VOL. 6, NO. 5, 2018
Singaporean Journal of BuSineSS Economics, and managEmEnt studiEs (sJBEm)
DOI: 10.12816/0046866
Research Article

Students' School Location and their Perception Towards EBOLA Virus Disease

Osakinle, Eunice O. (Ph.D)
Department of Guidance and Counselling, Faculty of Education
Ekiti State University, Ado-Ekiti, Nigeria
Corresponding E-mail: funmiosakinle@yahoo.com
Adebowaleobaya, Oluwayemisi O. (M.Ed)
Department of Guidance and Counselling, Faculty of Education
Ekiti State University, Ado-Ekiti, Nigeria
E-mail: obayaoluwayemisi@gmail.com

Abstract

This study investigated the perception and attitude of students from rural and urban areas towards Ebola Virus Disease. The Study employed descriptive research design of survey type. The population for the study comprises all secondary school students in Ondo State, Nigeria. The sample was 400 students consisting of 200 from urban and 200 from rural areas, selected from 20 secondary schools using multistage, stratified and simple random sampling techniques. The questionnaire titled "Perception and Attitude of Students toward Ebola Virus Disease" (PASEVD) was constructed and validated by the researcher. The study shows that there is significant difference in the perception of students from rural and urban areas towards Ebola Virus Disease but there is no significant difference in their attitude. It is therefore recommended that there should be sensitization and awareness campaign about Ebola Virus Disease in the rural areas and students from both areas should maintain necessary hygiene.

Keywords: Perception, Attitude, Location, Student, Ebola, Virus Disease.

Introduction

Ebola virus is one of numerous Viral Hemorrhagic Fevers. Ebola virus is named for the Ebola river, which is the headstream of the Mongala River, a tributary of the Congo, or Zaire River. Since the first discovery of Ebola in what is now the Democratic Republic of the Congo, outbreaks have appeared sporadically. It is not entirely clear how an Ebola outbreak is initially started. The initial infection is believed to occur after Ebola virus is transmitted to a human by contact with an infected animal's body fluids... measures that can guarantee the safety of a person should be put in place, irrespective of where he chooses to settle, rural or urban (WHO,2014).The frequency of re-occurrence of Ebola outbreak in West African region and the ignorance that enhanced the spread of this virus disease calls for this study.The location of the school of a student may influence his or her perception and attitudes towards Ebola Virus Disease. Oladunjoye and Major (2015) asserted that there is a significant difference between teachers and school heads in urban and rural areas on the outbreak of the EVD. Onyeonoro et al (2011) stated that urban residents had better knowledge of TB than the rural respondents and that most rural residents in the country lack access to television and electricity required to power it, household in urban areas fared slightly better. Onyeonoro (2011) also posited that rural communities were less likely to stigmatize against persons with communicable diseases like tuberculosis whereas UNESCO (2014) shared the view that rural residence(culture, community, and environment) reinforces negative health behaviours. Odutayo (2015) is of the position that developed countries are well situated to respond if the Ebola crisis touches their borders for a variety of reasons.

Igwebuke and Ikponmwosa (2013) posited that school location does not significantly influence the perception of students. Ntibi and Edobo (2017) asserted that location of school (urban and rural) does not significantly influence attitude of students. Their findings underscore that students in both urban and rural locations have to develop positive attitude, despite the students' location, as a good predicator of performance.

Perception is our sensory experience of the world around us and involves both the recognition of the environmental stimuli and actions in response to these stimuli. Through the perceptual process, one gains information about property and element of the environment that are critical to one's survival. Perception creates our experience of the world around us and allows us to act within our environment Cherry (2015).Perception of an event depends in part on the context (surrounding condition), experience, learning, emotion and motivation. Experience, learning, emotion and motivation are important in defining what and how an individual perceives. Perception may differ from culture to culture, depending on habits, customs and training of children. A student that attends a school located in urban area may have different perception and attitude towards Ebola Virus Disease than a student that attends a school located in a rural setting. Allan and Gary (2011) see three components to perception. The perceiver; the person who becomes aware about something and comes to a final understanding. There are three factors that can influence his or her perception; experience, motivational state and emotional state. The target; this is the event which is being perceived or judged. Ambiguity or lack of information about a target leads to a greater need for interpretation and addition. The situation greatly influences perception.

According to Owuamanam and Owuamanam (2004), what is important is not the group an individual belongs to, homosexual, bisexual or heterosexual, but the behaviour the individual engages in… while reduction or less of the risk behaviour reduces statistically the chances of getting in contact with an infected person, it does not eliminate the possibility of contracting the infection, if the risk behaviour is engaged in by the individual.

Research Questions

- Will there be difference between students from rural and urban areas in their perception towards Ebola Virus Disease?
- Will there be difference between students from rural and urban areas in their attitude towards Ebola Virus Disease?

Hypothesis

- There is no significant difference between the perception of students from rural and urban areas towards Ebola Virus Disease.
- There is no significant difference between the attitude of students from rural and urban areas towards Ebola Virus Disease.

Research Method

The study employed descriptive research design of the survey type. This was deemed appropriate because it enabled the researchers to obtain the opinion of the representative sample of the target population. The researchers intended to investigate the perception and attitude of the male and female students towards Ebola Virus Disease, using the survey design.

Population

The population of the study consisted of all secondary school students in Ondo State. As at the time of this study, there were 250,156 secondary school students in Ondo State.

Sample and Sampling Techniques

A total of 400 students, consisting of 200 males and 200 females were selected from 20 secondary schools, using multistage, stratified, and simple random sampling techniques. At the first stage, 5 local governments were randomly selected out of the 18 local government areas in Ondo State. At the second stage, 2 towns were selected using stratified random sampling to select one urban and one rural town. The third stage used stratified sampling to select one public and one private school from each town. At the fourth stage, stratified random sampling was used to select the required number of male and female

students from the selected schools (10 males and 10 females from each school). This gave a total of 400 samples from both the urban and rural areas.

Research Instrument

The Questionnaire on Perception and Attitude of Students about Ebola Virus Disease (QPASEVD) constructed and validated by the researchers was for the purpose of data collection. The instrument comprised two parts. The first part solicited bio-data information on respondents. The second part comprised two sections. The first section solicited responses on perception towards Ebola Virus Disease while the second section solicited responses on attitude towards Ebola Virus Disease. Both sections employed the Likert four-point scale (*Strongly Agree, Agree, Disagree, Strongly Disagree*). The reliability coefficient of 0.85 was obtained for the instrument and this was considered high enough.

Administration of the Instrument

The instrument was administered to the students by two trained research assistants and a counsellor of the selected schools under the supervision of the researchers.

Data Analysis

The research questions were analyzed using frequency counts and percentages while the hypotheses generated were tested at 0.05 level of significance, using students' t-test analysis.

Analysis of Data and Results

Question One: - Will there be difference between students from rural and urban areas in their perception of Ebola Virus Disease?

Table 1: Frequency counts & Percentage of Students' Perception about Ebola Virus Disease.

S/N	Items	SA		A		D		SD	
		F	%	f	%	F	%	f	%
1	There is need to watch out against Ebola Virus Disease	277	69.3	113	28.3	7	1.6	3	0.8
2	Ebola Virus Disease is to be feared	200	50	152	38	31	7.7	17	4.3
3	Ebola Virus Disease can break out in any community	193	48.3	157	39.3	37	9.2	13	3.2
4	Ebola Virus Disease can be contacted by eating bush meat	162	40.5	141	35.3	61	15.2	36	9

Table1shows that 97.4% of the respondents agreed that there is need to watch out against Ebola Virus Disease while 2.6% disagreed that there is need to watch out against Ebola Virus Disease; 88% agreed that Ebola Virus Disease is to be feared while 12% disagreed that Ebola Virus Disease is to be feared; 87.6% of the sample agreed that Ebola Virus Disease can break out in any community while 12.4% disagreed that Ebola Virus Disease can break out in any community; 75.8% of the respondents agreed that Ebola Virus Disease can be contacted by eating bush meat while 24.2% disagreed that Ebola Virus Disease can be contacted by eating bush meat.

Table 2: Frequency counts & Percentage of Students' Attitude about Ebola Virus Disease.

S/N	Items	SA		A		D		SD	
		F	%	f	%	F	%	f	%
1	I am afraid of hugging people since the outbreak of Ebola Virus Disease	146	36.4	127	31.8	73	18.3	54	13.5
2	I can be in the same class with an Ebola Virus Disease survivor	54	13.5	100	25.0	94	23.5	152	38.0
3	I cannot forsake my relative because he/she contacted Ebola Virus Disease	94	23.5	131	32.7	98	24.5	77	19.3
4	I always avoid hand shaking with anyone for fear of contacting Ebola Virus Disease	158	39.5	122	30.5	71	17.7	49	12.3

Table2 shows that 68.2% of the respondents agreed that I am afraid of hugging people since the outbreak of Ebola Virus Disease while 31.8% disagree that I am afraid of hugging people since the outbreak of Ebola Virus Disease; 38.5% of the sample agreed that I can be in the same class with an Ebola Virus Disease survivor while 61.5% disagreed that I can be in the same class with an Ebola Virus Disease survivor; 56.2% of the respondents agreed that I cannot forsake my relative because he/she contacted Ebola Virus Disease while 43.8% disagreed that I cannot forsake my relative because he/she contacted Ebola Virus Disease; 70% of the respondents agreed that I always avoid hand shaking with anyone for fear of contacting Ebola Virus Disease while 30% disagreed that I always avoid hand shaking with anyone for fear of contacting Ebola Virus Disease.

There is no significant difference between the perception of students from rural and urban areas towards Ebola Virus Disease.

Table 3: t-test analysis showing the Perception of students from rural and urban areas towards Ebola Virus Disease.

Variable	N	Mean	SD	Df	t_{cal}	t_{tab}
Rural	212	44.04	4.80	398	2.764	1.960
Urban	188	45.30	4.04			

*** P<0.05**

Table 3 shows that $t_{calculated}$ (2.764) is greater than t_{table} (1.960) at 0.05level of significance. Thus, the null hypothesis which stated that there is no significant difference between the perception of students from rural and urban areas towards Ebola Virus Disease was rejected. This implies that there is significant difference between the perception of Secondary School Students from rural and urban areas towards Ebola Virus Disease.

There is no significant difference between the attitude of students from rural and urban areas towards Ebola Virus Disease.

Table 4: t.test analysis showing the Attitude of students from rural and urban areas towards Ebola virus Disease.

Variable	N	Mean	SD	df	t_{cal}	t_{tab}
Rural	212	39.80	6.64	398	0.113	1.960
Urban	188	39.73	5.12			

P>0.05

Table 4 reveals that $t_{calculated}$ (0.113) is less than t_{table} (1.960) at 0.05level of significance. Thus, the null hypothesis which stated that there is no significant difference between the attitude of students from rural and urban areas towards Ebola Virus Disease was accepted. This implies that there is no significant difference between the attitude of students from rural and urban areas towards Ebola Virus Disease.

Discussion

Hypothesis One showed that there is significant difference between the perception of students from rural and urban areas towards Ebola Virus Disease. The result, which showed that different groups or entities may respond to Ebola Virus Disease differently, agrees with Odutayo (2015) which says that developed countries are well situated to respond if the Ebola crisis touches their borders for a variety of reasons. This is in line with Allan and Gary (2011) which sees three components to perception. The perceiver; the person who becomes aware about something and comes to a final understanding. There are three factors that can influence his or her perception; experience, motivational state and emotional state. The target; this is the event which is being perceived or judged. Hence, perception of an event depends in part on the context (surrounding condition), experience, learning, emotion and motivation. Experience, learning, emotion and motivation are important in defining what and how an individual perceives. Perception may differ from culture to culture, depending on habits, customs and training of children. This also agreed with Onyeonoro et al (2011) which stated that urban residents had better knowledge of TB than the rural respondents. Most rural residents in the country lack access to television and electricity required to power it, household in urban areas fared slightly better. The result agreed with Oladunjoye and Major (2015) which asserted that there is a significant difference between teachers and school heads in urban and rural areas on the outbreak of the EVD. They also asserted that, however, there is no significant difference in the perception of teachers and school heads in both urban and rural areas on the effect of EVD on attendance and hygiene in schools.

The result corroborated the necessity upheld by UNESCO (2014) that its Education Sector would "Support Member States to strengthen education systems to foster high quality education and lifelong learning opportunities for all." Of relevance to the EVD response, the Sector supports ministries of education to develop risk-reduction analysis and strategies, and to develop comprehensive school health programmes that are capable of addressing a health emergency before it even starts. Measures that can guarantee the safety of a person should be put in place, irrespective of where he chooses to settle (rural or urban). The finding however disagrees with Igwebuke and Ikponmwosa (2013) posited that school location does not significantly influence the perception of students.

Hypothesis Two revealed that there is no significant difference between the attitude of students from rural and urban areas towards Ebola Virus Disease. This implied that Ebola Virus Disease is avoided by all and sundry more than other contagious disease. The result agrees with Ntibi and Edobo (2017) which asserted that location of school (urban and rural) does not significantly influence attitude of students and underscore that students in both urban and rural locations have to develop positive attitude, despite the students' location, as a good predicator of performance.This is in agreement with Owuamanam and Owuamanam (2004) which stated that what is important is not the group an individual belongs to, but the behaviour the individual engages in. The result disagreed with Onyeonoro (2011) which posited that rural communities were less likely to stigmatize against persons with communicable diseases like tuberculosis. The result also disagrees with UNESCO (2014) which opined that rural residence(culture, community, and environment) reinforces negative health behaviours. It is of importance that in Oladunjoye and Major (2015), which focused on the impact of Ebola Virus Disease (EVD) on school administration in Nigeria, it was asserted that there is a significant difference between teachers and school heads in urban and rural areas on the outbreak of the EVD. They also asserted that, however, there is no significant difference in the perception of teachers and school heads in both urban and rural areas on the effect of EVD on attendance and hygiene in schools. If people are informed, they are equipped. The panic and pandemonium that projected awareness of the danger in contacting Ebola Virus Disease has immensely equipped people of rural and urban settings alike.

Conclusion

The following conclusion was drawn from the study based on data analysis and interpretation of results: Theperception of students from rural areas differ from that of their contemporaries from urban area about Ebola Virus Disease. Also, there is no difference in the attitude of students from rural and those from urban areas about Ebola Virus Disease.

Recommendations:

Based on the findings of this study, it is hereby recommended that:

- There should be sensitization and awareness campaign about Ebola Virus Disease in the rural areas so that the students in the rural areas will have the right perception towards a contagious disease such as Ebola Virus Disease.
- Students should maintain necessary hygiene in order to curtail the spread of contagious disease like Ebola Virus.

References

Allan S. and Gary J. (2011).Perception and Attribution and Judgment of others. *Organizational Behaviour: Understanding and Managing life at work. Vol. 7*. Available at https://en.m.wikipedia

Cherry, K. (2015).Psychology about Communication**.** Available at: www.m.sparknotes.com/psy. Retrieved 18 May, 2015.

Igwebuke T. B. and Ikponmwosa, I. O. (2013). Influence of School Location and Achievemen Level on Integrated Science Students' Perception of their Classroom Environment. Developing Country Studies: ISSN 2224-607X (paper) ISSN 2225-0565(ONLINE) Vol. 3 No. 1. www..iiste.org. Retrieved 17th April, 2018.

Ntibi, J. E. and Edobo, E. A. (2017). Influence of School Location on Students' Attitude Towards Mathematics and Basic Science. British Journal of Education.Vol. 5 No. 10 pp. 76-85. www.eajournals.org . Retrieved 17th April,2018.

Odutayo, Aramide (2015). The Ebola Virus Disease: Problems, consequences, Causes and Recommendations.Available at E-INTERNATIONAL RELATIONS PUBLISISHING.http://www.e-ir.info/2015/04/22/

Oladunjoye, P. and Major, N.B. (2015).*Impact of Ebola Virus Disease on School Administration in Nigeria*.Available at *American International Journal of Contemporary Research* **5**(3) *June 2015*.

Onyeonoro, U. U., Chukwu, J. N., Oshi, D. C., Nwafor, C. (2014). Assessment of tuberculosis- related knowledge, attitudes and practices in Enugu, South East, Nigeria. *Journal of Infectious Diseases and Immunity*. 6(1), pp. 1-9. Retrieved 02/07/16 from http://www.academicjournals.org/JIDI

Owuamanam, D. O. and Owuamanam T. O. (2004).*Fundamentals of Educational Psychology*.Lagos; Bolabay Publications.

UNESCO (2014).UNESCO'S Response to Ebola: Strategy Paper.Published in 2014 by the United Nations Educational, Scientific and Cultural Organization7, place de Fontenoy, 75352 Paris 07 SP, France. Available in Open Access under the Attribution- NonCommercial-NoDerivs 3.0 IGO (CC-BY-NC-ND 3.0 IGO) license (http://creativecommons.org/licenses/by- nc-nd/3.0/igo/).(www.unesco.org/open- access/terms-use-ccbyncnd-e).

World Health Organization (2014): Ebola Virus Disease in West Africa; the first 9 months of the Epidemic and forward projections**.** WHO Ebola Response Team. Retrieved 09-22-2014. en.m.wikipedia.org/…/Ebola…virus…