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Knowledge, Attitude and Preventive Practice of Senior Secondary School Students on Ebola Virus Disease in Ilaro, Ogun State, Nigeria

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Abstract

The recent closing down of schools in some African countries as a result of EBOLA crisis, brought about devastating consequences such as early pregnancies, child labour, forced marriages, physical and sexual abuse to name a few. Designing appropriate interventions for these problems, this study assessed the knowledge, attitudes and preventive practice of Senior Secondary School Students on Ebola Virus Disease (EVD) in Ilaro, Ogun State, Nigeria. The study used a multi-stage and proportionate sampling methods. A total of 460 semi-structured self-administered questionnaires were administered to consenting Senior Secondary School students. The findings of the study revealed that 100 per cent of the respondents had previously heard of EVD. Overall knowledge of EVD was poor 114 (24.8%) and fair for 290 (63%) and good for 56 (12.2%). The relationship between knowledge, practice and attitude score of respondents at their various departments (Science, Art and Commercial) were not statistically significant, setting (p = 0.005). However, the relationship between class of respondents and their attitude towards EVD were statistically significant setting (p = 0.005). Regular hand washing and use of sanitizers were stated as the most useful protective measures against EVD. Based on these findings, it is therefore essential that health education for the students on presentation and prevention of the disease be stressed and routinely taught at schools and the need for government to provide adequate water supply in each school.

Keywords: *Attitude, Ebola Virus, Knowledge, Prevention Practice, Students.*

Introduction

Ebola Virus Disease (EVD) or Ebola Hemorrhagic Fever (EHF) is a disease of humans and other primates caused by the Ebola virus (World Health Organisation, 2014). Ebola is a virus that lives in bats and some other animals who live in Africa. Ebola Virus Disease (EVD) is an infection caused by a virus of the family *Filoviridae*, genus *Ebolavirus*. The genus *Ebola virus* is divided into five different species which include *Zaïre, Sudan, TaiForest, Bundibugyo,* and *Reston* viruses. Fruit bats and non-human primates constitute the natural reservoir of the virus (Aniekan et al., 2018). The virus is highly virulent in humans although each genus has varying degrees of virulen

The symptoms of the disease start two to three days after the virus has been contracted, into a fever, sore throat, muscle pain and headache. Typically, vomiting, diarrhea and rash follows, which may also reduce the functioning capability of the kidneys. Within this period, affected person may begin to bleed both within the body and externally.

WHO (2014) states that EVD has been in existence since 1976 as a report case of Mayinga N'seka (a nurse who died in Ngaliena hospital, in Kinsharisas, Zaire in Democratic Republic of Congo). A person with Ebola Virus Diseases died only a few days due to severe internal bleeding, after caring for a nun who had flown in for treatment from the Yambuku Mission Hospital; where the outbreak began. Studies have shown that diseases and/or parasitic infections are common in the Tropics, especially in African countries. Before the recent cases of EVD, there have been 27 occurrences in Africa (Chippaux, 2014). However, the Ebola epidemic of 2014 is the deadliest and longest ever witnessed with 20206 reported cases and 7905 reported deaths (WHO, 2014).

In understanding the impact of Ebola on the school children, 5 million children are not going to school due to Ebola crisis (WHO, 2014). Business coalition for education indicated that nearly 5 million children in Liberia, Guinea & Sierra Leone were not going to school due to the Ebola epidemic in those countries. EVD is no longer limited to the coast of Africa but has spread around the

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globe (Alia, Mariam, and Manhood, 2016). Table 1 illustrate cases of Ebola Virus Diseases are by country. The report indicated that depriving a child attending school could carry devastating consequences such as early pregnancies, child labour, forced marriages, physical and sexual abuse. Public schools in Guinea were reported closed down around March, 2014. Likewise, schools in Sierra Leone, Liberia never opened after the summer holiday. And nearly 5 million children, ages 3 to 17 were out of school due to Ebola in those countries (Alexandra, 2015).

Table 1. Cases of Ebola Virus Disease by Country, 2014

Country	Cases*	Death*
Guinea	3548	2346
Liberia	10042	4486
Sierra Leone	12201	3857
Mali	8	6
Nigeria	20	8
Senegal	1	0
Spain	1	0
United Kingdom	1	0
United States	4	1
Total	25826	10704

Source: WHO (2015).

In a number of various newspapers (such as The Guardian Newspaper 15 September, 2014), reported in Nigeria that a lot of schools closed down for so many days due to Ebola. Primary and Secondary schools in October, 2014 were in state of confusion for counter directives by some State Governments which had fixed a different date for schools to resume. The schools can play vital roles in curtailing the spread of this virus by sensitizing the school children about the preventive measure to undertake, in terms of awareness and knowledge about the disease. Not only that, but also the attitude and practice of the schools themselves about the cleanliness, as most of the schools in Nigeria do not have adequate infrastructure to maintain good hygiene and a lot of factors affect instruction in secondary schools in the country (Martins, 2015).

WHO (2015) estimated that about 8.5million children and youths under 20 years live in Ebola affected areas, and 2.5 million of these population were under the ages of five. Several hypotheses have been offered to explain the emergence of the Ebola virus and means of contracting it, and there are a lot of socio-economic factors inhibiting the awareness of the disease. Little or no study has been carried out on the Senior Secondary School (SSS) students in those countries where Ebola outbreaks occurred. Assessing the knowledge, attitude and preventive practices of the school children on Ebola Virus Disease becomes imperative. To design appropriate interventions for the problem, this study assessed the knowledge, attitudes and preventive practice of Senior Secondary School Students on Ebola Virus Disease (EVD) in Ilaro, Ogun State, Nigeria.

The study area

The study was conducted in the Yewa-South Local Government Area of Ogun State over a period of two months. Yewa South Local Government is naturally endowed with a large expanse of land measuring about 163,720 square hectares and a population of 168,850 according to 2006 census. There are 10 wards within the Local Government Area. These are - Ilaro I, Ilaro ward II, Iwoye, Idogo, Owode I, Owode II, Hobi/ Erinja, Oke-Odan and Ajilete. Each of these wards has a health post/facility that is under the Primary Health care Centre in Ilaro (Encyclopedia Britannica, 2014). Ilaro town is the headquarters of the Yewa Local government, now known as YEWALAND which replaced the Egbado division of the former Western State, and later became a part of Ogun State of Nigeria, West Africa till this day. Ilaro town is about 50 km from Abeokuta, the Ogun State capital, and about 100 km from Ikeja, the capital city of Lagos State.

Materials and methods

There were 12 Senior Secondary Schools (both public and private) in the Ilaro town. The population of students in the senior secondary classes was 11, 000 (Ogun State Ministry of education, 2014). All students in public Senior Secondary Schools from SS1 to SS 3 were selected for the study using a multi-stage and proportionate sampling to determine the knowledge, attitude and preventive practice of Secondary School students on EBOLA Virus Disease. Since the population of students in the study area was greater than 10,000. The sample size was calculated using the Leslie Fischer formula as given as:

$$Minimum\ Sample\ Size = \frac{Z^2pq}{d^2}$$

Where:
n = the estimate of population
Z is the standard deviation set as 1.96 at 95% confidence interval,
p = prevalence set as 50%,
q = 1-p
d = the degree of accuracy set at 0.05

$$n = \frac{Z^2pq}{d^2}$$

$$n = \frac{1.96^2 \times 0.5 \times (1 - 0.5)}{0.05^2}$$

$$n = \frac{3.8416 \times 0.5 \times 0.5}{0.0025}$$

$$n = \frac{0.9619}{0.0025} = 384.76$$

Additional 20% rate of non-response and invalid responses added to sample is 38. Given a total sample size n as 384 + 38 = 422. In the first stage of the techniques used, **o**nly 2 schools out of 12 Secondary schools within Ilaro town were randomly selected by simple random sampling using ballot method. Yewa College (School A) had 1,826 students (SS1 to SS3) and Orona High School (school B) had 1,674 students (SS1 to SS3) as at the time of study. In the second stage, 240 students were selected randomly in school A from SS1 to SS3 and 220 students were also randomly selected from school B from SS1 to SS3, using proportionate technique. In stage three, the students were stratified according to class and gender. In stage four, respondents were chosen into the study by systematic random sampling technique. 20- 25 students were randomly selected from class A-D of SS1-SS3 of each school the total sample size was obtained.

A semi-structured self-administered questionnaire was used as instrument and a total of 460 questionnaires were administered to consenting Senior Secondary School students using multistage and proportionate sampling methods. The teachers and research assistants in each school helped as data collectors. Percentages were computed for base line characteristics of the respondents. The data analyses were focus on frequency distribution table. The relationships between departments of the students with the knowledge, attitude and practice of EBOLA were determined by Fisher's Exact T-Test or Chi – Square depending on which was appropriate a *P* – Value (0.005) was considered as statistical significance.

Results and discussions

Socio-demographic characteristics of the respondents

In Table 2, 83 (18%) of respondents were less than 15years of age, 366 (79.6%) were between age group 15-19, while 11(2.4%) were between ages 20-24. Majority of respondents 366 (79.6%) were between 15 -19 age group. the mean age of the respondents was 15.8 years, and Standard Deviation 1.56. Range was between 13-22 years and male to female ratio was 0.44 to 0.56. This table also shows that 43.9% of respondents were male, while 56.1% were female. The Male to female ratio is 0.44:0.56. Also 160 (34.8%) of respondents were from SS1, 133 (28.9%) were from SS2, while majority 167 (36.3%) were from SS3. Likewise, it shows 178 (38.7%) of respondents were from

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science department, while 155 (38.7%) were from art department and 127 (27.6%) were from commercial department. The table 3 shows that 435 (94.6%) were Yoruba, 17 (3.7%) were Igbo, while 8 (1.7%) were from other ethnic groups.

Table 2. Socio-Demographic Characteristics of the Respondents

Characteristics	Frequency	Percentage (%)
Age group		
<15 years	83	18.0
15-19 years	366	79.6
20-24 years	11	2.4
25-29 years	-	-
Sex		
Male		
Female	202	43.9
	258	56.1
Religion		
Christianity		
Islam		
Traditional	330	71.7
Others	130	28.3
Class	0	0.0
SS I	0	0.0
SS II		
SS III		
Department		34.8
Science	160	28.9
Art	133	36.3
Commercial	167	
	178	38.7
	155	
	127	

Table 3. Ethnic groups' distribution of the respondents

Ethnic groups	Frequency	Percent
Yoruba	435	94.6
Igbo	17	3.7
Others	8	1.7
Total	**460**	**100.0**

Respondents' knowledge on mode of transmission

The result of in table 4 indicated that majority of the respondents 253 (55.0%) agreed that Ebola is not in the air, 239 (52.0%) of the respondents attested that it could be transmitted through water, while 406 (88.3%) and 406 (88.3%) respondents strongly aware that people could get Ebola by eating bats and monkeys respectively. Regarding to the mode of transmission, the findings of Aniekan et al. (2018) was that 71.8% of the respondents indicated direct contact with blood and other body fluids and secretions of infected persons, while others indicated sexual intercourse, preparing and eating of bush-meat etc. Regarding to the knowledge of EVD, it was found that monkey as the natural host of Ebola virus, followed by Chimpanzee, Gorilla, fruit bats and down to swine Aniekan et al. (2018). Olanyinka and Faith (2016) revealed that the three commonest modes of transmission or spread of EVD were contact between infected animals and men, touching of body fluids of a person who is sick of EVD, and contact with a person who is sick of EVD.

Table 4. Respondents' Knowledge on Mode of Transmission

Transmission	Yes (%)	No (%)	Don't Know (%)
Ebola is in the air	114 (24.8)	253 (55.0)	93 (20.2)
People can get Ebola from water	239 (52.0)	138 (30.0)	83 (18.0)
People can get Ebola by eating bats	406 (88.3)	29 (6.3)	25 (5.4)
People can get Ebola by eating monkeys	406 (88.3)	22 (4.8)	32 (7.0)
People can get Ebola by getting in contact with vomit of those who have the disease	383 (83.3)	39 (8.5)	38 (8.3)
People can get Ebola by getting in contact with faeces of those who have the disease	291 (63.3)	89 (19.3)	80 (17.4)
People can get Ebola by getting in contact with blood of those who have the disease			
Babies can get Ebola from infected mother's breast milk	408 (88.7)	20 (4.3)	32 (7.0)
People can get Ebola by eating 'bush meat'			
People can get Ebola from clothes used by those who have the disease	383 (83.3)	21 (4.6)	56 (12.2)
People can get Ebola from mosquito bite	406 (88.3)	26 (5.7)	28 (6.1)
People can get Ebola by shaking hands	350 (76.1)	48 (10.4)	62 (13.5)
People can get Ebola by touching dead bodies of those who died from Ebola	153 (33.3)	226 (49.1)	81 (17.6)
	354 (77.0)	71 (15.4)	35 (7.6)
	409 (88.9	31 (6.7)	20 (4.0)

Perceptions of respondents on where EVD may be transmitted

362 representing 78.7% responded that EVD could be transmitted at school, 333 (72.4%) agreed that it could be transmitted in church/mosque, 337 (73.3%) aware that it could be transmitted in hospital. 361 (78.5%) said EVD could be transmitted at home, while 362 (78.7%), 358 (77.8%) and 384 (83.5%) responded that it could be transmitted at airport, airplane and bus/car respectively.

Table 5. Perceptions of Respondents on where EVD may be Transmitted

Statement	Yes (%)	No (%)	Don't Know (%)
Perceptions of students about EVD in the school	362 (78.7)	49 (10.7)	49 (10.7)
Perceptions of students about EVD in the church /mosq	333 (72.4)	60 (13.0)	67 (14.6)
Perceptions of students about EVD in the hospital	337 (73.3)	76 (16.5)	47 (10.2)
Perceptions of students about EVD at home	361 (78.5)	63 (13.7)	36 (7.8)
Perceptions of students about EVD at the airport	362 (78.7)	76 (16.5)	47 (10.2)
Perceptions of students about EVD in the airplane	358 (77.8)	37 (8.0)	65 (14.1)
Perceptions of students about EVD in the bus or car	384 (83.5)	31 (6.7)	45 (9.8)

Knowledge of respondents on the causes, symptoms and treatment

The table 6 below is an array of causes of Ebola Disease while table 7 shows the symptoms of Ebola perceived by the respondents. 85.7% reiterated that Ebola is caused by a virus, most respondents (43.7%) agreed that it is caused by bacteria, majority (45.4%) of the total respondents aware that fungi cause Ebola. 72.4% disagreed that witches cause Ebola. While 62.0% and 35.4% opposed that Ebola is punishment from God and sign that the end of the world is near respectively. 70.9% of the respondents affirmed that Ebola causes headache, fever 394 (85.7), most of the respondents (77.4%) agreed that it causes vomiting, while 62.2 % and 73.7% responded that Ebola

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causes watery stool and bleeding respectively. It is shown in Table 8 that 323 (70.2%) didn't agree that eating kolanut could treat it, 326 respondents representing (70.9%) said bitter kola could not treat EVD, 380 (82.6%) disagreed that drinking coca cola could treat it, while 299 (65.0%) and 268 (58.3%) said neither drinking of salt water, nor bathing with salt water respectively could treat it.

The public health importance of Ebola does not lie only in its potential to cause significant mortality and morbidity in the communities during outbreaks, but also it is potential to cause high mortality and morbidity among the young people especially the secondary school students. The fear of EVD during the last outbreak in Nigeria affected and threatened the social fabric of the nation. The social media was agog with messages about self-protective measures such as hand washing, use of hand sanitizers and reporting any form of fever or illness to the nearest hospital (Umeora, Emma-Echiegu and Umeora, 2014). There has been no previous occurrence of EVD in Nigeria. Though, no published study assessing knowledge of Ebola among Senior Secondary School students, was found, comparisons can be made with studies carried out in Knowledge Attitudes and Practice of Nigerians in Lagos, and in the community in Sierra Leone, and other viral hemorrhagic fever. In a study conducted in Pakistan, females and older in age had good general knowledge of EVD and were more likely to adopt appropriate measures to prevent community spread (Janjua, Razaq, Chandir, Roz, and Manhood, 2007).

Table 6. Respondents' Knowledge on Causes of EVD

Causes of EVD	Yes (%)	No (%)	Don't Know (%)
Ebola is caused by a virus	394 (85.7)	34 (7.4)	32 (7.0)
Ebola is caused by bacteria	136 (29.6)	201 (43.7)	123 (26.7)
Ebola is caused by a fungi	102 (22.2)	209 (45.4)	149 (32.4)
Ebola is caused by a witches	24 (5.2)	333 (72.4)	103 (22.4)
Ebola is punishment from God	45 (9.8)	285 (62.0)	130 (28.3)
Ebola is a sign that the end of the world is near	161 (35.0)	163 (35.4)	136 (29.6)

Table 7. Respondents' Knowledge about Symptoms of EVD

Symptoms	Yes (%)	No (%)	Don't Know (%)
Ebola causes headache	326 (70.9)	74 (16.1)	60 (13.0)
Ebola causes vomiting	356 (77.4)	69 (15.0)	35 (7.6)
Ebola causes watery stool	286 (62.2)	82 (17.8)	92 (20.0)
Ebola causes bleeding	339 (73.7)	78 (17.0)	43 (9.3)
Ebola causes fever	394 (85.7)	34 (7.4)	32 (7.0)

Table 8. Respondents' Response on How EVD can be Treated

Treatment of EVD	Yes (%)	No (%)	Don't Know (%)
Ebola can be treated by eating kolanut	46 (10.0)	323 (70.2)	91 (19.8)
Ebola can be treated by eating bitter kola	38 (8.3)	326 (70.9)	96 (20.9)
Ebola can be treated by drinking Coca Cola	12 (2.6)	380 (82.6)	68 (14.8)
Ebola can be treated by drinking salt water	81 (17.6)	299 (65.0)	80 (17.4)
Ebola can be treated by bathing with salt water	98 (21.3)	268 (58.3)	94 (20.4)

Attitude of respondents towards EVD

In Table 9, 391 (85.0%) of the respondents did not believe that there is something called Ebola, 246 (53.5%) were not ready to care for somebody with Ebola, 342 (74.3%) disagreed that Ebola is a reward of the sins. 220 (47.8%) affirmed that it is a shame to have Ebola, while 303 (65.9%) of the respondents were ready to be vaccinated against Ebola.

Table 9. Respondents' Attitude Toward EVD

Attitude	Yes (%)	No (%)	Don't Know (%)
There is nothing called Ebola	35 (7.6)	391 (85.0)	34 (7.4)
I will care for someone with Ebola	156 (33.9)	246 (53.5)	58 (12.6)
Those who have Ebola are getting the reward of their sin	46 (10.0)	342 (74.3)	72 (15.7)
I cannot stay in the same class with someone who has had Ebola but recovered	154 (33.5)	266 (57.4)	40 (8.7)
Ebola people should be kept in prison	45 (9.8)	363 (78.9)	52 (11.3)
It is a shame to have Ebola	175 (38.0)	220 (47.8)	65 (14.1)
If I think I have Ebola, I will go to the hospital	418 (90.0)	28 (6.1)	14 (3.0)
I will not want a health worker who had Ebola in the past to treat me	260 (56.5)	156 (33.9)	44 (9.6)
If there is a vaccine against Ebola, I will take it	303 (65.9)	94 (20.4)	63 (13.7)

Perception on preventive measures and practice of EVD by respondents

In Table 10, 324 and 184 representing 70.4% and 40.0% disagreed that Ebola could be prevented by incantation, juju/magic and prayer/fasting respectively, majority of the respondents 288 and 258 (62.6% and 56.1%) aware that drinking and bathing with salt water respectively cannot prevent Ebola, while 404(87.8%) and 399 (86.7%) strongly believed that washing of hands and using hand sanitizers prevents one from having Ebola. Table 11 indicated that 301 (65.4%) of the total respondents do nothing to prevent getting Ebola, 426 (92.6%) do pray, 435 and 437 (94.6%and 95.0%) responded that they wash their hands with soap and water when they get to school and home respectively, 426 (92.6%) wash their hands with sanitizers, while 346 and 341 (75.2% and 74.1%) of respondents don't take kolanut and coca cola respectively to prevent Ebola. 223 (48.5%) of respondent don't shake people's hands again, and 435(94.5%) of the total responded would like to receive more information on Ebola.

Table 10. Respondents' Response on Various Preventive Measures of EVD

Prevention	Yes (%)	No (%)	Don't Know (%)
Incantation, juju and magic can prevent getting Ebola	28 (6.1)	324 (70.4)	108 (23.5)
Prayer and fasting can prevent Ebola	157 (34.1)	184 (40.0)	119 (25.9)
Ebola can be prevented by eating kolanut	51 (11.1)	304 (66.1)	105 (22.8)
Ebola can be prevented by eating bitter kola	46 (10.0)	311 (67.6)	103 (22.4)
Ebola can be prevented by drinking salt water	75 (16.3)	288 (62.6)	97 (21.1)
Ebola can be prevented by bathing with salt water	112 (24.3)	258 (56.1)	90 (19.6)
Ebola can be prevented by using mosquito nets	145 (31.5)	236 (51.3)	79 (17.2)
Ebola can be prevented by regular washing of hands	404 (87.8)	33 (7.2)	23 (5.0)
Ebola can be prevented by using hand sanitizers	399 (86.7)	38 (8.3)	23 (5.0)

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Table 11. Preventive practice of respondents toward EVD

Preventive Practice	Yes (%)	No (%)	Don't Know (%)
I do nothing to prevent getting Ebola	129 (28.0)	301 (65.4)	30 (6.5)
I pray	426 (92.6)	15 (3.3)	19 (4.1)
I wash my hands with soap and water when I get to school	435 (94.6)	17 (3.7)	8 (1.7)
I wash my hands with soap and water when I get back home all the time	437 (95.0)	11 (2.4)	12 (2.6)
I wash my hands with hand sanitizers	426 (92.6)	26 (5.7)	8 (1.7)
I take kolanut	95 (20.7)	346 (75.2)	19 (4.1)
I take Coca Cola	100 (217)	341 (74.1)	19 (4.1)
I don't eat bush meat again	292 (63.5)	156 (33.9)	12 (2.6)
I don't shake people's hand again	223 (48.5)	221 (48.0)	16 (3.5)
I would like to receive more information on Ebola	435 (94.5)	20 (4.3)	5 (1.1)

Relationships of between Class of Respondents and Knowledge, Attitude and Preventive Practice Scores of EVD

The table 12 shows that 23 (17.3%) of the respondents that had good knowledge were from SS2, 111 (66.5%) of respondents from SS3possessed fair knowledge and 46 (28.8%) were from SS1 had poor knowledge about EVD. The X value is 0.071 which indicates "not statistically significant (P= 0.005). Further, Table 13 shows that those that had positive attitude were from SS3 (145) representing 86.8% while 32 (24.1%) of respondents from SS2 possessed negative attitude about EVD. The X value is 0.021 which is statistically significant (P= 0.005). Those that had good practice were from SS3 43 (25.7%) while 113 (85.0%) of respondents from SS2, possessed poor practice about EVD (Table 14). The X value is 0.067 and the difference is not statistically significant (P= 0.005).

Table 12. Relationship between Class of Respondents and Knowledge's Scores of EVD

	knowledge of Ebola			
	Good	**Fair**	**Poor**	**Total**
SS1	12	102	46	160
	7.5%	63.8%	28.8%	100.0%
SS2	23	77	33	133
	17.3%	57.9%	24.8%	100.0%
SS3	21	111	35	167
	12.6%	66.5%	21.0%	100.0%
Total		**290**	**114**	**460**
	12.2%	**63.0%**	**24.8%**	**100.0%**

Table 13. Relationship between class of respondents and attitude score of EVD

Class	Attitude towards Ebola		
	Positive	**Negative**	**Total**
SS1	138	22	160
	86.3%	13.8%	100.0%
SS2	101	32	133
	75.9%	24.1%	100.0%
SS3	145	22	167
	86.8%	13.2%	100.0%
Total	**384**	**76**	**460**
	83.5%	**16.5%**	**100.0%**

Table 14. Relationship between class of respondents and preventive practice score of EVD

	Preventive Practice towards Ebola		
Class	**Good**	**Poor**	**Total**
SS1	31	129	160
	19.4%	80.6%	100.0%
SS2	20	113	133
	15.0%	85.0%	100.0%
SS3	43	124	167
	25.7%	74.3%	100.0%
Total	**94**	**366**	**460**
	20.4%	**79.6%**	**100.0%**

Conclusion

This study assessed the knowledge, attitude and preventive practice of senior secondary school students on ebola virus disease in Ilaro, Ogun State, Nigeria. The findings from the study are: Greater number of the students 290(63%) have fair knowledge of the Ebola virus disease causative agents' mode of transmission and preventive measures; Majority of the students 418(90%) know the first of call from medical service would be the hospital if suspected to have EVD symptoms; Majority of the students 384(83.5%) have positive attitude towards EVD; Many students 292(63.5%) do agree not to eat bush meat again; A few students 266(57.4%) agreed to stigmatize, not to welcome back their fellow who has been treated and freed of EVD; The preventive practice of high number of students 366(79.6%) is generally poor; Large number of students did not practice regular hand washing before Ebola; Greater numbers of them 437 (95.0%) are now maintaining good hygiene at home and in the school; The perceptions 285(62. %) that EVD could be spread through mosquitoes' bite, or that is a spiritual problem, or a curse from God are not consistent with generally acceptable scientific beliefs; and Many students 435(94.5%) still want more information about Ebola virus disease.

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