Sex of respondent</b>  |   |                                |                                      |                         |                  |                                     |  |                       |
| Female  | 94  | 68.8                           | 39.5                                 | 1.7                     | 0.9              | 4.3                                 | 36.1   | 746                   |
| Male  | 96.6  | 62.4                           | 34.6                                 | 1.4                     | 1.2              | 2.8                                 | 34.9   | 654                   |
| <b>Age</b>  |   |                                |                                      |                         |                  |                                     |  |                       |
| 15-24   | 95.5  | 66.6                           | 34.3                                 | 0.8                     | 1.4              | 3.1                                 | 32.9   | 508                   |
| 25+   | 95  | 65.1                           | 39                                   | 2                       | 1                | 3.9                                 | 36.6   | 879                   |
| <b>Education</b>  |   |                                |                                      |                         |                  |                                     |  |                       |
| None  | 90.3  | 68.3                           | 34.7                                 | 2.8                     | 0.3              | 2.2                                 | 42.1   | 359                   |
| Primary   | 96.3  | 68.8                           | 40.1                                 | 2.1                     | 1.6              | 5.9                                 | 39.9   | 188                   |
| Secondary +   | 97.1  | 64.2                           | 37.8                                 | 1                       | 1.4              | 3.8                                 | 31.8   | 837                   |
| <b>Total</b>  | <b>95.2</b>   | <b>65.9</b>                    | <b>37.3</b>                          | <b>1.6</b>              | <b>1.2</b>       | <b>3.7</b>                          | <b>35.5</b>  | <b>1384</b>           |

## Medical care and treatment

About 86% of respondents reported that they would go to a health facility if they experience a high fever, and an even greater proportion (95%) reporting that they would do so if they are suspected to have contracted Ebola. In Western Rural, a lower proportion of respondents shared that they would go to a health facility if they have a high fever (60%) or suspect they have contracted Ebola (80%).

| Table 14: EVD medical care seeking attitudes  |   |                                  |                                       |                       |
|---|---|----------------------------------|---------------------------------------|-----------------------|
| Percentage of respondents who agree to go or not go to hospital/health facility in Sierra Leone, 2014 if: |   |                                  |                                       |                       |
|   | Respondents who reported change of behaviour since hearing of Ebola | Go to Hospital / health facility |                                       | Number of respondents |
|   |   | Have high fever                  | They suspect to have contracted Ebola |                       |
| <b>District</b>   |   |                                  |                                       |                       |
| Kambia  | 80  | 82.1                             | 83.3                                  | 120                   |
| Koinadugu   | 95  | 81.2                             | 95.8                                  | 119                   |
| Port Loko   | 95.9  | 89.2                             | 96.4                                  | 193                   |
| Bo  | 98  | 96.6                             | 96.7                                  | 151                   |
| Moyamba   | 98.4  | 78                               | 91.3                                  | 127                   |
| Kailahun  | 97.7  | 98.4                             | 97.7                                  | 130                   |
| Kenema  | 99.3  | 92                               | 95.7                                  | 139                   |
| Western Urban   | 95.3  | 82.8                             | 93.2                                  | 339                   |
| Western Rural   | 93.5  | 60.4                             | 80.4                                  | 92                    |
| <b>Sex</b>  |   |                                  |                                       |                       |
| Female  | 94  | 83.9                             | 91.7                                  | 597                   |
| Male  | 96.6  | 87.4                             | 94.8                                  | 512                   |
| <b>Age</b>  |   |                                  |                                       |                       |
| 15-24   | 95.5  | 83.3                             | 92.3                                  | 401                   |
| 25+   | 95  | 86.9                             | 93.6                                  | 697                   |
| <b>Education</b>  |   |                                  |                                       |                       |
| None  | 90.3  | 83.7                             | 89.1                                  | 288                   |
| Primary   | 96.3  | 88.2                             | 91                                    | 143                   |
| Secondary +   | 97.1  | 85.6                             | 95.5                                  | 664                   |
| <b>Total</b>  |   |                                  |                                       |                       |
|   | 95.2  | 85.5                             | 93.2                                  | 1095                  |

## Stigma and discrimination

There is very high level of stigma and discrimination towards Ebola victims such that 76% of respondents would not be welcoming towards a neighbor who has recovered from Ebola (and provided a Government issued certificate). Similarly, 67% of the population would not buy from a shopkeeper who had contracted Ebola but has recovered and declared well.

| Table 15: Attitude towards people having or suspected of having EVD  |   |  |   |   |   |                       |
|--|---|--|---|---|---|-----------------------|
| Percentage of respondents expressing attitudes towards those with or suspected of having Ebola, Sierra Leone, 2014 if: |   |  |   |   |   |                       |
|  | Would not buy from a shopkeeper who had contacted Ebola but has recovered and declared well | Would keep the information secret if a family member contracts Ebola | Believes a pupil puts other pupils in their class at risk of Ebola after he/she has recovered and declared well | Would not welcome someone back into their community/neighbourhood after a neighbor has recovered from Ebola | Respondents who report at least one discriminatory attitude towards people with suspected or having Ebola | Number of respondents |
| <b>District</b>  |   |  |   |   |   |                       |
| Kambia   | 51.7  | 14.2   | 28.3  | 70  | 95.8  | 120                   |
| Koinadugu  | 45.2  | 15.1   | 47.9  | 49.6  | 92.6  | 119                   |
| Port Loko  | 74.5  | 5.6  | 34.9  | 77.6  | 95.9  | 196                   |
| Bo   | 84.1  | 16.6   | 57  | 88.1  | 84.1  | 151                   |
| Moyamba  | 57.5  | 12.1   | 32.8  | 66.9  | 99.2  | 122                   |
| Kailahun   | 80  | 4.6  | 5.6   | 85.4  | 99.2  | 130                   |
| Kenema   | 77  | 5  | 15.8  | 82.7  | 99.3  | 139                   |
| Western Urban  | 64  | 9.1  | 30.3  | 79.9  | 96.4  | 337                   |
| Western Rural  | 48.9  | 3.3  | 40.7  | 61.5  | 100   | 92                    |
| <b>Sex of respondent</b>   |   |  |   |   |   |                       |
| Female   | 62.3  | 9.5  | 31.3  | 71.1  | 96.4  | 745                   |
| Male   | 70.5  | 9.5  | 33.6  | 80.5  | 94.8  | 652                   |
| <b>Age</b>   |   |  |   |   |   |                       |
| 15-24  | 62.4  | 9  | 33.1  | 72.1  | 95.5  | 507                   |
| 25+  | 68  | 9.7  | 31.6  | 77.3  | 95.8  | 877                   |
| <b>Education</b>   |   |  |   |   |   |                       |
| None   | 58.9  | 11   | 31.8  | 66.9  | 96.9  | 360                   |
| Primary  | 64.9  | 10.4   | 31.6  | 71.3  | 94.1  | 188                   |
| Secondary +  | 70.2  | 8.6  | 32.6  | 80.8  | 95.5  | 839                   |
|  |   |  |   |   |   |                       |
| <b>Total</b>   | <b>66.6</b>   | <b>9.4</b>   | <b>32.3</b>   | <b>75.9</b>   | <b>95.7</b>   | <b>1381</b>           |

## Treatment centers and quarantine

There is high acceptance (89%) of quarantining individuals who have been in direct contact with a person that has been diagnosed with Ebola. Western Rural has the lowest acceptance level of this practice (67%) as compared to the rest of the country. Nearly everyone (95%) believes that individuals diagnosed with the disease must be admitted in an Ebola Treatment Center.

| <b>Table 16: Attitude towards treatment/management of people having or suspected of having EVD</b>                                |   |   |                       |
|---|---|---|-----------------------|
| Percentage of respondents express attitudes towards treatment for those with or suspected of having Ebola, Sierra Leone, 2014 if: |   |   |                       |
|   | Agree that if a person has been diagnosed with Ebola he/she must be admitted in an Ebola Treatment Centre | Agree that people who have been in direct contact with a person who has been diagnosed with Ebola must be quarantined for 3 weeks | Number of respondents |
| <b>District</b>   |   |   |                       |
| Kambia  | 85.8  | 76.7  | 120                   |
| Koinadugu   | 98.5  | 81.5  | 119                   |
| Port Loko   | 94.4  | 95.3  | 191                   |
| Bo  | 98  | 96.7  | 151                   |
| Moyamba   | 89.8  | 80.2  | 126                   |
| Kailahun  | 98.5  | 99.2  | 130                   |
| Kenema  | 95  | 96.4  | 138                   |
| Western Urban   | 97.1  | 90.8  | 338                   |
| Western Rural   | 93.3  | 66.7  | 90                    |
| <b>Sex of respondent</b>  |   |   |                       |
| Female  | 94.6  | 89.2  | 742                   |
| Male  | 95.6  | 88.7  | 652                   |
| <b>Age</b>  |   |   |                       |
| 15-24   | 94.5  | 87.9  | 505                   |
| 25+   | 95.3  | 89.4  | 877                   |
| <b>Education</b>  |   |   |                       |
| None  | 91.9  | 85.4  | 356                   |
| Primary   | 94.1  | 88.2  | 186                   |
| Secondary +   | 96.7  | 91.3  | 836                   |
| <b>Total</b>  | <b>95.1</b>   | <b>89.3</b>   | <b>1378</b>           |



## Vaccine and treatment options

| <b>Table 17: Attitude towards vaccines and treatment options</b>   |   |  |   |  |                       |
|--|---|--|---|--|-----------------------|
| Percentage of respondents expressing acceptance of approved vaccines, trial vaccines, and experimental drugs for Ebola Virus Disease, Sierra Leone, 2014 if: |   |  |   |  |                       |
|  | Accept to take an approved vaccine that could prevent Ebola | Accept to give an approved vaccine to my children that could prevent Ebola | Willing to accept an experimental treatment for Ebola even when not tried yet in humans | Willing to let relative accept an experimental treatment for Ebola even when not tried yet in humans | Number of respondents |
| <b>District</b>  |   |  |   |  |                       |
| Kambia   | 88.2  | 86.7   | 29.1  | 29.9   | 117                   |
| Koinadugu  | 93.3  | 90.7   | 67.5  | 70.4   | 115                   |
| Port Loko  | 97.4  | 95.8   | 52.1  | 52.3   | 193                   |
| Bo   | 96  | 94   | 78.8  | 78.8   | 151                   |
| Moyamba  | 84.9  | 81.6   | 41.6  | 40.9   | 127                   |
| Kailahun   | 96.9  | 96.2   | 83.7  | 86.2   | 130                   |
| Kenema   | 92.8  | 91.6   | 72.7  | 74.1   | 139                   |
| Western Urban  | 83.8  | 85   | 61.9  | 60.5   | 339                   |
| Western Rural  | 73  | 68.5   | 38  | 39.1   | 92                    |
| <b>Sex of respondent</b>   |   |  |   |  |                       |
| Female   | 88  | 86.4   | 55.5  | 55.6   | 745                   |
| Male   | 91.8  | 91.1   | 64.8  | 65.6   | 649                   |
| <b>Age</b>   |   |  |   |  |                       |
| 15-24  | 89.1  | 87   | 56.7  | 57.1   | 504                   |
| 25+  | 89.9  | 89.3   | 61.4  | 61.7   | 877                   |
| <b>Education</b>   |   |  |   |  |                       |
| None   | 87.7  | 86.1   | 56.6  | 56.3   | 359                   |
| Primary  | 82.9  | 77.8   | 62.4  | 61.5   | 187                   |
| Secondary +  | 92.2  | 91.9   | 61.2  | 62.1   | 832                   |
| <b>Total</b>   | <b>89.7</b>   | <b>88.6</b>  | <b>60.1</b>   | <b>60.5</b>  | <b>1378</b>           |

## Routine immunization and antenatal clinic (ANC)

| Table 18a: Relevant facts in the household relating to the EVD  |                                |            |                    |                       |                       |                                    |            |                    |                       |                       |
|---|--------------------------------|------------|--------------------|-----------------------|-----------------------|------------------------------------|------------|--------------------|-----------------------|-----------------------|
| Percentage of parents reporting missed U5 vaccinations and pregnant women who missed Antenatal Clinic attendance in the past 3 months |                                |            |                    |                       |                       |                                    |            |                    |                       |                       |
|   | Missed Under-five Immunisation |            |                    |                       |                       | Missed Antenatal Clinic Attendance |            |                    |                       |                       |
|   | Yes                            | No         | Declined to answer | Don't know / not sure | Number of respondents | Yes                                | No         | Declined to answer | Don't know / not sure | Number of respondents |
| <b>District</b>   |                                |            |                    |                       |                       |                                    |            |                    |                       |                       |
| Bo  | 3%                             | 56%        | 41%                | 0%                    | 151                   | 5%                                 | 1%         | 0%                 | 94%                   | 151                   |
| Kailahun  | 5%                             | 57%        | 35%                | 2%                    | 128                   | 3%                                 | 10%        | 1%                 | 86%                   | 120                   |
| Kambia  | 15%                            | 53%        | 30%                | 2%                    | 120                   | 18%                                | 3%         | 2%                 | 78%                   | 120                   |
| Kenema  | 18%                            | 77%        | 5%                 | 0%                    | 117                   | 17%                                | 67%        | 0%                 | 17%                   | 24                    |
| Koinadugu   | 25%                            | 55%        | 15%                | 5%                    | 110                   | 55%                                | 3%         | 3%                 | 39%                   | 66                    |
| Moyamba   | 33%                            | 47%        | 20%                | 0%                    | 96                    | 11%                                | 22%        | 0%                 | 67%                   | 46                    |
| Port Loko   | 23%                            | 74%        | 4%                 | 0%                    | 102                   | 43%                                | 49%        | 0%                 | 9%                    | 35                    |
| Western Rural   | 14%                            | 79%        | 3%                 | 4%                    | 76                    | 46%                                | 23%        | 15%                | 15%                   | 13                    |
| Western Urban   | 21%                            | 56%        | 23%                | 0%                    | 283                   | 4%                                 | 8%         | 2%                 | 86%                   | 231                   |
| <b>Education</b>  |                                |            |                    |                       |                       |                                    |            |                    |                       |                       |
| None  | 19%                            | 59%        | 21%                | 1%                    | 325                   | 18%                                | 12%        | 2%                 | 68%                   | 231                   |
| Primary   | 17%                            | 64%        | 18%                | 1%                    | 165                   | 14%                                | 12%        | 2%                 | 72%                   | 101                   |
| Secondary +   | 16%                            | 60%        | 22%                | 1%                    | 670                   | 11%                                | 9%         | 1%                 | 79%                   | 457                   |
| <b>Total</b>  | <b>17%</b>                     | <b>61%</b> | <b>21%</b>         | <b>1%</b>             | <b>1160</b>           | <b>14%</b>                         | <b>10%</b> | <b>1%</b>          | <b>75%</b>            | <b>789</b>            |

**Table EVD 18b: Relevant facts in the household relating to the EVD**

Percentage of respondents reporting various facts about their households, Sierra Leone, 2014:

|                          | Households with mosquito nets that can be used while sleeping |                       | Reason for not taking an under-five child for scheduled vaccinations? |                        |                       | Reason for a pregnant woman for missing the ANC visit? |                        |                       | What should a lactating mother suspected of having Ebola do regarding the feeding practice of her child |                       |
|--------------------------|---|-----------------------|---|------------------------|-----------------------|--|------------------------|-----------------------|---|-----------------------|
|                          | % with mosquito nets  | Number of respondents | other obligations / busy schedule/ No time                            | Current Ebola epidemic | Number of respondents | other obligations / busy schedule/ No time             | Current Ebola epidemic | Number of respondents | Continue breastfeeding  | Number of respondents |
| <b>District</b>          |   |                       |   |                        |                       |  |                        |                       |   |                       |
| Kambia                   | 96.6  | 118                   | Percentages not statistically meaningful                              |                        | 18                    | Percentages not statistically meaningful               |                        | 21                    | 5.8   | 118                   |
| Koinadugu                | 96.6  | 119                   |   |                        | 28                    |  |                        | 36                    | 0   | 115                   |
| Port Loko                | 71.9  | 196                   |   |                        | 57                    |  |                        | 15                    | 0.5   | 179                   |
| Bo                       | 94.7  | 150                   |   |                        | 3                     |  |                        | 7                     | 0   | 151                   |
| Moyamba                  | 92.1  | 127                   |   |                        | 57                    |  |                        | 5                     | 0.8   | 125                   |
| Kailahun                 | 80.8  | 130                   |   |                        | 3                     |  |                        | 4                     | 0.8   | 130                   |
| Kenema                   | 87.8  | 139                   |   |                        | 24                    |  |                        | 4                     | 0.8   | 121                   |
| Western Urban            | 83.4  | 338                   |   |                        | 30                    |  |                        | 10                    | 0.6   | 322                   |
| Western Rural            | 79.1  | 91                    |   |                        | 8                     |  |                        | 6                     | 2.2   | 83                    |
| <b>Sex of respondent</b> |   |                       |   |                        |                       |  |                        |                       |   |                       |
| Female                   | 86.6  | 747                   | 11.1  | 39.3                   | 122                   | 4.1  | 11.6                   | 241                   | 2.6   | 744                   |
| Male                     | 85.2  | 654                   | 13.5  | 35.4                   | 79                    | 3.3  | 6.7                    | 180                   | 0.3   | 651                   |
| <b>Age</b>               |   |                       |   |                        |                       |  |                        |                       |   |                       |
| 15-24                    | 83.9  | 509                   | 7.2   | 33.7                   | 73                    | 3.5  | 10.3                   | 146                   | 1.2   | 505                   |
| 25+                      | 87.3  | 879                   | 13.7  | 38.2                   | 123                   | 3.7  | 8.9                    | 270                   | 1.7   | 876                   |
| <b>Education</b>         |   |                       |   |                        |                       |  |                        |                       |   |                       |
| None                     | 89.1  | 358                   | 23.2  | 30.4                   | 56                    | 6.9  | 11.3                   | 115                   | 1.4   | 359                   |
| Primary                  | 84  | 187                   | 3.7   | 40.7                   | 27                    | 5.7  | 13.5                   | 52                    | 2.2   | 186                   |
| Secondary +              | 84.8  | 840                   | 9.1   | 41.3                   | 109                   | 2  | 8                      | 249                   | 1.3   | 833                   |
| <b>Total</b>             | <b>85.8</b>   | <b>1385</b>           | <b>12.6</b>   | <b>38</b>              | <b>192</b>            | <b>3.8</b>   | <b>9.6</b>             | <b>416</b>            | <b>1.5</b>  | <b>1378</b>           |

## Contextualization of findings using a theoretical framework

### Health Belief Model

The Health Belief Model (HBM) provides strong evidence that individuals become motivated to adopt behavior change when they perceive themselves to be at risk of contracting a disease and understand its severity if contracted. Going beyond risk perceptions, individuals are likely to take action when the perceived benefits of the action outweigh the perceived costs. Therefore, perceived barriers preventing behavior change must be identified and properly addressed. The HBM suggests that in order for the promoted behavior to be adopted, the individual must be supported to become confident in performing the behavior, and provided with clearly communicated cues to action<sup>9</sup>.

In applying the HBM to the EVD containment efforts in Sierra Leone, the following components may be incorporated into the social mobilization and behavior change communication plan:

- I. Educating individuals about their risk of contracting EVD and severity of the disease
- II. Educating individuals about the signs and symptoms of Ebola and its various modes of transmission
- III. Promote the benefits of taking preventive measures and seeking medical care
- IV. Address misconceptions and myths that serve as barriers to taking preventive actions and seek immediate medical care in suspected cases
- V. Give practical examples, demonstrations, and illustrations of how to avoid EVD transmission

The Social Cognitive Theory (SCM) emphasizes interpersonal social support and behavior modeling in order to create an environment that enables and reinforces the promoted behaviors<sup>10</sup>. Seeing that awareness of Ebola is high but there are ubiquitous misconceptions surrounding the disease, there is a need to provide concrete information on EVD prevention as well as adequate social support. For instance:

- Provide adequate social support for safe medical burials
- Provide adequate social support for home-based care while waiting for medical help
- Provide adequate social support for individuals/families quarantined and isolated
- Model and illustrate protective practices using multi-channel approach

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<sup>9</sup>, <sup>10</sup> Glanz, K. et al. (2008). *Health behavior and health education: Theory, research, and practice*. (4th ed.). San Francisco: Jossey-Bass.

The Social Ecological Framework would further suggest that EVD health promotion activities should go beyond the individual level. Instead, interventions should aim to target multiple levels of the social ecology including – interpersonal, community, and policy levels.

## Recommendations

### 1. Update National Social Mobilization Strategy and Plan of Action

Use evidence generated from the research to update and finalize the National Social Mobilization Strategy and Plan of Action

### 2. Target most at risk groups

Transmission patterns and epidemiological data show that individuals in the same household as a suspected EVD patient are at increased risk of contracting the infection and spreading it through unprotected contact with bodily fluids and blood. They need to be empowered with accurate information and provided with the necessary skills/support to decrease the risk of further spread through unprotected contact within the household or neighborhood.

They include:

- Heads of households / families with individuals suspected to have contracted EVD
- Individuals who participate in funeral or burial ceremonies that involve the washing or touching of the dead body
- Special groups - these includes secret societies, people in hotspots and quarantine areas, disabled people and commercial sex workers
- Survivors of EVD – they social support to wade off stigma and discrimination; as well on the use of condom / protected sex

### 3. Refocus Messaging

- Shift emphasis from Awareness Creation (Ebola is Real) to Behaviour Change especially relating to **prevention of risky practices, misconceptions and stigma.**
  - **Avoiding physical contact with bodily fluids** (blood, vomit, urine, stool, sweat and tears)
  - **Avoiding burial ceremonies and rituals** that involve the washing of the dead body of someone suspected to have had Ebola
- Place increased emphasis on **human-to-human transmission** of the disease.

- De-emphasis “blood” as a key sign of Ebola. Focus on High Fever plus one or more of the following: Diarrhea, Vomiting, Head and Muscles Pains
- Shift emphasis from Doom ( there is no cure for Ebola) to Hope ( people who report early have greater chances of surviving)

#### 4. **Prioritize trusted channels**

- Radio, Radio, Radio – make greater and more effective use of radio. In doing, it is important to ensure broadcast messages are clear, accurate and standardized.
- Make effective use of television to tell survivor stories. By seeing healthy looking survivors, this may help reduce the high level of stigma associated with the disease
- Make effective use of health professionals on Radio and TV to educate the public about EVD as they are the most trusted source.
- Engage religious and traditional leaders strategically to use their platforms to promote positive messages. Churches and mosques should use relevant citations from the Quran and Bible to support their messages on Ebola.
- Build capacity of health workers and religious leaders to engage in targeted social mobilization activities and help address stigma and misconceptions

#### 5. **Policy support**

- Develop practical guidelines and protocols to ensure safe burial practices within the context of showing some minimal respect and dignity accorded to the dead and bereaved families.
- Develop practical guidelines and protective measures to help family members take the right action to support loved ones exhibiting signs of Ebola without exposing themselves to any risks.
- Develop effective strategies to drastically reduce infection and mortality from Ebola among health workers. Current situation undermines trust in the health system
- Ensure rapid response to community calls in relation to infected or dead persons
- Ensure that the health facilities are functional to respond not only to Ebola but other common ailments and medical conditions. This is necessary to strengthen and maintain trust in the health system



## Annexes

### Annex 1: Sample size estimation

| Sample Size Estimation    |             |
|---------------------------|-------------|
| Confidence Level          | 95%         |
| Confidence Interval       | +/- 3.5     |
| Population                | 6,000,000   |
| Required sample size      | 784         |
| <b>Actual sample size</b> | <b>1413</b> |

### Study Areas

| Region                  | District      | Population       |
|-------------------------|---------------|------------------|
| West                    | Western Rural | 263,619          |
|                         | Western Urban | 1,040,888        |
| South                   | Bo            | 403,182          |
|                         | Moyamba       | 278,119          |
| North                   | Kambia        | 341,690          |
|                         | Port Loko     | 557,978          |
|                         | Koinadugu     | 335,471          |
| East                    | Kenema        | 440,883          |
|                         | Kailahun      | 465,048          |
| <b>Total Population</b> |               | <b>4,126,878</b> |

| District                | Population       | Proportion of Population | Sample Size | Proportion of Sample |
|-------------------------|------------------|--------------------------|-------------|----------------------|
| Western Rural           | 263,619          | 6%                       | 92          | 7%                   |
| Western Urban           | 1,040,888        | 25%                      | 339         | 24%                  |
| Bo                      | 403,182          | 10%                      | 151         | 11%                  |
| Moyamba                 | 278,119          | 7%                       | 127         | 9%                   |
| Kambia                  | 341,690          | 8%                       | 120         | 8%                   |
| Port Loko               | 557,978          | 14%                      | 196         | 14%                  |
| Koinadugu               | 335,471          | 8%                       | 119         | 8%                   |
| Kenema                  | 440,883          | 11%                      | 139         | 10%                  |
| Kailahun                | 465,048          | 11%                      | 130         | 9%                   |
| <b>Total Population</b> | <b>4,126,878</b> | <b>100%</b>              | <b>1413</b> | <b>100%</b>          |



## Annex 2: Timeline of activities

| Activities/Tasks/Deliverables  | Timeline   |
|--|--|
| Develop research design, data collection instruments, and protocols<br>Resource mobilization efforts<br>Recruitment of enumerators and supervisors | July 25 <sup>th</sup> – August 15 <sup>th</sup>      |
| Train data collection teams  | August 18 <sup>th</sup> - 19 <sup>th</sup>           |
| Pre-test data collection instruments, refine accordingly, and print  | August 19 <sup>th</sup>                              |
| Administer household questionnaire   | August 20 <sup>th</sup> – 25 <sup>th</sup>           |
| Enter, clean, and analyze collected data   | August 26 <sup>th</sup> – September 11 <sup>th</sup> |
| Share preliminary findings with UNICEF and CRS   | September 12 <sup>th</sup>                           |
| Share preliminary findings with Communication Pillar   | September 15 <sup>th</sup>                           |
| Press conference on key findings   | September 17 <sup>th</sup>                           |
| Produce and disseminate preliminary report   | September 18 <sup>th</sup>                           |
| Produce and disseminate final report   | September 24 <sup>th</sup>                           |



**Team Identification**

|              |                |                              |
|--------------|----------------|------------------------------|
| Team Number: | Enumerator ID: | Supervisor Initials (QA/QC): |
|--------------|----------------|------------------------------|

**Household Identification**

|  |  |   |
|--|--|---|
| <input type="checkbox"/> Western Urban | <input type="checkbox"/> Western Rural | Cluster #: <input type="text"/> <input type="text"/>      |
| <input type="checkbox"/> Kambia        | <input type="checkbox"/> Koinadugu     | <input type="checkbox"/> Port Loko                        |
| <input type="checkbox"/> Kenema        | <input type="checkbox"/> Kailahun      | Community<br>_____  |
| <input type="checkbox"/> Bo            | <input type="checkbox"/> Moyamba       | Household size: <input type="text"/> <input type="text"/> |

## AWARENESS

**1. Have you heard of Ebola before (prior to this interview)?**

- a. Yes
- b. No (if selected, end survey here)
- c. Declined to answer

**2. Do you believe that Ebola exists in Sierra Leone?**

- a. Yes
- b. No
- c. I don't know / not sure
- d. Declined to answer

## RISK PERCEPTION

**3. What level of risk do you think you have in getting Ebola in the next 6 months?**

- a. No risk --> GO TO Q5
- b. Small risk
- c. Moderate risk
- d. Great risk
- e. I don't know / not sure
- f. Declined to answer

**4. Why do you believe that you are at risk? (select all applicable choices)**

- a. I have been experiencing signs and symptoms of Ebola since \_\_\_\_\_ day(s) ago  
*(if so: stop the interview, recommend that the person goes to the nearest health facility, provide the Ebola hotline phone number, and record the address)*
- b. Someone in my family/household/dwelling has/had Ebola in the past \_\_\_\_\_ days  
*(if so: stop the interview, finding out if the person is still in the dwelling, recommend that the person goes to the nearest health facility, provide the Ebola hotline phone number, record the address)*
- c. I am a health care professional
- d. I live in the same household with a health care professional
- e. I hunt bush meat as my means of livelihood
- f. Ebola is everywhere
- g. Others \_\_\_\_\_
- h. I don't know / not sure
- i. Declined to answer

GO TO → Q6

**5. Why do you believe that you are NOT at risk? (select all applicable choices)**

- a. I do not eat bush meat or bats
- b. I am not a health care or medical professional
- c. I am a clean person / Ebola only affects unclean people
- d. I don't live in an area where there is Ebola
- e. I don't come in contact with someone with Ebola
- f. God is protecting me
- g. I have traditional powers that protect me from Ebola
- h. Others \_\_\_\_\_
- i. I don't know / not sure
- j. Declined to answer

**KNOWLEDGE / ATTITUDES**

**6. What causes Ebola? (select all applicable choices)**

- a. Virus
- b. Bats / Monkeys / Chimpanzees / Other wild animals
- c. God or higher power
- d. Witchcraft
- e. Evildoing / Sin
- f. Curse
- g. Others \_\_\_\_\_
- h. I don't know/ not sure
- i. Declined to answer

**7. How does a person get Ebola? (select all applicable choices)**

- a. By air
- b. Bad odor or smell
- c. Preparing bush meat as a meal (such as chimpanzees, monkeys, and other wild animals)
- d. Eating bush meat
- e. Eating fruits likely to have been bitten by bats
- f. Saliva of an infected person
- g. Blood of an infected person
- h. Sweat of an infected person
- i. Urine of an infected person
- j. Feces of an infected person
- k. Breast milk of an infected person
- l. Sperm or vaginal fluid of an infected person
- m. Shaking the hands of an infected person
- n. Other physical contact with an infected person
- o. God's will
- p. Witchcraft
- q. Others \_\_\_\_\_
- r. I don't know / not sure
- s. Declined to answer

**8. What are some of the signs and symptoms of someone infected with Ebola? (select all applicable choices)**

- a. Any Fever
- b. Sudden onset of high fever
- c. Severe headache
- d. Muscle pain
- e. Weakness
- f. Diarrhea (with or without blood)
- g. Vomiting (with or without blood)
- h. Abdominal (stomach) pain
- i. Lack of appetite
- j. Sore throat
- k. Rash
- l. Difficulty breathing
- m. Bleeding (internal or external)
- n. Others \_\_\_\_\_
- o. I don't know / not sure
- p. Declined to answer

**9. Is it possible to survive and recover from Ebola?**

- a. Yes
- b. No
- c. I don't know / not sure
- d. Declined to answer

**10. Can Ebola be transmitted through the air?**

- a. Yes
- b. No
- c. I don't know / not sure
- d. Declined to answer

**11. Can I prevent myself from getting Ebola by avoiding contact with blood and body fluids?**

- a. Yes
- b. No
- c. I don't know / not sure
- d. Declined to answer

**12. Can I prevent myself from getting Ebola by bathing with salt and hot water?**

- a. Yes
- b. No
- c. I don't know / not sure
- d. Declined to answer

**13. Can a person get Ebola from mosquito bites?**

- a. Yes
- b. No
- c. I don't know / not sure
- d. Declined to answer

**14. Can people help protect themselves from Ebola by not touching anyone else?**

- a. Yes
- b. No
- c. I don't know / not sure
- d. Declined to answer

**15. Can I prevent myself from getting Ebola by avoiding funeral or burial rituals that require handling the body of someone who has died from Ebola?**

- a. Yes
- b. No
- c. I don't know / not sure
- d. Declined to answer

**16. Do you think it is possible for someone to have Ebola and not sure its signs or symptoms?**

- a. Yes
- b. No
- c. I don't know / not sure
- d. Declined to answer

**17. Can I get Ebola from a person who is infected but doesn't have any signs or symptoms?**

- a. Yes
- b. No
- c. I don't know / not sure
- d. Declined to answer

**18. If a person has Ebola he/she has a higher chance of survival if he/she goes immediately to a Health Facility?**

- a. Yes
- b. No
- c. I don't know / not sure
- d. Declined to answer

**19. If a person with Ebola goes immediately to a Health Facility he/she will reduce the chance of spreading it to family/people living with?**

- a. Yes
- b. No
- c. I don't know / not sure
- d. Declined to answer

**20. Have you heard of people that have survived Ebola?**

- a. Yes
- b. No
- c. I don't know / not sure
- d. No Response

**INFORMATION CHANNELS & SOURCES**

**21. Through what means/ways did you learn about Ebola? (select all applicable choices)**

- a. Radio
- b. Television
- c. Megaphone public announcements
- d. Church / Mosque / other religious venues
- e. Relatives / Friends / Community members
- f. Newspaper / Flyers / Brochures / Other print materials
- g. Internet / Blog / Website / Social Media / Facebook
- h. Mobile phone / text messages
- i. I don't know / not sure
- j. Others \_\_\_\_\_
- k. Declined to answer

**22. Through what ways would you prefer to get information on Ebola? (select all applicable choices)**

- a. Radio
- b. Television
- c. Megaphone public announcements
- d. House visits by health workers
- e. Church / Mosque / other religious venues
- f. Other community meetings
- g. Newspaper / Flyers / Brochures / Other print materials
- h. Internet / Blog / Website / Social Media / Facebook
- i. Mobile phone / text messages
- j. I don't know / not sure
- k. Others \_\_\_\_\_
- l. Declined to answer



**23. Who do you trust to get accurate health information from? (select all applicable choices)**

- a. No one
- b. Government / Ministry of Health and Sanitation / Wellbodi Ministry
- c. The media
- d. Health and medical professionals
- e. Relatives and friends
- f. Religious leaders (e.g., pastor, Imam)
- g. Traditional healers
- h. Others\_\_\_\_\_
- i. I don't know / not sure
- j. Declined to answer

**24. Do you need more information on Ebola?**

- a. Yes
- b. No
- c. I don't know / not sure
- d. Declined to answer

**25. What area(s) do you need additional information on?**

- a. Cause / origin of the disease
- b. Signs and symptoms of the disease
- c. Ways to prevent the disease
- d. Medical care and treatment options for those with the disease
- e. Others\_\_\_\_\_
- f. Declined to answer

**26. Do you know the number to call to report a suspected Ebola case or ask questions about Ebola?**

- a. Yes (If so, what is the number?\_\_\_\_\_)      Enumerator: Correct\_\_\_\_  
Incorrect\_\_\_\_
- b. No
- c. Not sure
- d. Declined to answer

## BEHAVIOUR

### 27. Since you heard of Ebola, have you taken any action to avoid being infected?

- a. Yes → 28
- b. No → 29
- c. I don't know / can't remember → 29
- d. Declined to answer → 29

### 28. In what ways have you changed your behavior or took actions to avoid being infected?

- a. I wash my hands with soap and water
- b. I wash my hands with just water
- c. I clean my hands with other disinfectants
- d. I try to avoid crowded places
- e. I drink Bittercola
- f. I drink a lot of water / juice
- g. I drink traditional herbs (e.g. gbangban)
- h. I take antibiotics (e.g. penicillin, amoxilin)
- i. I wear gloves (if so ask, how many times you change the gloves daily: \_\_\_\_\_)
- j. I try to avoid physical contact with people I suspect may have Ebola
- k. I avoid physical contact with everyone
- l. Others \_\_\_\_\_
- m. I don't know / not sure
- n. Declined to answer

### 29. If you had a high fever would you go to a health facility?

- a. Yes → 31
- b. No → 30
- c. I don't know / not sure → 31
- d. Declined to answer → 31

### 30. If NO – Why Not?

- a. I have no money / can't afford to pay
- b. I believe the hospital is contaminated with Ebola
- c. People will think I have Ebola
- d. I prefer to go to a nearby pharmacy instead
- e. I prefer to go to a traditional/spiritual healer
- f. Other \_\_\_\_\_
- g. I don't know / not sure
- h. Declined to answer

### 31. Would you go the hospital or health facility if you suspect that you may have contracted Ebola? (select all applicable choices)

- a. Yes
- b. No
- c. I don't know / not sure
- d. Declined to answer

**32. What would you do if you suspect someone in your family has Ebola(select all applicable choices)**

- a. Nothing
- b. Help care for the person at home (e.g., clean up their excretions / vomit; help bathe them)
- c. Check their temperature by touching their body
- d. Avoid all physical contact and bodily fluids of that person
- e. Call the hospital / Ebola phone line
- f. Take the person to the hospital
- g. Others \_\_\_\_\_
- h. I don't know / not sure
- i. Declined to answer

**33. Do you believe that traditional healers can treat Ebola successfully?**

- a. Yes
- b. No
- c. I don't know / not sure
- d. Declined to answer

**34. Do you believe that spiritual healers can treat Ebola successfully?**

- a. Yes
- b. No
- c. I don't know / not sure
- d. Declined to answer

**35. What happens if someone suspected of having Ebola goes to the hospital / health facility? (select all applicable choices)**

- a. They won't be able to do anything for him/her and may die there
- b. They will take care of him/her (rehydrate, give medicines/food, monitor status)
- c. They will definitely cure the person from Ebola
- d. They will find a way to kill the patient so that he/she doesn't spread Ebola to others
- e. Others \_\_\_\_\_
- f. I don't know / not sure
- g. Declined to answer

## **STIGMA & DISCRIMINATION**

**36. If you knew a shopkeeper who survived Ebola and has a certificate from a Government Health Facility stating he/she is Ebola free, would you buy fresh vegetables from him or her?**

- a. Yes
- b. No
- c. I don't know / not sure
- d. Declined to answer

**37. If a member of your family became ill with Ebola would you want it to remain secret?**

- a. Yes
- b. No
- c. I don't know / not sure
- d. Declined to answer

**38. Do you think that a school pupil who has survived Ebola and has a certificate from a Government Health Facility stating he/she is Ebola-free puts other pupils in their class at risk of infection?**

- a. Yes
- b. No
- c. I don't know / not sure
- d. Declined to answer

**39. Would you welcome someone back into your community/neighbourhood after a neighbor has recovered from Ebola?**

- a. Yes
- b. No
- c. I don't know / not sure
- d. Declined to answer

## **TREATMENT**

**40. Do you agree that if a person has been diagnosed with Ebola must be admitted in an Ebola Treatment Centre?**

- a. Yes
- b. No
- c. I don't know / not sure
- d. Declined to answer

**41. Do you agree that people who have been in direct contact with a person who has been diagnosed with Ebola must be quarantined for 3 weeks?**

- a. Yes
- b. No
- c. I don't know / not sure
- d. Declined to answer

**42. If there was an approved vaccine that could prevent Ebola, would you accept it for yourself?**

- a. Yes
- b. No
- c. Not sure / don't know
- d. Declined to answer

**43. If there was an approved vaccine that could prevent Ebola, would you accept it for your children?**

- a. Yes
- b. No
- c. Not applicable (I don't have any children)
- d. I don't know / not sure
- e. Declined to answer

**44. Imagine you had Ebola, and there was a treatment that has shown promising results when given to animals infected with Ebola but has never been used in humans. Would you be willing to accept this treatment?**

- a. Yes
- b. No
- c. I don't know / not sure
- d. Declined to answer

**45. Imagine your relative had Ebola, and there was a treatment that has shown promising results when given to animals infected with Ebola but has never been used in humans. Would you be willing to approve the use of this treatment for your relative?**

- a. Yes
- b. No
- c. I don't know / not sure
- d. Declined to answer

**46. During the last 4 weeks how often have you listened to the radio?**

- a. Every day
- b. At least once a week
- c. Less than once a week
- d. Did not listen to radio in last 4 weeks
- e. Don't know
- f. Declined to answer

**47. Does your household have any mosquito nets that can be used while sleeping?**

- a. Yes
- b. No
- c. I don't know / not sure
- d. Declined to answer

**48. Do you have children under the age of 5 years in this household?**

- a. Yes → 49
- b. No → 51
- c. I don't know / not sure → 51
- d. Declined to answer → 51

**If there is a child under the age of 5 years, ask to speak to the parent/guardian for just one minute.**

**49. In the past 3 months, has the child been due for immunization but you did not take him/her to get vaccinated?**

- a. Yes → 50
- b. No → 51
- c. I don't know / not sure → 51
- d. Declined to answer → 51

**50. What was the reason for not taking the child for the scheduled vaccination? (do not read choices; ask question and record response)**

- a. No particular reason
- b. Other obligations / busy schedule / no time
- c. Current Ebola epidemic
- d. Other

- 
- e. I can't remember the reason
  - f. Declined to answer

**51. Do you have a pregnant woman in this household?**

- a. Yes → 52
- b. No → 54
- c. I don't know / not sure → 54
- d. Declined to answer → 54

**If there is a pregnant woman in the household, ask if you can speak to her for just one minute.**

**52. In the past 3 months, have missed antenatal clinic visit?**

- a. Yes, I have missed ANC in the past 3 months
- b. No, I have attended my scheduled ANC visit in the past 3 months
- c. I don't know / not sure
- d. Declined to answer

**53. What was the reason for missing the ANC visit? ( do not read choices; record her response)**

- a. No particular reason
- b. Other obligations / busy schedule / no time
- c. Current Ebola epidemic
- d. Other

- 
- e. I can't remember the reason
  - f. Declined to answer

**54. If a woman who is a lactating mother is suspected of having Ebola what should she do regarding the feeding practice of her child?**

- a. Continue breastfeeding
- b. Stop breastfeeding
- c. I don't know / not sure
- d. Declined to answer

#### **SOCIO-DEMOGRAPHIC**

**55. Gender** \_\_\_\_\_ Male                  Female \_\_\_\_\_

**56. Age:** \_\_\_\_\_ years

**57. What is you highest level of education?**

- a. No formal education
- b. Some primary school
- c. Completed primary school
- d. Completed Junior Secondary School (JSS)
- e. Completed Senior Secondary School (SSS)
- f. Completed Diploma / Postsecondary Training
- g. Completed Bachelors
- h. Completed Masters / Doctorate
- i. Declined to answer

**58. What kind of work do you currently do?**

- a. Private business (excluding petty traders)
- b. Plumber / Carpenter / Electrician
- c. Petty Trader
- d. Farmer
- e. Teacher / lecturer / instructor
- f. Public transportation driver (taxi, buses, podapoda)
- g. Okada rider
- h. Medical or health professional
- i. Other Government employee (not already listed above)
- j. Student
- k. Unemployed
- l. Declined to answer

**59. Average monthly income: Le** \_\_\_\_\_

**60. What is your religion?**

- a. Islam
- b. Christianity
- c. Other \_\_\_\_\_
- d. I don't hold any religious beliefs
- e. Declined to answer



## Annex 4: Security and safety guidelines

- The safety of enumerators is paramount
- Likewise, the safety of participants is equally important
- Every enumerator must follow the established safety guidelines and protocols
  - Failure to do so is a breach of your agreement with FOCUS 1000
- Supervisors must observe enumerators to ensure that security protocols are properly implemented
- Supervisors must contact the appropriate FOCUS 1000 staff if there are issues or safety concerns that arise in the field
- Do not get in any physical contact with respondents
  - No hand shake with participants
  - Do not get in any other physical contact (hugging, touching, etc.)
- Maintain reasonable distance with interviewees (one full arm length)
- Do not conduct interviews inside the house/dwelling
  - Find a suitable open space (e.g., front entrance, veranda)
- Do not let participants touch the survey questionnaire
- Wash your hands with soap and water several times during the day (each team will provided with soap and water)
- Do not drink from a cup in any visited household
- Do not accept (or offer) food or snacks from participants
- Do not accept any other material or financial gifts
- At anytime during or after the survey, if you experience sudden onset of high fever coupled with diarrhea, vomiting, joint aches, stomach aches, or weakness you must IMMEDIATELY contact Dr. Samuel Abu Pratt to report these signs and symptoms; contact the nearest health facility; or call 117

### **Scenario A**

- If an interviewee informs you that he/she has been experiencing signs and symptoms of Ebola
  - Immediately stop the interview
  - Ask him/her to call the Ebola phone line (117)
  - Inform your supervisor of the situation
  - Record the address of the interviewee
  - Supervisor must then contact FOCUS 1000 immediately

### **Scenario B**

- If a participant informs you that someone else in the household has been showing signs and symptoms of Ebola
  - Immediately stop the interview
  - Ask him/her to call the Ebola phone line (117)
  - Inform your supervisor of the situation
  - Record the address of the interviewee
  - Supervisor must then contact FOCUS 1000 immediately

### **Scenario C**

- If a participant asks you to provide any medical care
  - Inform them that you are NOT a medical professional and NOT permitted to do so
  - DO NOT attempt to provide any medical care or suggest medication(s) to be taken
  - Ask the participant to IMMEDIATELY contact the nearest health facility or call 117

## Annex 5: Research team

FOCUS 1000 is a non-governmental, national development agency in Sierra Leone that is committed to making the best investment in the most crucial time in a child's life: **the first 1000 days**. These are the number of days from conception/pregnancy until the child reaches age two. During this period, the child is fragile and susceptible to many illnesses and environmental conditions – such as diarrheal diseases, malaria, malnutrition, and lack of access to safe drinking water and sanitation.

FOCUS 1000 partners with the Government, UN Agencies, and other national and international organizations to promote and evaluate simple, cost-effective and high impact interventions that can help build a solid foundation for children to survive, thrive and develop to become productive citizens.

The following personnel from FOCUS 1000 were involved in the Ebola KAP study:

- Mohammad B. Jalloh – Chief Executive Officer
- Paul Sengeh – Director of Research and Evaluation
- Dr. Samuel Abu Pratt – Director of Programmes
- Mohamed F. Jalloh – Programme Manger
- George Saquee – Programme Manager

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- Roeland Monasch– Representative, UNICEF
- Michael Ghebrab – Representative, Catholic Relief Services
- Boniface Kalanda –Chief, Social Policy, Planning, M&E
- Meredith Dyson, Health Manager – Catholic Relief Services
- Yukiko Sakurai – Communication for Development Specialist, UNICEF
- Kshitij Joshi - Chief of Communication for Development, UNICEF
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