ORIGINAL ARTICLE

Influence of NTA Health Campaign on the Adoption of Lassa Fever Messages by Residents of Ekiti State

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Abstract

In Nigeria, television as a mass medium is used independently or complementarily in health promotion activities to achieve positive lifestyle changes. Television played a positive role in combating the Lassa fever epidemic and its attendant fatality in Nigeria. The present review is necessitated by the widespread reportage and persistence of Lassa fever infection and fatality in most states of Nigeria including Ekiti. The campaign embarked upon by NTA Ado-Ekiti against Lassa fever epidemic is therefore the focus of this study, which adopted the survey research design to sample 500 respondents from the 1,032,398 projected population of Ekiti State. The purposive and multi-stage sampling techniques were used in selecting the actual samples. The study found among others that Ekiti residents were aware of and were exposed to NTA health campaign on Lassa fever and that there was a high level of adoption of the NTA campaign. The study recommends among others that other broadcast stations should as a matter of necessity key into the NTA vision of creating a timely awareness against outbreaks of diseases in the country.

Keywords: Assessment, Health Campaign Influence, Adoption, Lassa Fever Messages, Ekiti State

Introduction

Health is the most essential ingredient of life. Deny man of that, he remains impotent in life. People do not value their good state of health until they have experienced one form of sickness or another. However, as it is being said that health is wealth, issues of health have overwhelmed our daily comments since revolution of science. According to records, sickness of various kinds has endangered the lives of various citizens of Nigeria. Evidence shows that an outbreak of Lassa fever recently occurred in Nigeria, involving many states and fatalities (WHO, 2012; 2016; NCDC, 2017; 2016; 2018). The unprecedented outbreak of this deadly viral disease in Nigeria is showcasing the new-found might of the country's public-health agency. Reforms put in place since a devastating Ebola epidemic struck West Africa in 2014 have transformed how Nigeria responds to infectious disease — including the current Lassa-virus outbreak.

Since 1st January, 2018 Lassa fever has sickened 365 people and killed 81, making it the country's largest recorded outbreak of the virus. But public-health experts say that the toll would be much worse had Nigeria not strengthened its Centre for Disease Control (NCDC) over the past few years. The agency, Nigeria's first line of defence against disease outbreaks, has grown from roughly 30 physicians in 2011 to more than 130 epidemiologists, microbiologists and other specialists today. And it is deploying sophisticated data-management tools and building diagnostic labs to monitor the current outbreak and prepare for the future.

Just as communication is indispensable in any human activity, Nigerian Television Authority as a broadcasting medium in Ekiti State played a very vital role in the sensitization of the residents. The importance of communication in our daily lives cannot be over-emphasized. Communication is central to human existence and all human activities that it will be hard for any person, group, institution or any nation to neglect it in their economic, political, health and social lives. It is the most essential factor for building or developing an organized, united, healthy or progressive nation or society.

The NTA did not only play a positive role in combating the Lassa fever epidemic and its attendant fatality in Nigeria, but it also created the necessary awareness on the adoption of Lassa fever messages. Based on the facts above, one can say that any communication through television should occupy a key position in the interest of this research. The improvement of the rural health care services is one of the cardinal objectives of the Nigerian government since the nation's independence. In suggesting a plan or a design for a health care system of the citizens of Nigeria, government planners are ever conscious of a feeling of dearth of accurate statistics. This is due to the lack of extensive and detailed factual information as regards the state of the existing health care services which also have relevance to the needs of the communities.

The mass media encompasses print and non-print methods of disseminating information (including magazines, newspapers, radio, television and even social media) to a large number of people. One of the advantages of the mass media in health promotion activities and/or health intervention is that it can be used to reach very high numbers of people to engage in activities related to health behaviour changes (Bala, Strzeszynski,& Topor-Madry, 2017; Carson, Ameer,& Sayehmiri, 2017; Clement, Lassman, & Barley, 2013; Ferri, Allara, & Bo, 2013; Wakefield, Loken, & Hornik, 2010). Several authors have noted significant positive roles of the mass media in health interventions and positive impacts in the promotion of health behaviour changes among people with communicable and non-communicable diseases, reduction of mental health-related stigma, and improvement in health service utilization (Grilli, Ramsay,& Minozzi, 2002; Stern, 2015; Mosdøl, Lidal,& Straumann, 2017; Young, Lewis, & Katikireddi, 2018; Vidanapathirana, Abramson, & Forbes, 2005).

The Nigeria Center for Disease Control (NCDC) did not relent in the fight against the Lassa fever epidemic after it successfully combated the Ebola outbreak. The agency uses television, radio and social media to educate people about public health; that includes combatting false information about how diseases such as Lassa spread (Ukwaja, 2018). Television's peculiar features and characteristics make it important for the dissemination of certain health messages, where demonstrations and pictures need to collaborate with sound to drive home the theme or central consciousness of any health campaign.

Based on the roles the mass media can play in health intervention, authors have described the mass media as an educator, supporter, promoter, and programme supplementer (Flora, Maibach, & Maccoby 1989). Thus the mass media can be utilised as an independent type of intervention for educating people and supporting lifestyle changes. In addition, the mass media can be utilised as a complementary form of intervention for promoting or supplementing the efficacies of other interventions aimed at health promotion (Flora, Maibach, & Maccoby, 1989). Proper execution of mass media campaigns can help complement the efforts of clinicians toward the prevention of diseases (Ramsay & Minozzi, 2002). Therefore, the aim of this paper is to assess NTA health campaign's influence on the adoption of Lassa fever messages by residents of Ekiti State.

Statement of the Problem

The threat posed by Lassa fever outbreak in Nigeria in 2018 was a serious one. The high fatality rate from that outbreak might have been due to the prevalence of certain unhealthy sanitary and environmental behaviours that increase the risk of Lassa fever among Nigerians. For example, people (particularly children) living in rural areas eat rodents, which are the primary carriers of Lassa fever. Transmission routes of Lassa fever include human contact with the faeces of these rodents and/or human food waste that these rodents scavenge on as well as the eating of poorly covered food that may have been urinated upon or eaten in part by these rodents. The 2018 NCDC report indicated that there were 2576 suspected cases from 22 Nigerian states from January to September.

From these, the NCDC reported that 510 cases were confirmed positive.

The Nigerian mass media focused on this latest outbreak of Lassa fever in many states of the country including Ekiti State. Some of the Nigerian mass media that are still disseminating information about Lassa fever outbreak, its causal agents, its signs and symptoms, preventive measures, and existing efforts toward combating the epidemic include the broadcast media. The Nigeria Television Authority mounted a serious campaign with an aim to enhance the adoption of Lassa fever messages. The problem is whether the residents of Ekiti State were influenced by the NTA health campaign to adopt the messages against Lassa fever. This is the gap-in-knowledge which this present study intends to fill.

Objectives of the Study

The main objective of this study is to assess NTA health campaign influence on the adoption of Lassa fever messages by residents of Ekiti State. The specific objectives are to:

1. assess respondents' frequency of exposure to NTA health campaign on Lassa fever;
2. evaluate respondents' perception of the NTA health campaign on Lassa fever;
3. ascertain respondents' level of adoption of the NTA health messages on Lassa fever.

Research Questions

1. What is respondents' frequency of exposure to the NTA health campaign on Lassa fever?
2. What is respondents' perception of the NTA health campaign on Lassa fever?
3. What is respondents' level of adoption of the NTA health messages on Lassa fever?

Theoretical Framework

Health Believe Model (HBM)

This study is premised on the Health Belief Model (HBM) as its theoretical framework of analysis. The health belief is a health behaviour change and psychological model that was first developed in the 1950s by Hochbaum, Rosenstock and Kegels. It was designed for studying and promoting the uptake of health services (cited in Nweke, 2011). This model according to Northouse and Northouse (1985) cited in Rice (2012) "was designed to explain the nature of individuals' preventive health actions". Northouse and Northouse outline the three major elements of HBM as follows:

a. An individual's perception of susceptibility to and severity of a disease.
b. An individual's perception of the benefits and barriers to take a preventive health action to prevent disease.
c. The cues available to an individual that would stimulate him or her to engage in preventive health activity (Nweke, 2011).

HBM was developed to help understand why people did not use preventive services offered by public health departments in the 1950s, and has evolved to address newer concerns in prevention and detection (e.g., mammography screening, influenza vaccines). The HBM theorizes that people's beliefs about whether or not they are at risk for a disease or health problem, and their perceptions of the benefits of taking action to avoid it, influence their readiness to take action (Schiavo, 2007).

The HBM is based on the understanding that a person will take a health–related action if that person:

1. feels that a negative health condition can be avoided,
2. has a positive expectation that by taking a recommendation action, he/she will avoid a negative health condition, and
3. believes that he/she can successfully take a recommended health action (http://www.utwente.nil).

The HBM has generally been applied to health concerns that are prevention–related and asymptomatic, such as early cancer detection, hypertension screening, etc. where beliefs are as important as or more important than overt symptoms. The model is primarily aimed at

motivating people to take positive health actions that reduce negative health consequences. This is invaluable to our study because it will enable us to assess the relationships between the belief of respondents and the action they take with regard to improving their condition or worsening it.

The importance of HBM cannot be over-emphasized. Its merits are as follow: First, it illustrates the impact of mass media on health behaviour. Second, it focuses on the perceptions and beliefs of clients that can be altered to enhance certain health behaviours (Echo, 2012). Third, it helps to predict and explain why clients seek health services and their behaviour may or may not be compliant.

Nevertheless, the HBM has been criticized on a number of grounds: First, it places too much emphasis on abstract, conceptual beliefs (Safer et al. 1979, cited in Rice, 2012). This is because individuals may not always follow up on health recommendations that alerted them to a potential health threat. Finally, the model highlights the client's perception of preventive health care measures while neglecting the transactional nature of client-professional interaction in promoting health care.

Conceptual and Historical Overview of Lassa Fever

Lassa fever is an acute viral hemorrhagic illness caused by Lassa virus, a member of the virus family Arenaviridae (Tobin, Asogun,& Isah, 2013; WHO, 2017). According to Yunusa and Egenti (2019), Lassa fever is characterized by fever, muscle aches, sore throat, nausea, vomiting, chest and abdominal pain. It is consistent with persistent, asymptomatic infection, with profuse urinary virus excretion in Mastomysnatalensis, *the ubiquitous and highly commensal rodent host*. It is dominant in the literature that rodents are the primary carriers and distributors of the Lassa fever virus, and they transmit the virus through urinary and feces excretion (Sahara Reporters 2018; Premium Times, 2018) It is transmitted to man through contact with the excreta deposited in foods, provisions (like bread and biscuit), during hunting and processing of rats for consumption, during care for infected sick relatives or in health care settings. *Daily Post* (2019), *The Punch* (2018), and Kelly *et al. (2018)* observed that Lassa fever is a rural communities' prone epidemic due to their population. Research seems to validate the notion that greater proportion of people live in the rural communities, where poverty, ignorance, and limited access to mass media and orthodox medicine prevail.

Although many scholars erroneously hold that Lassa fever was discovered first in Nigeria when two missionary nurses died of it in 1969, the root of the disease is traceable to its discovery in Sierra Leone in the 1950s. Adefisan (2014, p. 166) captured this in the following words:

> Lassa fever as an endemic acute viral hemorrhagic disease was first discovered in Sierra Leone in the 1950s but the virus responsible for the infection was not known until 1969 when it claimed the lives of two missionary nurses. This fever was named after a village called Lassa in Borno State, Nigeria.

The epidemic claims the lives of over 3000 Nigerians annually. The high fatality rate from outbreaks of Lassa fever might have been due to the prevalence of certain unhealthy sanitary and environmental behaviours that increase the risk of Lassa fever among Nigerians. For example, people (particularly children) living in rural areas eat rodents, which are the primary carriers of Lassa fever (Adebiyi, 2012). Transmission routes of Lassa fever include human contact with the faeces of these rodents and/or human food waste that these rodents scavenge on as well as the eating of poorly covered food that may have been urinated upon or eaten in part by these rodents (WHO, 2017).

This is because the popular carrier/transmitter of the Lassa virus - mastomysrat - lives in and around human homes. The virus is transmitted through contact with its excreta deposited around homes (Stern, 2015) on human food and wastes, and poorly stored food (NCDC, 2016). Many

homes equally eat the rodents as meat without knowing that Lassa fever is transmitted through it (NCDC, 2017).

The Mass Media as Main Platform for Sensitization

The sensitization and awareness campaign were to sensitize the populace on the cause of Lassa fever, its symptoms, consequences, and prevention methods. The media (particularly social media, radio and television) was used as a veritable instrument for creating the needed awareness and Lassa fever health education (Wakefield, Loken,& Hornik, 2010; Young, Lewis,& Katikireddi, 2018; Vidanapathirana, Abramson,& Forbes, 2005; Adebiyi, 2012) although some scholars argue that the use of social media is an exclusive reserve of the educated. Ekiti State government adopted inclusive media institutions, *i.e.* television stations, radio stations, and newspapers together with other traditional means of mass mobilization to create proper awareness of Lassa fever epidemic among the rural communities.

These institutions particularly the television and radio stations adopted indigenous languages as their means of communication. This study, therefore, is poised to assess the level of awareness of Lassa fever among residents of different rural communities in Ekiti State in the light of NTA sensitization campaign in the state, and the influence of the campaign on their adoption of the messages.

The Role of Broadcast Media (Television) in the Campaign against Lassa Fever

The broadcast media comprise mainly radio and television (Rodman, 2006). They play significant role in opinion through persuasive campaign (Hyman & Sheatsley 1974 cited in Ufuophu-Biri, 2008). Over the years, the broadcast media have dished out campaigns on how to deal with outbreaks of diseases. Some of the campaign messages are sponsored while others are generated, produced and broadcast by the stations as part of their social responsibility function.

Governments have a responsibility of the health of their people which can be fulfilled only by the provision of adequate health and social measures. The desire to improve the health care services as well as to disseminate the information to the masses on the attitudes that guarantee healthy living in Nigeria had made the government to recognize the importance of NTA on the promotion of health care services (Ufuophu-Biri, 2008).

In this regard, the media had been widely used in health campaigns across the country. Some of the most popular of such campaigns were successfully carried out through the broadcast media, especially the Nigerian Television Authority (NTA). Some of the most popular campaign are Roll Back malaria programme, immunization programme, HIV/AIDs among others. In addition, during these campaigns, Nigerian Television Authority (NTA) was used for highlighting major health hazards and to suggest the strategies for ameliorating the health conditions of the people.

In other words, Nigerian Television Authority (NTA) was used to present the health problems of the rural people and possible solution is easily understood in terms and forms. Besides, in the 1960's and 1970's Nigeria, the ignorance on health issues were tortured by the epidemic of child diseases especially in early 70's and late 60's.

An unprecedented outbreak of a deadly viral disease in Nigeria is showcasing the newfound might of the country's public-health agency in collaboration with the Nigeria mass media platforms especially the broadcast media. Reforms put in place since a devastating Ebola epidemic struck West Africa in 2014 have transformed how Nigeria responds to infectious disease — including the current Lassa-virus outbreak. The use of television and other broadcast stations has been rewarding in sensitizing the masses on the outbreak, dishing out warning signals and calling on the citizens to report any symptom of the disease to the appropriate designated places (Ukwaja, 2018). Reforms put in place after Ebola epidemic in West Africa have built Nigeria's capacity to

diagnose diseases and track their spread (Ihekweazu, 2018). The Nigeria Center for Disease Control (NCDC) was poised to fight the epidemic to a standstill after it successfully combated the Ebola outbreak. The agency uses television, radio and social media to educate people about public health; that includes combatting false information about how diseases such as Lassa spread (Ukwaja, 2018).

Television's peculiar features and characteristics make it important for certain health messages, where demonstrations and pictures need to collaborate with sound to drive home the theme or central consciousness of any health campaign. Given this situation, NTA Ado-Ekiti was properly engaged in campaigning against the Lassa fever epidemic in so many ways. It becomes imperative to state here that the residents of Ekiti State were properly educated or enlightened on the Lassa fever outbreak in 2018 by the instrumentality of NTA and other mass media platforms. This could explain why the disease was contained without much casualties in the state.

Behavioural Change Communication in Health Promotion: Appropriate Practices and Promising Approaches

Behavior change is a very important aspect in health communication and is used as an intervention measure across a wide range of health problems. Chronic diseases, respiratory illnesses, HIV virus causing AIDS disease as well as zoonotic diseases can be prevented through health communication initiatives that can effectively promote positive behavior change. Health communication is the study and practice of communicating promotional health information, such as in public health campaigns, health education, and between doctor and patient (Ngigi, 2018).

The purpose of disseminating health information is to influence personal health choices by improving health literacy (LaMorte, 2016). In the same breath, the Centre for Disease Control and the National Cancer Institute has defined health communication as: "The study and use of communication strategies to inform and influence individual decisions that enhance health." Behavior change communication (BCC) on the other hand is an interactive process of any intervention with individuals, communities and/or societies (as integrated with an overall programme) to develop communication strategies to promote positive behaviors which are appropriate to their settings (Onuekwe, 2015). Strategic use of communication to promote positive health outcomes is based on proven theories and models of behavior change. Sachadeva et al. (2015) insist that any successful communications programme aimed at changing behavior must be grounded in theory. She further states that health programmes and companion communications campaigns should find components of at least one behavior-change theory.

Most of the studies revealed that change of behavior differs across a range of factors. Individual perceptions, beliefs or emotions affect decision-making towards behavior change (Bensley et al.(2018). Interpersonal factors such as family influences like social support and relationship also affect individual decision-making (University of Twente, 2017). Community norms influence how people make decision regarding health issues. Structural factors such as the economic status of the country, political climate laws enforcement and policies also affect behavior change of an individual. Some behaviors are so tightly woven into social norms (e.g. smoking) that an ecological approach targeting the individual as well as their community and broader environment is critical (Milgrom, 2015). Behavior change communication employs a systematic process that involves formative research and behavior analysis, communication planning, implementation, and monitoring and evaluation. Other people's values, attitudes, beliefs and behavior can have a strong social influence on our own behavior (UDSAID, 2010).

In addition, the audiences are carefully

segmented, messages and materials are pre-tested, and both mass media and interpersonal channels are used to achieve defined behavioral objectives. Self-affirmation strategy, as identified by Martin and DiMatteo (2014), is used to increase receptiveness to potentially threatening health messages. The strategy allows reflection on individual's important values through engagement of open-minded and balanced appraisal.

Empirical Review

In a study carried out on the bouts of Lassa fever infection in Nigeria, Olalekan (2016) argues that rats are ubiquitous in human households whose existence is prevalent in urban areas and cities. Factors such as unplanned urbanization, population explosion in the cities and urban areas, indiscriminate refuse disposal, poor personal hygiene and overcrowded housing contribute to their movements and habitation in the urban setting. Thus, it is always a harvest of deaths for such communities to experience an outbreak of Lassa fever epidemic. These deaths include patients, medical staff, surgeons, nurses and other trained laboratory personnel (*The Telegraph*, 2018;Nigeria Health Watch, 2018). Yunusa and Egenti, (2018) and Ogbu, (2017) observe that the epidemic is responsible for over 5,000 deaths annually in West Africa. According to WHO (2018), over 100,000 lives were lost to Lassa fever between 1969 and 2012, with many unrecorded deaths that occurred in rural areas. Ajayi *et al*. (2016) argued that although relevant agencies employed coordination, laboratory testing, active surveillance, community mobilization, contact and suspected case evaluation and case management as means of eradicating the epidemic, poor public sensitization and awareness of epidemic is responsible for the high fatality rate recorded so far. They suggested the establishment of effective disease awareness, public enlightenment on personal hygiene, notification and prompt action system as one of the means of eradicating it. Concurring to this observation, Ogbu (2017) and Adebiyi (2012) observed that correct knowledge of the epidemic and its dynamics, disease surveillance and notification need to be improved. Nnebue *et al*. (2018) and Smith and Adedeji (2017) blame poor surveillance system, poor funding, inefficient laboratory, poor reporting, communication problems, absence of trained medical personnel, and vertical programmes doing parallel reporting for the high fatality and/or mortality in Lassa fever outbreaks.

However, Olayinka *et al*.(2015), Adefisan (2014) and Adebimpe (2015) observed that the rate of awareness of Lassa fever disease in Nigeria particularly among the Owo people of Ondo State and Irrua households in Edo State is very high. Nevertheless, they argue that it may be so because these areas were hot spots for Lassa fever outbreaks. Tobin *et al*., (2013),and Wogu et al. (2018) in their study of public and private health institutions in Nigeria observed that there is high level of awareness, and good knowledge of Lassa fever epidemic among health care workers. However, they exhibit poor knowledge of injection safety and complained of inadequate resources to practise standard precautions.

Furthermore, Ajayi (2016) made similar observation that a majority of the health care workers interviewed were unable to identify and/or explain Lassa fever vaccinations, post-exposure prophylaxis, and surveillance for emerging diseases (WHO, 2016). In a more distinct form, Adefisan (2014) and Adebimpe (2015) observed that both the literate and illiterate rural dwellers irrespective of gender lack proper awareness that rat is the vector of Lassa fever and the dynamics of the epidemic. This leads to uninformed fears among them and the refusal of health care workers to engage in humanitarian intervention in cases of others' infection with the disease for fear of being infected. Wogu *et al*. (2018) observed that there is no health behavior modification among Nigerian communities in spite of the perceived awareness of the epidemic.

The culture of poor refuse disposal, poor attitude to fumigation activities and poor personal and environmental hygiene persists. A majority of

the households studied are still parking household loads and food items in the same place without covering food items properly, while the unhealthy disposition of daily accumulated refuse among the households remained the same. Most of the rural and urban residents still eat food contaminated by rodents through contacts or even eating by rodents (Ogbu, 2017; Adebiyi, 2012).

Methodology

The survey research design was adopted in carrying out the study. The population of the study was the 909, 967 registered voters of Ekiti State in the 2019 general elections. The Kracee and Morgan sample size determination formula was used in selecting 500 respondents for the study. This was also supported by Wimmer and Dominick (2011) who posit that in a research study of this nature, 500 samples is very good. The purposive and multi-stage sampling techniques were used in selecting the actual respondents for the study. The multi-stage sampling was used to ensure that all the segments of Ekiti State were sampled, thus the first stage was the three senatorial zones of Ekiti State, which are Ekiti Central, Ekiti North and Ekiti South. Second stage was the selection of one LGA each from the three senatorial zones, thus: Ado, Oye and Ikere were selected respectively. The three LGAs were purposively selected based on their rural nature.

Samples were allocated to the areas using disproportionate allocation formula; thus, 166 were allocated to Ado, while Oye and Ikere got 167 respectively. The instrument for data collection was the questionnaire. In distributing the copies of questionnaire, the researcher targeted respondents in four locations thus: Markets, Motor parks/ Garages, Hospitals and Schools. This was based on convenience and discretion. Three research assistants were properly instructed and adequately motivated to administer the instruments on a face-to-face basis. Data collected were presented in statistical tables using frequency and percentage for the analysis.

Data Presentation and Analysis

Out of the 500 copies of questionnaire distributed to respondents in select areas, 492 copies were returned and found usable yielding 96% return rate while 8 copies which were either not returned or not well filled amounted to 4% mortality rate

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Research Question One

What is respondents' frequency of exposure to NTA Ado-Ekiti health campaign on Lassa fever?

Table1: Assessment of respondents' frequency of exposure to NTA Ado-Ekiti health campaign on Lassa fever

Response	Frequency	Percentage
Very frequently	162	32.9
Frequently	198	40.2
Sometimes	101	20.5
Can't say	21	4.3
Not all	10	2.1
Total	492	100

Analysis of data in Table 1 shows that 162 representing 32.9 percent of the respondents answered 'very frequently' when asked to indicate their frequency of exposure to NTA health campaign on Lassa fever. 198 or 40.2 percent answered 'frequently'; 101 or 20.5 percent answered 'sometimes;' 21 or 4.3 percent had no opinion on the question while 10 or 2.1 percent answered 'not all'. This is an indication that more than two thirds majority of the respondents acceded to having had good exposure to the NTA Ado-Ekiti health campaign on Lassa fever.

Research Question Two

What is respondents' perception of the NTA health campaign on Lassa fever?

Analysis of data presented in Table 2 reveals that 152 representing 30.9 percent of the respondents answered 'very educative' when asked to indicate their perception of the NTA health campaign on Lassa fever; 186 or 37. 8 answered 'educative'; 122 or 24.8 answered 'fairly educative'; 11 of 2.2 percent

had no opinion on the question, while 21 or 4.3 percent answered 'not educative'.

Table 2: Assessment of respondents' perception of the NTA health campaign on Lassa fever

Response	Frequency	Percentage
Very educative	152	30.9
Educative	186	37.8
Fairly educative	122	24.8
Can't say	11	2.2
Not educative	21	4.3
Total	492	100

This shows that more than two thirds majority of the respondents perceived the NTA health campaign on Lassa fever as educative.

Research Question Three

What is respondents' level of adoption of the NTA health messages on Lassa fever?

Table 3: Assessment of respondents' level of adoption of the NTA health campaign on Lassa fever

Response	Frequency	Percentage
Very high	201	40.9
High	154	31.3
Fairly high	81	16.5
Can't say	34	6.9
Low	12	2.4
Total	492	100

Analysis of data in Table 3 shows that 201 representing 40.9 percent respondents answered 'very high' when asked to indicate their level of perception of the NTA health campaign on Lassa fever; 154 or 31.3 percent answered 'high'; 81 or 16.5 percent answered 'fairly high'; 34 or 6.9 percent had no opinion on the question while 12 or 2.4 percent answered 'low'. This is an indication that more than two thirds majority of the respondents acceded to having a high level of adoption of the NTA health campaign on Lassa fever.

Discussion of Findings

From research question one, the data presented and analysed reveals that the respondents had a high level of exposure to the NTA health campaign on Lassa fever. These findings underscore the veracity of high awareness creation on the deadly Lassa fever epidemic by not only the NTA but also other broadcast stations in Ekiti State such as Ekiti TV, Progress FM, Voice FM, Ekiti FM, among others. The findings also debunk an earlier observation by Ajayi *et al*. (2016) who argued that although relevant agencies employed coordination, laboratory testing, active surveillance, community mobilization, contact and suspected case evaluation and case management as means of eradicating the epidemic, poor public sensitization and awareness of epidemic is responsible for the high fatality rate recorded so far. Following these findings, it becomes imperative to state that the high level of exposure to the NTA Ado-Ekiti health campaign on Lassa fever made it possible for the state to contain the epidemic without too many casualties.

From research question two, data presented and analysed shows that more than two thirds majority of the respondents perceived the NTA health campaign on Lassa fever as educative. These findings reinforce one of the basic tenets of the Health Believe Model as encapsulated by Schiavo (2007) which theorizes that people's beliefs about whether or not they are at risk for a disease or health problem, and their perceptions of the benefits of taking action to avoid it influence their readiness to take action. On the basis of this submission, it is safe to state that the NTA health campaign was truly perceived as educative hence the respondents believed the benefits.

Finally, from research question three, data presented and analysed indicates that more than two thirds majority of the respondents acceded to having had a high level of adoption of the NTA health campaign on Lassa fever. The findings run counter to an earlier submission by Tobin et al.(2013), who posit that there was massive ignorance and lack of awareness of what to do

about prevention and cure of deadly diseases on the part of the citizens. The present findings therefore seem to debunk Tobin et al.'s earlier findings and also validate the principles of not only the Health Believe Model (HBM) but also the agenda-setting function of the mass media.

Conclusion

Following the findings from this study, the following conclusion was deduced: frequency and/or level of exposure to the NTA health campaign in Ekiti State was quite high. It was also revealed that the respondents perceived the NTA health campaign on Lassa fever as educative. Equally, there was a high level of adoption of the NTA health messages on Lassa fever by the residents of Ekiti State.

Lassa fever is a serious public health issue in Nigeria. The mass media can play a positive role in combating Lassa fever and its attendant fatality in Nigeria. However, it seems that mass media activities have been only partially successful because they ignore essential information relating to the epidemic. We also argue that information gaps and the lack of timely and appropriate information are hindrances to the promotion of appropriate health and environmental behaviours that would help to reduce Lassa fever in the country.

Recommendations

It is recommended that media reporters intensify efforts at understanding the best time of the day to broadcast disease prevention information. Television stations should make efforts toward providing accurate information regarding disease outbreak because this might help reduce panic and resistance to control and prevention measures. Media broadcasting of disease outbreak and other related information may occur during the early morning or late evening hours when many Nigerians, especially civil servants, are at home and prepared to listen to news on the radio, view the television, or search the Internet. Campaign messages should be packaged in local languages to enable the people easy understanding of media messages.

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