

Awareness of Lassa fever and adherence to preventive measures amongst residents of Makurdi Local Government Area of Benue State, Nigeria

Anefu Okpotu Gabriel^{1,&}, Ishaku Adamu Akyala², David Ishaleku², Marcellinus Yanmar Ortese¹, Shember-Agela Igbabul¹, Daniel Eje Ukpabi³, Onyemochi Audu⁴

¹Benue State Ministry of Health and Human Services, Makurdi, Benue State, Nigeria, ²Global Health and Infectious Disease Institute, Nasarawa State University, Keffi, Nigeria, ³Department of Epidemiology & Community Health, College of Health Sciences, Benue State University, Makurdi, Benue State, Nigeria, ⁴Department of Community Medicine, College of Medicine, Federal University of Health Sciences, Otukpo, Benue State, Nigeria

&Corresponding author: Anefu Okpotu Gabriel, Benue State Ministry of Health and Human Services, Makurdi, Benue State, Nigeria, E-mail: anefureal@gmail.com

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Introduction

Lassa fever remains a significant public health threat in West Africa, particularly in Nigeria, where endemicity and recurring outbreaks continue to challenge disease control efforts. Despite the well-established modes of transmission and clear national preventive guidelines, many communities exhibit suboptimal compliance with recommended preventive behaviours. This study evaluated the awareness of Lassa fever, adherence to preventive practices, and the contextual factors that influence these behaviours among residents of the Makurdi Local Government Area in Benue State, Nigeria.

Methods

A community-based cross-sectional descriptive study design was used. A total of 450 adult residents were selected using a multistage sampling technique. Data were collected using structured, interviewer-administered questionnaires and analysed using SPSS version 26. Descriptive and inferential statistics, including chi-square tests and logistic regression, were employed.

Results

Findings revealed that 98.0% of respondents were aware of Lassa fever, with healthcare facilities (33.3%), radio (31.8%), and social media (27.8%)

identified as the primary sources of information. However, only 33.3% of respondents correctly understood the mode of transmission. Although a substantial 96.4% reported engaging in preventive practices, just 70.0% did so consistently. Notably, only 7.1% actively avoided contact with rodents, and 10.4% maintained a clean environment. Adherence to preventive measures was significantly influenced by factors such as age, marital status, educational attainment, occupation, and cultural beliefs ($p < 0.05$). The logistic regression analysis revealed that financial and cultural factors had a moderate influence on adherence, with cultural beliefs negatively impacting preventive practices ($p = 0.035$).

Conclusion

Although awareness of Lassa fever was high among respondents, there are significant gaps in understanding transmission routes, and adherence to preventive measures is often inconsistent. Financial constraints and cultural beliefs were the main correlates hindering compliance. We recommend targeted health education and tailored interventions to bridge these gaps and strengthen prevention efforts.