Audience Perception and Adoption of Broadcast Media Campaign against Lassa fever in Ekiti State, Nigeria

OJIH, Success Emmanuel Unekwu
Department of Mass Communication
Federal University Oye-Ekiti, Ekiti State, Nigeria

Abstract

The broadcast media routinely focus on public health issues by producing and airing messages that could guide the audience to make informed decisions regarding their health. This study looked at Ekiti people's level of exposure, their perception, level of adoption of the broadcast media campaign messages against Lassa fever, and the challenges in adopting the broadcast media campaigns on Lassa fever prevention and control. Anchored on Agenda Setting and the Health Belief Model; this study relied on survey research design with questionnaire and structured interview guide as instruments. Multi-stage sampling technique was used to sample 516 respondents from a total population of 1,032,398 selected from six Local Government Areas in Ekiti State cutting across the three senatorial districts. Findings amongst others indicate that Ekiti people were exposed to broadcast media campaigns on Lassa fever prevention and control and that there was a significant level of adoption of the campaign messages transmitted. Based on the findings of this study, I conclude that broadcast media campaigns against Lassa fever in Ekiti State were significantly valuable to Ekiti people, even though concerns about media's waning agenda on the issue remains a flash point in this wheel of success. It is therefore recommended that broadcast media should ensure that health sensitisation campaigns like the one against Lassa fever are not abandoned after a seeming drop in the threat levels.

Keywords: Lassa fever, Broadcast Media, Audience, Perception, Campaigns, Ekiti State

Introduction

Events in the past few decades have shown that the course of behavioural change communication or even health development communication is barely productive without mass media alliance. Equally significant is the fact that any serious health communication that anticipates vital behavioural change requires the involvement and cooperation of especially the susceptible in the society using the mass media. Hence, "research evidence has since demonstrated that the mass media have long been used in the promotion of good health practices and the prevention of various social and health problems" (Ikpeze, 2007 p. 6 cited in Nwanguma & Anorue, 2015 p. 3).

Similarly, since the first major Lassa fever outbreak in Nigeria in 2016, it has been a national concern in need of media attention. Lassa fever which is also known as Lassa hemorrhagic fever (LHF) is a type of hemorrhagic fever caused by the Lassa virus. Many of those infected by the virus do not develop symptoms in time. When symptoms occur, however, they typically include fever, weakness, headaches, vomiting, and muscle pains. In 2018, 22 states (including Ekiti) recorded at least one confirmed case of Lassa fever across 70 Local Government Areas (WHO, 2018). Out of this number, there were 106 deaths while 420 were confirmed positive. Worryingly still, the Nigerian Centre for Disease and Control (NCDC) reports that 'from 1st January to 3rd February 2019, a total of 731 cases have [already] been reported from 19 states across 51 Local Government Areas'. From this number, there have been 57 deaths in confirmed cases and 275 confirmed positive.

Consequentially, different bodies including the National Centre for Disease Control and Prevention (NCDC) in Nigeria, non-governmental agencies and individuals launched and sustained different campaigns on prevention, control and management of Lassa fever using different communication outlets including the broadcast media (radio and television). Generally, the mass media are often saddled with the responsibility of informing, educating, and entertaining the society. In other instance, they are expected not to only serve as the watch dog to the society but to also mount health surveillance so as to bring health epidemics and related challenges to the attention of appropriate authorities and concerned individuals to be able to effectively and speedily manage it.

It is through these functions of the mass media that Lassa fever prevention and control messages are often disseminated to the generality of the media audience. However, of all the communication outlets, the broadcast media stand out because of the audio and audio-visual features as well as the ability to beat the barrier of illiteracy. Expectedly, campaign against Lassa fever outbreak in Ekiti state has been a

common component of broadcasting programme in the state.

Like what obtains in other climes, campaign messages on the prevention and control of Lassa fever outbreak in Ekiti state is designed and disseminated through a variety of ways including radio/television spots, drama, talk shows, news, public service announcements (PSAs) among others. Nonetheless, communication is said to be effective only when the sender and the receiver have common meaning making the receiver to act as intended by the sender. It is against this backdrop that this paper examines broadcast media audience exposure, their understanding, perception and adoption of Lassa fever prevention campaign messages in Ekiti state. This inquest became necessary considering the fact that the disease continues to constitute threat of endemic proportion to human lives in the state.

Statement of the Problem

Although, Lassa fever outbreak is still a relatively new health challenge in Ekiti state, the disease remains one of the major health problems confronting Nigeria and other West African countries. The ugly development has necessitated new research dimension in health communication. Yet, how much is known about broadcast media campaign in the prevention and control of Lassa fever in Ekiti state? Incidentally, the broadcast media may have the best campaign message on Lassa fever outbreak prevention and control but if it does not get to the right audience at the right time in the right volume, it may fail to achieve the desired result. Therefore, there is need to assess what has been done and re-evaluate the communication strategies, methods and approaches earlier used by the broadcast media to find out what is working, to what extent and what is not working and why. Even though there have been attempts by researchers in the past to look at the causes of Lassa fever, its mode of transmission and effects, and even media coverage from different frames and climes (WHO 2018, Gideon 2013, Kelly, Barrie, Ross, Temple, Moses & Bausch 2011, Fischer-Hoch, 2005), it does not foreclose the existence of small literature about the disease in the study area and the fact that nothing has been done to appraise Ekiti people's perception about broadcast media's campaign within this researcher's frame and scope. Therefore, it is in respect of this that the researcher intends to bridge this gap.

Research Questions

The study is guided by the following research questions:

1. What is Ekiti people's level of exposure to broadcast media campaign messages on the prevention and control of Lassa fever in Ekiti state?
2. How do Ekiti people perceive broadcast media campaign messages on the prevention and control of Lassa fever in Ekiti state?

3. What is Ekiti people's level of adoption of the broadcast media campaign messages on Lassa fever prevention and control in Ekiti state?
4. What are the challenges of Ekiti people in adopting the desired change promoted by broadcast media campaigns on Lassa fever prevention and control?

Theoretical Leaning

This paper is anchored on Agenda Setting Theory and Health Belief Model. The Agenda Setting Theory as postulated by Maxwell McCombs and Donald Shaw in 1972 assumes that the media sets agenda for the public on topical issues to follow the media. It holds that 'most of the pictures we store in our heads, most of the things we think about, most of the issues we discuss are based on what we have read, listened to, or watched in different mass media' (Asemah, 2011, p. 40).

Formulating the theory in 1967 following a study on the US presidential election, Maxwell McCombs and Donald Shaw opine that in choosing and displaying news; editors and or broadcasters play an important part in shaping realities. In essence, the theory proposes that the public agenda or what kind of things people discuss, think and worry about is powerfully shaped and directed by what the media choose to publicise (Wimmer & Dominick, 2006, p.254).

The Agenda Setting Theory is therefore relevant to this work because it avers that the [broadcast] media are capable of setting Lassa fever prevention and control measures as public agenda with the view to engendering the necessary behavioural change. In effect, the broadcast media contents are capable of telling the audience to think about Lassa fever outbreak, its preventions and adopt the control measures.

The Health Belief Model (HBM) was developed in 1950s by a group of U.S Public Health Service Social Psychologist who investigated why few people took part in disease prevention and detection programme even if the service was without charge and in a different convenient location (Hochbaum 1958 cited in Orji, Vassileva, & Mandryk, 2012). The model tries to explain people's health behaviour and possible reasons for their non-compliance with recommended health action. It also provides guidelines for programme development, allowing planners to understand and address the reasons for non-compliance. The thrust of this theory is that health behaviour is determined by personal beliefs or perceptions about a disease and the strategies available to decrease its occurrence. The model pointed out six main constructs that influence people's decision about whether to take action to prevent and/or control illness to include perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cue to action and self-efficacy.

The theory is relevant to this study because it avers that an individual is most likely to engage in healthy behaviour such as eating hygienic foods and keeping the environment safe if he/she perceives same as vulnerable or susceptible to a Lassa fever threat; that health threat in the magnitude of lassa fever is perceived as having serious consequences; the protective action that is available is perceived to be effective and that the benefits of that action are seen as outweighing the perceived costs of the action (Bloor, 1995).

Review of Relevant Literature and Empirical Reviews

History has it that Lassa fever was first discovered in Nigeria in 1969 at a village called Lassa in Borno state by a team led by Doctor Jordi Casals-Ariet after killing two missionaries. Lassa virus according to Buckley (1970) cited in Gideon (2013), "was first isolated in 1969 from a missionary nurse who worked in a clinic in a small town, Lassa, in North-eastern Nigeria. The nurse presumably acquired infection from an obstetrical patient residing in Lassa. She died approximately one week after the onset of symptoms. Subsequently, two more nurses that attended to the first patient contracted the disease [leading] to the death of one of them". The disease was thereafter code-named after the village.

Since then, the disease has reoccurred at different times and places across the country. Basically, Lassa fever, an acute viral haemorrhagic fever, extremely virulent and often infectious, 'is caused by the Lassa virus, a member of the virus family Arenaviridae'. It occurs very frequently in different parts of Nigeria and affects approximately 100,000 to 300,000 persons per year in West Africa with approximately 5,000 deaths (Bowen, Rollin, Ksiazek, Hustad, Bausch, Demby, Bajani, Peters, & Nichol, 2000). This is because most of the patients/victims exhibit severe symptoms at this stage of the disease commonly bleeding through the mouth, anus, nose, ears, urethra, and so on. Of course, Lassa fever is very contagious and spreads like wild fire.

Kelly, Barrie, Ross, Temple, Moses & Bausch (2011) state that Lassa fever is often discovered in the hinterlands and accountable for over 70% of the populace. "Primary mode of spread is from rodent to man through contact with rodent excreta or urine in food or during hunting and processing of rats for consumption. The virus has the capacity for person-to person spread, either within households during care for sick relatives or in health care settings" (Fischer-Hoch, 2005, p.1). Equally, the disease could be contacted by people from all works of life, ages and status. If not discovered and treated early, the chance of secondary infection swells.

WHO (2018) reports that "from 1st January through 15th April 2018, 1849 suspected cases have been reported from 21 states (Abia, Adamawa, Anambra, Bauchi, Benue, Delta, Ebonyi, Edo, Ekiti, FCT, Gombe, Imo, Kaduna, Kogi, Lagos, Nasarawa, Ondo, Osun, Plateau, Rivers and Taraba). Of these, 413 were confirmed with Lassa fever, nine were classified as probable, 1422 tested negative and classified as non-cases. Among the 413 confirmed and the nine probable Lassa fever cases, 114 deaths were reported. As at 15 April, 27 health care workers in seven states have been infected, eight of whom have died". Three persons also tested positive to the disease and died in March in Ekiti. Nonetheless, there has been a downward trend in the reported cases of Lassa fever with 20 cases reported each week in March 2018 down to only five in April.

Essentially, health sensitisation procedures for preventing infection for those residing in prevalent areas must be instituted and should focus on rodent control and minimising contact with rodent excreta. Furthermore, Gideon (2013) submits that emphasis should be placed on measures to control virus transmission from cases that include routine use of standard precautions, isolation of suspected cases and surveillance of contacts. Lassa fever is prevalent in Nigeria. The primary health care worker in especially rural areas is the one most likely to be the first point of call for persons seeking intervention in the volatile areas. It is therefore essential that he/she is adequately informed and educated about the disease; it's prevention and treatment, so that he can not only protect himself but also prevent the spread within the community.

Tobin, Asogun, Isah, Ugege, & Ebhodaghe (2013) investigated the knowledge and attitude towards Lassa fever among primary health care providers in Ekpoma, Edo state. Using descriptive survey method, structured questionnaire was administered to one hundred and thirty five (135) health workers in Ekpoma. Findings showed that the respondents were generally ignorant of the existence of a vaccine for the disease. There was also a general lack of good knowledge of the disease among the health workers. It was recommended in the study that the mass media should be used as a means of disseminating information on the prevention and control of such virus. The researchers equally advocated for urgent need to increase knowledge level among healthcare personnel on Lassa fever.

Olayinka, Omotoso, Osaretin, & Peter (2015) investigated the level of awareness of Lassa fever in Ijebu-Owo in Ondo State. Based on a descriptive cross sectional survey of 122 respondents in a semi structured questionnaire, results showed that there is a low level of awareness and knowledge of Lassa fever among the studied population. Hence, the researchers recommended the need for further health education campaigns to improve environmental hygiene and a modification of practices that promote the spread of knowledge and awareness of Lassa fever.

Nwanguma & Anorue (2015) studied audience response to media campaigns on Ebola Virus disease prevention and control in South-South Nigeria. Specifically, they examined the level of audience exposure, awareness and perception to media campaigns on Ebola virus. Using survey research method with questionnaire as the instrument, the researchers randomly sampled 385 respondents from Rivers, Bayelsa and Delta states. They discovered that repeated exposure to media campaigns increases knowledge about the Ebola Virus and results to behavioural change towards the disease. A greater percentage of the audience positively responded to the campaigns with majority of them always observing the control measures contained in the campaign. The researchers concluded that the mass media has been effective and play crucial role in the campaign against the outbreak of Ebola Virus in South-south Nigeria. They recommended the need for adoption of mixed media strategy in disseminating health campaigns against the outbreak of deadly diseases to compliment the lapses found in other media campaign.

Smith, Smith & Adedeji (2017) investigated the influence of the print media in the reportage of Lassa fever in Nigeria. They concentrated on the extent of media coverage in *The Sun, The Guardian, The Nation* and *The Punch*. The period of study ranged from January 2016 to April 2016. Dwelling on 10 topics randomly selected from 182 articles that were published between January 2016 to April 2016 on Lassa fever, findings showed that month by month analysis of Lassa fever confirmed that January was the most reported month and April the least reported. They recommended that newspaper coverage of Lassa fever continues all year round for effective awareness, prevention and control of the virus.

All the above reviewed points to the fact that previous studies related to the thematic substance of this current study is either not exhaustive or not significantly analogous to it especially in terms of its objectives, area of study, scope and even the methodology. For instance, while this study focused on the broadcast media specifically within Ekiti state, utilised questionnaire and interview as instruments; moved beyond awareness and perception to examine the adoption rate and challenges in the process, the bulk of previous studies copiously differs in one way or the other. This will further enrich this researcher's perspectives and in the process cover the existing gap and increase literature especially in the area of this study. Besides, a disease of an endemic proportion like Lassa fever demands continuous interface with 'what was' with a view to determining questions about 'what is' and in the process opening a new vista which will further research, findings and workable propositions.

Research Method

This paper relied on survey research design with questionnaire - containing both open and close ended questions - and structured interview guide as instruments of primary data generation. Primarily, the mixed instruments were selected to complement each other especially as the study addressed manifold qualitative and quantitative elements of health communication. This is also geared towards increasing the validity level of the research findings. Also, the interview will help to bring out hidden meanings from the responses of the respondents.

The population of this study constitutes the 1,032,398 residents of the select local government areas in Ekiti state (NBS, 2016). The sample size of 516 was drawn from the population using the Taro Yamane sampling formula. The study adopted multi-stage sampling technique using purposive, simple random, proportionate stratified and convenient sampling techniques to select the specific respondents for the study. In the first instance and to allow for better spread, the three senatorial districts in the state were purposively considered in the selection of the constituents for the study. Two local governments each, was to emerge from the simple randomization process that followed. Consequently, six local government areas across the three senatorial districts emerged from the process. To this end, the local government areas that emerged include Ikole, Oye (Ekiti North), Ado, Ekiti West (Ekiti Central), Emure, and Ikere (Ekiti South). Again, purposive sampling was deployed to select the local government headquarters. This is based on the fact that those in the headquarters are better equipped to offer appropriate answers to the research questions. The selected capitals are: Ikole-Ekiti, Oye-Ekiti, Ado-Ekiti, Aramoko-Ekiti, Emure-Ekiti and Ikere-Ekiti.

Similarly, because of the variation in the population proportion of the six selected local government areas, even distribution of the sample would result in an unfair representation, hence, proportionate stratification was adopted to determine the number of copies of the questionnaire that goes to the select LGAs based on the quotient of their population. As a result, the 516 copies of the questionnaire were distributed as follows: Ado - 154; Ekiti West - 90; Ikole - 84; Ikere - 74; Oye - 67 and Emure - 47.

To overcome accessibility issues that arose and ensure better spread, purposive and convenient sampling techniques were then employed to select the respective locations and individual respondents who filled the copies of a questionnaire in each of the select local government areas. Purposive sampling technique was selected because the researcher targeted respondents at four major locations: Market, Restaurants, Motor packs/Garages, and Institutions (Churches,

Mosques, Schools, Hospitals and Offices) from which the researcher relied on convenient sampling to administer the instrument. However, the researcher also relied on three research assistants who were appropriately instructed and adequately motivated to administer the instruments on face to face basis. It took the researcher and his assistants a period of one week to complete the task. For the purpose of getting more exposed and informed persons on the subject matter, the researcher adopted the purposive sampling technique to select three (3) interviewees who are conversant with the incidence of lassa fever in the state from each of the select areas. Hence, a total of 18 persons were interviewed.

The quantitative data collected were analysed using descriptive tools as well as frequency tables and simple percentages while the qualitative data were analysed using thematic analysis.

Presentation and Analysis of Survey Data

Out of the 516 copies of the questionnaire distributed in the select areas, 478 were retrieved and found useful, representing 92.6% return rate. Meanwhile, 38 copies of the questionnaire were not returned or found useful for the analysis. Therefore, presentation and analysis of data was based on the 478 correctly filled and returned copies of the questionnaire.

Table 1: Respondents' Exposure to Broadcast Media Campaign on Lassa fever (Single Choice Responses)

Response	**Freq**	**%**
If Respondents Have Heard of Lassa fever		
Yes	454	95
No	24	5
Total	**478**	**100**
If Respondents are Aware of Radio/TV sensitization against Lassa fever	**Freq**	**%**
Yes	415	86.8
No	46	9.6
Don't Know	17	3.6
Total	**478**	**100**
Respondents' frequency of exposure to Radio/TV campaigns on Lassa fever	**Freq**	**%**
Very Often	162	33.9
Often	200	41.8
Rarely	66	13.8
Very Rarely	29	6.1
Didn't see or hear any	21	4.4
Total	**478**	**100**

Rate at which Respondents listens to or watch Radio/TV messages against Lassa fever during the outbreak of the disease in Ekiti State	**Freq**	**%**
Daily	233	48.7
2/3 times a week	114	23.8
Once a week	47	10
Once in a month	38	7.9
2/3 times in a month	16	3.3
Others	30	6.3
Total	**478**	**100**

Source: Field Survey, 2018.

The implication of this table is that most Ekiti people have adequate awareness and exposure to broadcast media campaign on Lassa fever.

Table 2: Respondents' Choice of Media and Programmes Exposure on Lassa fever Campaign (Multiple Choice Responses)

Responses	**Freq**	**%**	**Rank**
Medium through Which Respondents were Exposed to the Campaigns against Lassa Fever	**Freq**	**%**	
Newspaper	99	12.3	4th
Magazine	71	8.8	5th
Television	327	40.9	1st
Radio	235	29.4	2nd
Social Media	187	23.4	3rd
Billboard	20	2.5	7th
Others	40	4.0	6th
Total	**979**	**100**	
Broadcast media campaigns on Lassa fever the respondents were exposed to	**Freq**	**%**	**Rank**
Jingles	179	17.6	3rd
Discussion Programmes	211	20.7	1st
Cartoons	5	4.4	7th
Commentaries	67	6.5	6th
Drama	43	4.2	8th
News	191	18.7	2nd
Advertorials	58	6.6	5th
Announcements	14	11.2	4th
Others	20	1.9	9th
Total	**1016**	**100**	

Source: Field Survey, 2018.

Findings in table 2 disclose that respondents were more exposed to the campaign on Lassa fever prevention and control via the broadcast media (television and radio) than any other media especially through discussion programmes and news.

Table 3: Respondents' Perception of Broadcast Media Campaign on Lassa fever Prevention and Control in Ekiti State (Single Choice Responses)

Responses	**Freq**	**%**
If Respondents Believe Lassa fever Exists	**Freq**	**%**
Yes	427	89.3
No	51	10.7
Total	**478**	**100**
If Respondents Believe in information on Lassa fever from Radio/TV	**Freq**	**%**
Yes	349	73
No	38	7.9
Not Really	91	19
Total	**478**	**100**
Respondents judgment of Radio/TV before the campaign against Lassa fever	**Freq**	**%**
Credible	218	45.6
Unreliable	111	23.2
Sensational	49	10.3
Useless	18	3.8
Dependable	82	17.2
Total	**478**	**100**
Respondents Perception of Radio/TV after the campaign against Lassa fever	**Freq**	**%**
Credible	301	63
Unreliable	33	6.9
Sensational	33	6.9
Useless	12	2.5
Dependable	99	20.7
Total	**478**	**100**

Respondents Opinion on Whether Radio/TV contributes to the reduction in the Spread of Lassa fever	**Freq**	**%**
Yes	352	73.6
No	35	7.3
Not Really	91	19
Total	**478**	**100**
Respondents' rating of Radio/TV campaigns against the spread of Lassa fever in Ekiti state	**Freq**	**%**
Excellent	195	40.8
Good	173	36.2
Credit	66	13.8
Pass	30	6.3
Poor	14	2.9
Total	**478**	**100**
Whether Ekiti People received information about Lassa fever through the Broadcast media or not	**Freq**	**%**
Strongly Agree	200	41.8
Agree	204	42.6
Strongly Disagree	7	1.4
Disagree	54	11.2
Undecided	13	2.7
Total	**478**	**100**

Source: Field Survey, 2018.

Multiple table 3 depicts that the broadcast media campaigns against Lassa fever was perceived in good light through prominent emphasis from the broadcast media which respondents perceive as credible.

Table 4: Audiences' Level of Adoption of Broadcast Media Campaign Messages on Lassa fever Prevention and Control in Ekiti State (Single Choice Responses)

Responses	**Freq**	**%**
Respondents knowledge utilization about Lassa fever BEFORE exposure to Broadcast media campaign against it	**Freq**	**%**
Very High	100	20.9
High	81	16.9
Very low	147	30.8
Low	54	11.3
Zero	96	20.1
Total	**478**	**100**
Rating of respondents' knowledge utilization about Lassa fever AFTER exposure to broadcast media campaign against it	**Freq**	**%**
Very High	238	49.8
High	190	39.7
Very low	18	3.8
Low	12	2.5
Zero	20	4.2
Total	**467**	**100**

Source: Field Survey, 2018.

Multi-part table 4 shows improved respondents' knowledge utilisation after exposure to broadcast media campaign on the disease.

Table 5: Respondents' actions BEFORE & AFTER exposure to the campaign showing adoption rate (Multiple Choice Table)

Items	**Before Exposure Freq**	**After Exposure Freq**	**% Decrease**	**Rank**
Exposed food	268	34	87.3	5th
Consumption of rats	65	27	58.5	10th
Keeping consumables anyhow	166	19	88.6	2nd
Co-habiting with rats	146	29	80.1	7th

Drying of food items on the ground	85	10	88.2	3rd
Improper refuse disposal and dirty environment	70	2	97.1	1st
Close contacts with sick persons	73	10	86.3	6th
Self-medication	58	7	87.9	4th
Poor personal hygiene	146	38	74.1	8th
Surrounding fumigation	89	34	61.8	9th

Source: Field Survey, 2018.

The findings in table 5 imply that broadcast media campaigns on Lassa fever was significantly influential on the people of Ekiti state leading to significant adoption levels of the campaign messages.

Table 6: Challenges to the adoption of Broadcast Media Campaign on Lassa fever by the People of Ekiti State

Responses	**Freq**	**%**
Challenges faced by Residents of Ekiti State in Adopting Information about Lassa fever from the Broadcast Media		
Environmental Challenges	223	46.7
Economic Challenges	135	28.2
Religion/culture Challenges	75	15.7
Other Challenges	45	9.4
Total	**478**	**100**
Cause of Difficulty with Adopting the Change Propagated on Lassa Fever via the Broadcast Media in Ekiti State	**Freq**	**%**
Non-comprehension of the messages	51	10.7
Inaccessibility to messages	124	26
Unbelievability of the messages	104	21.8
Power problem	101	21.1
Poverty/hunger	94	19.7
Others	4	0.8
Total	**478**	**100**

Source: Field Survey, 2018.

Table 6 confirms that environmental and cultural impediments is at the fore front of the challenges faced by Residents of Ekiti State in adopting information about Lassa fever from the broadcast media while the cause of difficulty associated with

adopting the change propagated about Lassa fever majorly include; inaccessibility to the messages; un-believability of the messages, power problem and poverty/hunger.

Presentation of Interview Generated Data

It comprise of 18 interviewees in all, with 3 persons from each of the six select Local Government Areas in Ekiti State.

Theme one: Ekiti Peoples' exposure to Broadcast Media Campaigns against Lassa fever in Ekiti State

Asked regarding the above issue, majority of the interviewees affirmed that the media did an excellent job in disseminating timely information and educating the people of Ekiti state about Lassa fever through its campaigns. For example, an interviewee from Oye, said he is overwhelmed by media participation and sensitisation. Aside from one of the interviewees from Emure who said she got information about Lassa fever from women gathering the town, all the other interviewees dominantly received the information from the broadcast media and depended wholly on them for effect, precautions and stick to their advice of how to avoid infection. As a matter of fact, one of the interviewees from Ikere was specific about the type of media and the stations where he got the information. He said, "I see them on foreign media [stations]; AIT, NTA Ekiti, Ekiti Television, Channels and local radio stations [like] Progress FM 100.5, Ekiti FM 91.5, Voice FM 89.9". Importantly, some of the interviewees went further to add that 'Ekiti people were well exposed to the campaign' because according to one of the interviewees from Ado, "you hear a lot of people making reference to Lassa fever one way or the other".

Theme two: Perception of Broadcast Media Campaign on Lassa fever in Ekiti State

On the second query, interviewees bared their minds with majority of them (14) outrightly agreeing that the perception of the people about the broadcast media changed significantly in a positive light. They belief the media was very aggressive in their campaigns and made sure it was on air every time. For instance, one of the interviewees from Ekiti West said "the Lassa fever scare in the state has drawn people closer to their radio, TV, social media and others". According to him, "I have a neighbour now who though is a semi illiterate but would always stay glued to his radio, it is a new habit. He will call his children and ask them if they have listened to news today [referring to the day it was said] and go further to warn in Yoruba that they should endeavour to keep to their [media] instructions of avoiding the disease". As if to buttress this, an interviewee from Emure said, "the media have saved this society of burning in what would have been an unquenchable fire". This means that more people have come to terms with the health surveillance, informative and educative functions

of the broadcast media. However, two interviewees from both Oye and Ikole are of the opinion that the media need to still do more by adopting strategies that will get information across to the core villages.

Theme three: Level of adoption of broadcast media campaign messages on Lassa fever prevention and control in Ekiti State

Regarding this enquiry, majority were of the opinion that Ekiti residents adopted to some extent broadcast media messages about prevention and control of Lassa fever in the state. One of the interviewees from Ikole said "you know it is difficult to change a habit you are used to, but people tried and are adhering to some of their [broadcast media] advice but after the talk of the threat of the virus is somehow dropping now, I observed that people too, including myself, are returning to old ways though modified". Interviewees differently conceded that it influenced the behavioural pattern of the people of Ekiti state and revealed among other things that it changed the people's mentality, their hygienic state, their perception towards dirty environment, created consciousness towards their environment and positively shaped their behaviour and attitudes in the society as it relates to controlling the spread of Lassa fever. According to one of the interviewees from Ado, "I now know the adverse effect of the fever, what not to consume and what to avoid in order not to contact the deadly fever". However, a few of the interviewees still believe that people are not doing enough. According to one of the interviewees from Ikere, "the media sets agenda for the people to follow but most Nigerians still adopt I don't care attitude". According to an interviewee from Oye, "no doubt the media have influenced our actions especially on ways not to contact the virus but we still have a long way to go. A good example is look to your right (showing the interviewer different food items spread around with children running over them while livestock's enjoy their share) and that summarise our story as a people".

Theme four: Challenges of Ekiti People in the Adoption of the Desired Change Promoted by the Broadcast Media

On this matter, interviewees mentioned the following and they appear in the order in which they were emphasised and/or repeated by the interviewees: bad economy, poverty, illiteracy, ignorance, I don't care attitude, poor electricity, religious and cultural beliefs, lack of interest in media, absence of the broadcast media in some areas, absences of press freedom, poorly structured messages are among the prevalent reasons why most Ekiti people found it difficult to adopt the desired changes propagated by the broadcast media campaigns against Lassa fever.

Results and Discussion of Findings

Research question one which sought to know Ekiti People's level of exposure to broadcast media campaign messages on the prevention and control of Lassa fever in

Ekiti state was aptly answered by the data in composite tables 1, 2, and interview theme one. Table 1 reveals that most of the people of Ekiti state are aware and exposed to mass media campaign on Lassa fever in the state at a fairly significant frequent rate. The table equally shows that a fair majority of the respondents frequently listens to or watch broadcast Media messages against Lassa fever during its outbreak in the state. Similarly, table 2 shows that broadcast media are the most popular mass media among the respondents as Television and radio ranked first and second respectively. This means people were more exposed to the campaign against Lassa fever via the broadcast media (television and radio) than any other media in the state. The table reveals further that amongst others; discussion programs, news, jingles and announcements in that order were the predominant medium through which people were exposed to broadcast media campaigns on Lassa fever.

These findings were substantiated by the results gotten from theme one in the interview generated data. For instance, findings show that majority of the interviewees depended utterly on the broadcast media for effect, precautions and tucked to their advice for not getting infected. An interviewee even specifically mentioned AIT, NTA Ekiti, Ekiti Television, Channels and local radio stations like Progress FM 100.5, Ekiti FM 91.5, and Voice FM 89.9; as the broadcast stations through which they were exposed to messages on Lassa fever.

Therefore, based on the above findings, it is the conclusion of this study that the people of Ekiti State have adequate awareness and exposure to broadcast media campaigns on Lassa fever prevention and control. Perhaps, the high rate of exposure discovered may not be unconnected with the outbreak of the disease in the state within this study period and so, may have coincided with a period when media sensitisation endeavour is necessarily or normally high. Notwithstanding, the overall findings under this question partly refute Olayinka, Osaretin, and Peter's (2015) assertion that there is a low level of awareness and knowledge of Lassa fever among the studied population. The different nature of the population studied and period of study may however be responsible for the variations in the findings. Importantly however, the findings of this study validates the agenda setting theory utilized for this work, which holds that, the media are capable of setting Lassa fever prevention and control measures as public agenda with the view to engendering the necessary behavioural change.

Answers to question two which sought to find out how Ekiti People Perceive Broadcast Media Campaigns on the prevention and control of Lassa fever in Ekiti state can be found in table 3 and interview theme two. According to the data in table 3, a significant majority of the respondents sampled believed that Lassa fever exists (89.3%) and believed (73%) the information they got from the broadcast media on Lassa fever prevention and control. Equally, majority of them saw the broadcast media activities prior to Lassa fever campaign as credible (45.6%) and dependable

(17.2%) even though 23.2% described it as unreliable. Hence, though this finding supports the credibility of the broadcast media among many people in Ekiti state, a fairly noticeable percentage of them did not see the broadcast media to be credible. This could explain why some of them did not believe the information they get from the broadcast media concerning Lassa fever, and or were not really convinced on the information coming from the broadcast media about Lassa fever prevention and control.

However, this perception of broadcast media among respondents drastically changed after the campaign on Lassa fever prevention and control as majority perceived the broadcast media as a credible (63%) and dependable (20.7%) information source; that contributed to the reduction in the spread of Lassa fever (73.6%) in the state. Besides, 41.8% and 42.6% of the respondents strongly and lightly agreed that they received adequate information about Lassa fever from the broadcast media respectively. Meanwhile, interview theme two supported the findings from the survey on this question. According to the interviewees, the broadcast media were very aggressive in their campaigns even though some of them beckoned on the broadcast media to still do more by adopting strategies that will allow for a higher spread of the campaign.

The inference from the findings under this research question is that Ekiti people perceive broadcast media campaigns on the prevention and control of Lassa fever in Ekiti State as adequate, effective, credible, educative and informative, even though more is still demanded of them especially in terms of the spread of information in the state.

This finding contradicts the earlier findings of Tobin, Asogun, Isah, Ugege, & Ebhodaghe (2013), that the respondents were generally ignorant and showed a lack of knowledge of the existence of a vaccine for the disease. Although, this may partially be attributable to the time difference in the two researches, the gap within which period media sensitization campaigns against Lassa fever could significantly have differed.

Research question 3 which bothered on Ekiti people's level of adoption of broadcast media campaign messages on Lassa fever prevention and control in Ekiti state was answered by the data found in tables 4, 5 and interview theme three. Findings in multi-part table 4 revealed improved knowledge utilisation rate which rose reasonably from 37.8% (very high & high) before exposure to broadcast media campaign against Lassa fever to 89.5% (very high & high) after exposure to the campaign. This shows that there was a significant rate of acceptance in Lassa fever prevention and control messages by Ekiti people which in itself is a qualification for its adoption.

Table 5 equally reported a significant adoption rate of broadcast media campaign on Lassa fever prevention and control as majority of them reflected positive attitudinal change in select areas of advocacy after exposure which shows adherence

to the campaign messages. Essentially, data in this table showed significant percentage decrease in unhealthy practices after exposure to broadcast campaign messages. For example, the table shows that almost all (97.1%) of the 70 respondents who reported to be practising improper refuse disposal and keeping dirty environment refrained from the act after their exposure to the broadcast media campaign message.

Similarly, a good number of them (88.6%) refrained from keeping consumables anyhow; stopped drying their food items in unprotected areas (88.2%); became scared of self-medication (87.9%); stopped exposing their food (87.3%); became careful of close contacts with sick persons (86.3%); stopped co-habiting with rats (80.1%); improved on their personal hygiene (74.1%); more fumigated their surrounding (61.8%) and also stopped consuming rats (58.5%) respectively in that order.

This implies that the high percentage decrease recorded in several unhygienic habits after their exposure to broadcast media campaign against Lassa fever indicates that majority of the people adopted the broadcast media messages they were exposed to for prevention and control of the disease. 'These changes would have occurred as a result of the shared common meanings and understanding [of the campaign messages]' (Krauss & Fussell, 2006).

Interview theme three shows that interviewees mostly opine that the campaign changed their mentality and behavioural pattern, informed their better hygienic state and positively shaped their behaviour and attitudes as it relates to controlling the spread of Lassa fever. However, few of them still contend that the adoption is not holistic as a lot of people are still locked in their I-don't-care attitudes and 'old habits' thereby, inhibiting their consistency and message compliance levels. In health communication, messages affect attitudes only when people understand, process, and remember them and feel motivated to apply them in their everyday life.

The question marks regarding inconsistencies of compliance levels notwithstanding, it may be safe to infer that the observed changes in behavioural pattern arising from Ekiti people's exposure to broadcast media messages on Lassa fever prevention and control was triggered by a significant level of adoption of the broadcast campaign messages transmitted. This finding uphold the conclusion of Nwanguma & Anorue (2015) that repeated exposure to media campaigns increases knowledge about the virus and results to behavioural change towards the disease. Health Belief Model (HBM) may have also offered justification for this high level of adoption in view of its position that people's action compliance with messages on disease prevention and control is dependent on their perceived health threat, susceptibility, severity, benefits and efficacy of the media to address their health information needs. This means that Ekiti people perceived Lassa fever as a severe health threat, recognised their susceptibility and adopted the broadcast media messages on its prevention and control.

Research question four sought to identify the challenges of Nigerians in

adopting desired change promoted by mass media campaigns against Lassa fever. Findings for this question were contained in table 6 and interview theme four. Table 6 shows that environment, economy, religion/culture, and other challenges (finance, light, ignorance, language) hindered the adoption of the broadcast media campaign messages on Lassa fever among some of the respondents. Similarly, the table shows that the difficulty associated with adopting the change propagated on Lassa fever prevention and control via the vehicle of the broadcast media by Ekiti people include non-comprehension of the messages; inaccessibility of the messages; un-believability of the message; poverty and hunger; and other difficulties (ignorance, carelessness, unbelief, focusing on other issues).

The interview data of theme four equally identified problems of bad economy, poverty, illiteracy, ignorance, I don't care attitude, poor electricity, religious and cultural believes in some cultures, lack of interest in media, absence of the mass media in some areas, absences of press freedom, poorly structured messages were some of the prevalent reasons advanced why some Ekiti people found it difficult to adopt the desired changes propagated by broadcast media campaigns against Lassa fever in the state.

It could therefore be inferred from the findings above that there were several challenges encountered by Ekiti people in adopting the desired change campaign promoted by the broadcast media in Ekiti State. This is also in accordance with the position of Olley, Umolu & Omosotomhe (2018) that media messages should be packaged in a more understandable language and specifically directed at people in the local communities. This is against the background that media campaign messages are usually produced in English language and language choice and poor comprehension of the messages was stated as some of the challenges of Ekiti people in adopting the desired change promoted by broadcast media campaigns against Lassa fever in Ekiti state.

Conclusion

The researcher looked at Ekiti people's perception of broadcast media campaigns on Lassa fever. Findings showed that the people had a positive perception of the broadcast media campaigns which motivated a significant level of adoption of the broadcast media messages on Lassa fever prevention and control. Essentially, the broadcast media in Ekiti State was effective in their dissemination of campaign messages on Lassa fever prevention and control. Invariably, their effort at setting the agenda on Lassa fever prevention and control and Ekiti peoples' decision to select these media and use the messages to gratify their information needs on the disease is laudable. The study then concludes that broadcast media campaigns against Lassa fever in Ekiti State was significantly valuable to Ekiti people, even though concerns about peoples I-don't-care-attitude, low rural coverage and broadcast media's waning

agenda on the issue remains a flash point in this wheel of success.

Recommendations

Based on the findings of this research, the study recommends that:

1. The National Orientation Agency, NGOs, media proprietors, the government and relevant stakeholders must collaborate with Broadcast media stations to ensure that vital health sensitisation campaigns like Lassa fever are not abandoned after the threat level drops. The gap created may be enough to roll a lot of people back into unsafe habits that could return them to danger poles more so that habits die hard.

2. In the light of one above, resources should be harnessed to engender total quality campaigns targeted at achieving permanent behavioural change that is consistent with and symptomatic of the ideals promoted in the broadcast media messages on Lassa fever prevention and control. Preventing and controlling an endemic disease as Lassa fever will require a media campaign that will span years and not weeks!

3. Government should work harder on improving the economy of the people and their living standard so as to reduce the hardship that has inundated and impeded many Ekiti people and other Nigerians from adopting the Lassa fever preventive and controlling measures propagated by the broadcast media. This is equally at the instance of the Health Belief Model (HBM) that presupposes that 'the perceived protective action of a health campaign that is available must be seen by the people as outweighing the perceived cost of the action. This implies that cost could deter people from compliance with health campaign messages like Lassa fever.

4. Effort should be made by both the federal and state government to establish new and/or empower existing rural broadcasting stations to be properly positioned to cater for the health and other developmental needs of the rural dwellers in their local dialect.

References

Armitage, C. J. & Conner, M. (2000). Social Cognition Models and Health Behaviour: A Structured Review. *PsycholHealth*, 10(4), 173–189.

Asemah, E. (2011). *Selected Mass Media Themes.* Jos: Jos University Press.

Bowen, M. D., Rollin, P. E., Ksiazek, T. G., Hustad, H. L., Bausch, D. G., Demby, A. H., Peters, A. & Nicole, R. S. (2000). Genetic Diversity among Lassa Virus Strains. *Health Virol*, 74(15), 6992–7004.

Fisher-Hoch, S. (2005). Lessons from Nosocomial Viral Haemorrhagic Fever Outbreaks. *Br Med Bull*, 73(1), 123-137.

Folarin, B. (1998). *Theories of Mass Communication: An Introductory Text.* Lagos: Stirling Harden publishers.

Gideon, E. P. (2013). Lassa Fever in Nigeria: Matters Arising. *African Journal of Health Sciences*, 5(2), 97–116.

Kelly, J., Barrie, M., Ross, R., Temple, B., Moses, L. & Bausch, D. (2011). Housing Equity For Health Equity: A Rights Based Approach to The Control of Lassa Fever in Post War Sierra Leone. *BMC International Health and Human Rights*. 13 (2) Available at: https://bmcinthealthhumrights.biomedcenntral.com/articles/10.1186/1472-698X-132 Accessed 26/3/2018.

NCDC (2019). 2019 Lassa fever Outbreak Situation Report Updated February 2019. Available at: https://www.ncdc.gov.ng. Accessed 15/2/2019

Nwanguma, U. Q. & Anorue, L. I. (2015). An Evaluation of Audience Response to Media Campaign on Ebola Virus Disease Prevention and Control in South-South Nigeria. *International Journal of Communication and Media Studies*, 5,(3): 1-12.

Olayinka, S., Omotosho, B., Osaretin, F. & Peter, A. (2015). Awareness of Lassa Fever in a Rural Community in South West Nigeria. *Journal of Community Health Research*, 4(1): 1-10

Olley, W. O., Umolu, P. E. & Omosotomhe, S. I. (2018). Knowledge and Perception of Ebola Disease Outbreak among Women in Afemai, Edo State, Nigeria. *Novena Journal of Communication*, 5: 89-102

Orji, R., Vassileva, J. & Mandryk, R. (2012). Towards an Effective Health Interventions Design: An Extension of the Health Belief Model. *Online journal of public health informatics*. 4(3). Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC361 5835/ Accessed 30/1/2018.

Smith, S., Smith, S., & Adedeji, A. (2017): The Influence of the Nigerian Newspaper on Lassa Fever Reportage. *The International Journal of Communication and Health*, 11: 76-86.

Tobin, E., Asogun, D., Isah, E., Ugege, O. & Ebhodaghe, P. (2013). Assessment of Knowledge and Attitude towards Lassa Fever among Primary Care Providers in an Endemic Sub-Urban Community of Edo State: Implications for Control. *Journal of Medicine and Medical Sciences*, 4(8), 311-318.

WHO (2012). Lassa Fever: A study of 23 Hospital Cases. *Transnational Tropical Medical Hygiene*, 66, 390-401.

WHO (2018). Lassa Fever: WHO Fact Sheets Updated April 2018. Available at: https://reliefweb.int/report/Nigeria/Lassa-fever-nigeria-1 Accessed 11/5/2018

Wimmer, R & Dominick, J (2006). *Mass Media Research: An Introduction* (8th Ed). Belmont, C A: Thompson and Wadsworth.