ORIGINAL ARTICLE

Evaluation of the Inputs of Broadcast Media to Lassa Fever Scourge Preclusion in Select Communities of Nasarawa and Plateau States, Nigeria

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Abstract

The study evaluates the inputs of broadcast media to Lassa fever scourge preclusion in select communities of Nasarawa and Plateau States, Nigeria. It adopts the survey research design, employs the multistage sampling technique and makes use of questionnaire to collect data. Furthermore, the Health Belief Model serves as the theoretical framework. Findings among others reveal that the broadcast media have not done enough on the provision of information regarding Lassa fever. From the findings, the study recommends that broadcast media need to increase their coverage of Lassa Fever with a view to widening the horizon of the people on the causes, control, prevention, management and symptoms of the disease. There is need for the broadcast media to improve their signals by purchasing and installing digital equipment. Equally important is for broadcast stations to make use of indigenous languages in the broadcast of health related issues such as Lassa fever. The time allotted to broadcast on Lassa fever should be increased and, above all, government should allocate stronger frequencies to broadcast stations so that their signals can get to rural communities.

Keywords: Health Belief Model, prevention, influence, broadcast media, Lassa fever.

Introduction

One of the diseases that is still troubling countries in West Africa, including Nigeria, is Lassa Fever. The origin of the ailment is traced to 1969 when it killed two missionary health workers in Nigeria (WHO, 2017). The disease, named after a community called Lassa, Borno State in Nigeria (Nigeria Health Watch, 2018), is described as an animal-borne or zoonotic, acute viral illness: an acute viral haemorrhagic illness caused by Lassa Fever, a member of the arenavirus family of viruses (Centers for Disease Control and Prevention, 2019 & WHO, 2022). Centers for Disease Control and Prevention (2017). Healing and Gopal (2001) cited in Gwomson, Sodipo and Lar (2018) describe the virus thus:

> The multimammate rats (Mastomys natalensis), which breed mostly during the dry season (January to March) and distributed widely throughout west, central, and east Africa, are culprits in the human infection. The rat feeds and excretes the viruses on human foods either on the farmland or at home when it has been transported to the house. Nosocomial infection has been seen to occur (p. 197).

According to WHO (2020), Lassa fever is a viral haemorrhagic fever that is transmitted to humans via contact with food or household items contaminated with rodent urine or faeces. The health Body further says that secondary human-to-human transmission can also occur through direct contact with blood, secretions, organs or other body fluids or infected persons, especially in health care settings. "About 80% of persons infected with the Lassa virus are asymptomatic but in the remaining 20%, the illness manifests as a ferbrile illness of variable severity associated with multiple organ dysfunctions with or without haemorrhage" (WHO, 2020).

Right from 1969, concerted efforts to preventing the illness have been put in place, yet the disease has continued to kill people across the West African sub-region. As noted by Newman (2018), "The disease is endemic to a number of West African countries; rough estimates suggest that there are between 100, 000 and 300, 000 cases of Lassa fever each year in West Africa, and approximately 5, 000 deaths due to the disease." A report by *Nigerian Tribune* (October 7, 2021) entitled "Lassa fever killed 724 in five years"

showed that out of the 298 confirmed cases in 2017 79 died. Out of the confirmed 528 Lassa fever cases in 2018, 171 died. Of the 796 Lassa fever cases in 2019, 159 died and from the 1189 cases in 2020, there were 244 fatalities. Between January and August 2021, there were 321 confirmed cases out of which there were 73 fatalities. Another report by *Vanguard,* December 17, 2021 quoting the Nigeria Centre for Disease Control (NCDC) revealed that 80 persons have died from Lassa Fever. The report further showed that there were 434 confirmed cases, with Edo State having 192, Ondo, 150, Taraba, 21, Ebonyi, 17, Bauchi, 15, Benue, 8, Plateau, 8, Kaduna, 8, Enugu, 5, Nasarawa, Kogi, 3, Cross River, 1, Imo, 1, Anambra, 1, Delta, 1 and Abia, 1. Similarly, Channels Television on January 21, 2022 reported that Nigeria records 11 deaths, and 96 cases in two weeks. The report notes: "Cumulatively from week 1 to week 2, 2022, 11 deaths have been reported with a Case Fatality Rate (CFR) of 11.5%." Poor hygiene, environmental practices, food and personal hygiene and weak health system are attributed to be the possible reasons for the continuous outbreak of Lassa fever (Gwomson, Sodipo & Lar, 2018). Lassa Fever symptoms include, bleeding in the gums, nose eyes, or elsewhere, difficulty in breathing, cough, swollen airways, vomiting and diarrhoea, both with blood, difficulty swallowing, hepatitis, swollen face, pain in the chest, back and abdomen, shock, hearing loss, which may be permanent, high or low blood pressure, tremors, meningitis, encephalitis, and pericarditis, a swelling of the sac that surrounds the heart (Newman, 2018).

As indicated above, Plateau State and Nasarawa State are parts of the territories affected by Lassa fever. Plateau State is located in Nigeria's middle belt. It has an area of 26,899 square kilometres, an estimated population of about three million people. It is located between latitude 80°24'N and longitude 80°32' and 100°38' east. The state is named after the picturesque Jos Plateau, the state capital, a mountainous area in the north of the state with captivating rock formations. Bare rocks are scattered across the grasslands, which cover the plateau. The altitude ranges from around 1,200 meters (about 4000 feet) to a peak of 1,829 metres above sea level in the Shere Hills range near Jos. Years of tin mining have also left the area strewn with deep gorges and lakes. The state is surrounded by Bauchi State – to the north east, Kaduna State – to the North West, Nasarawa State – to the South West and Taraba State – to the South East. It has a yearly temperature of between 18 and 22°C. The people are predominantly farmers and have similar cultural and traditional ways of life. Tribes like Berom, Taroh, Ngas and others make up about forty languages with people from other parts of the country who have come to settle in Plateau State (Plateau State Government. Plateau State, 2022).

Nasarawa State is a state in the Middle Belt region of Nigeria, bordered to the east by the states of Taraba and Plateau, to the north by Kaduna State, to the south by the states of Kogi and Benue, and to the west by the Federal Capital Territory. Named for the historic Nasarawa Emirate, the state was formed from the west of Plateau State on 1 October, 1996. The state has thirteen local government areas and its capital is Lafia, located in the east of the state (This is how the 36 states were created, pulse.ng, 2022).

One of the instruments used to coordinate public health response has been mass media. The mass media refer to diverse media technologies such as radio, television, newspapers, magazines, the Internet, billboards, film among others that reach a large audience through mass communication. One of the upper hands of the mass media is their ability to reach people in terms of health emergencies. Carson, Ameer and Sayehmiri (2017), Bala, Strzeszynski and Topor-Madry (2017), Clement, Lass man and Barley (2013), Ferri, Allara and Bo (2013), Wakafield, Loken and Hornik (2010) cited in Oluwaseun, Nkekuwa and Otete (2020) describe the mass media function in relation to health interventions as one being used to reach very large number of people with a view to influencing them to change their health behaviour to align with positive health advocacy. Ankem (2006) supports this view that the media are important allies in any public health matters as they play the role of being sources of information as well as advocate health awareness.

This, as observed by the United States Agency for International Development (2006), makes health authorities entrust the media with essential health information, which is then relayed to the public in readily accessible formats through a variety of media channels. Boyd and William (2009) also aver that mass media in general help health workers to expand their audience reach because they (mass media) are effective in informing and perhaps persuading target audiences to adopt new behaviors or remind them of critical information about various health issues or diseases and where they can seek help.

Out of the various mass media, the broadcast media are mostly used to reach people in the rural communities and urban centres as well due to their peculiar characteristics. In realisation of the fact that communication is essential to achieving success in any meaningful development programme, the role of the mass media, particularly the broadcast media as channels of communication becomes also strategic. The use of appropriate channel of communication is said to be imperative in achieving successful results in communication for change in behaviour. This is succinctly captured by Soola (2003) who cited Lerner (1958), Pye (1963) and Rogers (1963), as saying that the mass media adopt "Systematic utilisation of appropriate communication channels and techniques to increase people's participation in development and to inform, motivate and train rural population mainly at the grassroots level" (p. 118). Thus, the importance of broadcasting in assisting people to curb the menace of Lassa fever cannot be under estimated. And it is on this note that this study seeks to investigate inputs of broadcast media to Lassa fever scourge preclusion in select communities of Nasarawa and Plateau States, Nigeria.

Statement of the Problem

The recent upsurge of Lassa fever in the country remains a public health concern that requires correct and sufficient information in dealing with it. In other words, due to the devastating impact of Lassa fever on the people, it has become an important matter to the mass media. But one significant question that needs to be asked is, to what extent have the residents of Plateau and Nasarawa States been enlightened, particularly by the broadcast media about Lassa Fever disease? This calls for investigation.

Scholars have conducted studies on Lassa fever generally and mass media and the ailment (Adesoji, Yinusa, Adijat, Abdulateef, Kehinde & Akindele, 2016; Ilesanmi, Omotoso, Alele, & Adewuyi, 2015; Gwomson, Sodipo, & Lar, 2018; Ijwo, Akurega & Barnabas, 2018; Fatiregun, Isere, Dosumu, Agunbiade & Onyibe, 2019). Adesoji et al.'s study dwelled on knowledge, beliefs and sources of information on Lassa fever among residents of a community in Ilorin; Ilesanmi et al.'s research centred on awareness of Lassa fever in a rural community in south-west Nigeria; Gwomson et al. focused on Lassa fever as a recurring decimal in Plateau State, Nigeria; Ijwo et al. concentrated on behaviour change communication as panacea for prevention of Lassa fever in select area councils of the Federal Capital Territory (FCT), Abuja while that of Fatiregun et al. study was on Lassa fever awareness and knowledge among community residents in Ondo State. Notwithstanding these studies, there is still insufficient knowledge on the contributions of broadcast media to Lassa fever preclusion in Plateau and Nasarawa states. This is the knowledge deficit that this research sets out to bridge.

Research Objectives

The core objective of the study is to evaluate the inputs of broadcast media to Lassa fever scourge preclusion in select communities of Nasarawa and Plateau states, Nigeria. The study specific objectives include the following:

i. To determine the rate at which Lassa fever spreads in Obi, Awe, Mangu and Shendam LGAs.
ii. To determine the extent to which broadcast media are involved in preventing Lassa fever in Plateau and Nasarawa states.
iii. To ascertain the specific ways in which broadcast media are involved in mitigating Lassa fever.

iv. To determine the extent of the influence of broadcast media messages on the targeted population aimed at curbing Lassa fever.
v. To find out the challenges that the target population faced in getting information from the broadcast media about Lassa fever.

Review of Literature

The Mass Media and Health Education: Examining its Influence on the Public

Over the years, mass media have been an important component in human society and this is reflected in various functions they perform and how these functions impact on individual members of society and the polity at large (McQuail, 2010; Mujtaba, 2011). The information, education and entertainment functions of mass media in particular place several tasks on them and necessitate the coverage of a wide range of human endeavors and subject areas. These subject areas include among others: health, politics, education, sports, science and technology, environment, arts and culture, business and economy, life and style and religion.

In performing these functions, mass media provide information and act as a teacher in some cases by educating the media audience on important topical issues in society. The agenda setting function of mass media means that the media essentially prioritize issues and events by giving prominence to some (issues and events) over others, thereby setting the agenda for public discussion (Weiss, 2009). The agenda-setting function of mass media is a theory that has measured the effect between media and the public. In other words, agenda setting theory holds that mass media emphasize certain issues in such a way that media audiences or members of the public also attribute importance to such issues. This may consequently influence or shape their opinions. Weiss (2009) notes that the agenda setting function of the media evolved through the framework of the agenda setting theory originally formulated by Maxwell McCombs and Donald Shaw in 1972. Agenda setting theory explains the relationships between the emphasis the mass media place on issues and the importance media audiences attribute to those issues (McCombs & Shaw, 1972). These functions of mass media- information, education and agenda setting, perhaps may enable members of the public to make informed decisions on issues affecting them within their socio-economic environment.

Consequently, mass media have been described as a powerful presence in the daily lives of nearly every person on this planet regardless of race, nation, or socio-economic class because people watch television, listen to radio, watch movies, read newspapers and browse the web (Rendon, 2002). Hence, "media construct our reality and help to define who we are and even who we wish to become" (Kenix, 2011, p. 1).

However, one important component in every society is health. The health of a particular nation reflects largely the well-being of the citizenry and partly its level of development (Agbonifo, 1983, cited in Bello, 2015). This is why all nations of the world treat the issue of health with ultimate concern. According to Lambe (2008):

> All nations of the world take health issues as one of the fundamental concerns of government. At the global realm, the establishment of the World Health Organisation (WHO) as an organ of the United Nations charged with the responsibility of monitoring global health trends and proffering appropriate course of action as and when due, is a testimony to the primacy of health to the continual survival of the universe. (p. 191).

Therefore, mass media can be regarded as vital channels in promoting health information and publicising various health issues and diseases for public awareness. Mass media have the potential to inform and educate the general public on various health issues and provide health information that may engender healthy living among people. Ankem (2006) supports this view that the media are important allies in any public health matters as they play the role of being sources of information as well as advocate health awareness. Mass media have been identified as major sources to learn about

health issues and to receive health information for healthy living and survival on health related matters. This is because "mass media are the nexus between public and policy agenda and are highly influential in shaping discourses about health and research. The way in which news media affect the public is complex and diverse" (Lewison, Tootell, Roe, & Sullivan, 2008, p. 569). Since good health is a prime concern for individual members of societies, its attainment and maintenance involve many varied aspects. As such, people turn to the media for health information given that health is one of the main topics covered by mass media (Carducci, Alfani, Sassi, Cinini, & Calamusa, 2011). Carducci et al. (2011) note further that several population surveys found mass media as the main source of public health information, the impact of which has over the years, shaped citizens' knowledge, perceptions, attitudes and general health behaviors. Mass media play a central role in informing the public about health and medical issues (Alexander, 2005; Thorson, 2006) and mass media serve as major sources of information about health issues for both general public and health professionals (Catalán-Matamoros, 2011; Torwel & Rodney, 2010).

This, as observed by the United States Agency for International Development (2006), makes health authorities entrust the media with essential health information, which is then relayed to the public in readily accessible formats through a variety of media channels. Boyd and William (2009) also aver that mass media in general, help health workers to expand their audience reach because they (mass media) are effective in informing and perhaps persuading target audiences to adopt new behaviors or remind them of critical information about various health issues or diseases and where they can seek help.

Factors Hindering the Use of Broadcast Media for Health Advocacy: The Nigerian Situation

Notwithstanding broadcasting prospects, their deployment for advancing health programmes and policies of governments, especially in Nigeria is said to be without setbacks. In the course of carrying out their mandate to the society, which include that of health, broadcast stations in Nigeria encounter a lot of challenges which Asemah and Edegoh (2013) enumerated as follows:

Challenges Associated with the Person Passing the Information: In message dissemination, the person giving out the message assumes a significant position in the process of communication. This person is often referred to as the communicator. The role of the communicator is important because he or she has to design his or her message in such a way as to positively affect the target population. But while trying to carry the communication and it is discovered that the communicator is not performing up to expectations, this will definitely affect the whole communication process negatively. Note that the communicator as used here refers to the broadcast outfits.

Challenges Associated with the Information being Communicated: The hallmark of broadcasting is to pass across information, which is often called the message. In other words, the message is the centre of communication. The message is usually the feelings, views, notions, ideas to mention but a few, which the broadcast stations usually communicate to the public, with a view to affecting them. But when communicating development issues such as that of health, the right codes, symbols, languages among others have to be properly used. But what we sometimes hear and see on the broadcast media in Nigeria do not properly reflect these codes, languages and symbols.

Inability to Read or Write: One of the biggest challenges confronting broadcasting in Nigeria is the high rate of illiteracy among its listeners and viewers, especially those in the rural communities. Since the hallmark of broadcasting is to affect the people positively, but when the people being communicated to cannot understand the message, then the aim is defeated. This means that illiteracy can serve as impediment to bringing health development to the people.

Most Broadcast Stations in Nigeria still Prefer the use of English Language in Airing their Programmes: Many development communication messages in Nigeria are aired in English language, even when the objective of the development is to reach the rural communities. Notwithstanding the fact that Nigerians have access to radio and television sets, studies have revealed that a lot of broadcast programmes in the country are in English language compared to local languages. With this kind of arrangement, the development initiative (s) may not yield the desired result.

Numerous Languages: Nigeria is one of the most linguistically diverse countries in the world, with over 500 languages spoken. This has always been a problem to broadcasters in terms of designing messages in all these languages. It is practically impossible to achieve that. The problem of numerous languages in the country is principally responsible for inefficient system of communication.

Insufficient Reaction from the Listeners and Viewers: Reaction is communication is considered one of the most important processes. This is often referred to as the feedback. When the listeners and viewers give little feedback or in some situation they do not react at all, then the whole of communicating development programmes and policies is marred. Response, which is the reaction of the audience to messages sent to them is important in broadcasting and other forms of communication. Feedback, whether positive or negative, is necessary for effective two-dimensional or multi-dimensional communication process. It is important for the communicator to find out through feedbacks how his or her messages are perceived, good or bad. Feedback is imperative as it enables the communicator to gauge the messages that he or she has communicated.

Metropolitan Focused Development Support Communication: One other challenge facing the broadcast industry in Nigeria is the practice of city centres development journalism. Most of the reports of development journalists are metropolitan. This implies that most development support communication journalists dedicate their time on what is happening in urban centres. This is not unconnected with the fact that there is larger concentration of media in urban settings such as Port Harcourt, Jos, Kano, Abuja, Lagos Ibadan, Akure, Enugu, Owerri, and Onitsha to mention but a few. This kind of concentration has hindered broadcasting of health related issues like Lassa Fever to people in the rural areas.

Review of Empirical Studies

Gwomson, Sodipo and Lar (2018) conducted a study on "Lassa fever: A recurring decimal in Plateau State, Nigeria". The investigation adopted a retrospective review of LF records of the Epidemiology Unit of the State Ministry of Health (SMoH) in Plateau State between 2012 and 2016 as the research design. Findings show that between the years 2012 – 2016 there were 109 reported LF cases, with 57 (52.3%) males and 52 (47.7%) females. The mean age of the reported cases was 27.9± 13.6 years. Out of these, 23 (21.1%) were confirmed cases: 1 (4.5%) in 2012, none in 2013, 2014 and 2015, and 21 (91.3%) in 2016.The male: female ratio was10 (43.5%): 13 (56.5%). Six (26.1%) of the confirmed cases were health workers. The case fatality rate of the confirmed cases was 52.2%. Even though there is significant association between LF and death (P-value = 0.003) the odds ratio, 0.215 (95% CI) is low. The reporting years show consistent increasing trend from 2012 to 2016, except for 2015 where there was a decline in the number of reported cases. In 2016 there were 74 (67.9%) cases, 5 (4.6%) in 2015, 15 (13.7%) in 2014, 12 (11.0%) in 2013 and 3 (2.6%) in 2012. The study concluded that the annual recurrence of LF outbreak in the state without reciprocal preventive efforts on ground to combating it has exposed the populace and health workers to ill-health and death. The study recommended the establishment of a reliable trend of LF outbreaks in Plateau State will require prompt reporting and proper record keeping of the cases as they occur, with indices that will match best international standards.

Ijwo, Akurega, and Barnabas (2018) carried out a research on the topic "Behaviour change communication as panacea for prevention of Lassa fever in select area councils of the Federal Capital Territory (FCT), Abuja". Survey research was used as the study design, with focus group discussion and in-depth interviews as instruments of data collection. It adopted the Health Belief Model as the theoretical framework. The results of the study revealed that Lassa Fever is high among the communities as a result of insufficient information on the ailment. Other findings of the study included unhygienic processing and storage of foodstuffs, inadequate and improper protection in health care settings as well as behavioural change communication was vital to influencing the behaviours of the people positively towards mitigating the spread of the disease. The study concluded that prevention of Lassa Fever rests solely on enlightenment of the community members through BCC. It recommended that aggressive BCC via leaders of the community to motivate them to imbibe the better methods of storing foodstuffs, proper disposal of used items, maintaining clean households and application of standard of handling patients in health care facilities.

In another study by Okoh, Gomerep, Envuladu, Tagurum, Okoh, Mohammed and Zoakah (2021), a time series study was carried out employing a retrospective analysis of records of Lassa fever cases (from January 2015 – June 2019) obtained from Plateau State Epidemiological Unit. The topic of the study was "Trends in Lassa Fever Outbreak in Plateau State Nigeria". Findings of the research revealed that cases were mainly of the younger age group and were more concentrated in the Northern senatorial zone. Despite the increasing trend in incident cases from 5 in 2015 to 126 in 2019, and age-adjusted cumulative incidence from 1 case per 10,000 population in 2015 to 348 per 10,000 population in 2019, case fatality rate showed a downward trend from 29.6% in 2016 to 12.9% in 2019. Case positivity rates varied from 27.3% to 34.1% to 19.4% and back to 27.3% from 2016 to 2019, and the cumulative Case Positivity Rate was 25.7%. The investigation concluded that the incidence of Lassa fever in Plateau State showed an increasing trend while that of mortality was on a downward trend. The study therefore recommended that more efforts should be put in place by the State government and other stakeholders to reduce the burden of this disease.

Fatiregun, Isere, Dosumu, Agunbiade, and Onyibe (2019) study was on "Lassa fever awareness and knowledge among community residents in Ondo State, Nigeria". The research made use of community-based descriptive cross-sectional study, which was conducted in six affected Local Government Area (LGAs), involving heads of households selected using a multistage sampling technique. A structured pre-tested questionnaire was administered to 2992 consenting study participants Results of the investigation showed that over three quarters 2, 537 (84.8%) of respondents were aware of Lassa fever of which 2, 363 (93.1%) knew that multimammate rat transmits the disease to humans. Also, 1804 (71.1%) knew that washing hands regularly could prevent the disease. However, only 845 (33.3%) of the respondents who reported awareness of the disease knew that cooking all foods properly before eating could prevent the disease. The study concluded that a high level of awareness, but inadequate knowledge of some preventive measures of Lassa fever were observed among community members. It recommended that risk communication messages should focus more on preventive measures of the disease targeting young males with low education in these LGAs, the epicentres of the outbreak.

Theoretical Framework

The Health Belief Model (HBM) developed by Irwin Rosenstock in 1966 is a theoretical model that can be used to guide health promotion and disease, it is used to explain and predict individual changes in health behaviours (Carpenter, 2010; Griffin, 2012). 'The HBM focused on two aspects of individuals' representations of health and health behaviour: threat perception and behavioural evaluation. Threat perception was construed as two key beliefs: perceived susceptibility to illness or

health problems, and anticipated severity of the consequences of illnesses. Behavioural evaluation also consisted of two distinct sets of beliefs: those concerning the benefits or efficacy of a recommended health behaviour, and those concerning the costs of, or barriers to, enacting the behaviour (Abraham & Sheeran, 2015, p 31). This means that people, according to the Model, will take action to prevent illness if they regard themselves as susceptible to a condition (perceived susceptibility, if they believe it would have potentially serious consequences (perceived severity), if they believe that a particular course of action available to them would reduce the susceptibility or severity or lead to other positive outcomes (perceived benefits), and if they perceive few negative attributes related to the health action (perceived barriers) (Carpenter, 2010). The Health Belief Model posits that messages will achieve optimal behaviour change if they successfully target perceived barriers, benefits, self-efficacy, and threat (Jones, Jensen, Scherr, Brown, Christy & Weaver, 2015). The core concept of the original HBM, according to Hochbaum (1958), is that health behaviour determined by personal beliefs or perceptions about a disease and the strategies existing to decrease its occurrence. Such strategies that determine the perception is the media. The action and inactions of the people towards health issues therefore is largely determined by a modifying factor such as the extent of information and quality of such made available by the media. In other words, the broadcast mass media can create awareness and knowledge about the danger of health issues to positively influence the behaviour and beliefs of individuals in the Nigerian society. Furthermore, the broadcast mass media can serve as a pivotal health communication vehicle to influence behaviours of individuals to engage in practices that prevent and curb the growing incidences of diseases, hence the relevance of the Model to this paper.

Methodology

Research Design

The study used the quantitative survey research design. Survey design, according to Galapago (2010), represents one of the most common types of quantitative, social science research. Barbie (2001, p. 259) emphasizes the value and importance of survey when he notes that "survey is probably the best research method available to the social scientist interested in collecting original data for the purpose of describing a population too large to be observed directly". It is on this basis that the survey design was adopted for the study.

Study Area

Awe, Obi, Mangu and Shendam Local Government Areas were the study area. The choice of these local government areas was because reports indicated that they are among the most hit local government areas by Lassa Fever in Plateau and Nasarawa States.

Population of the Study

The population of the study consists of all adults in Awe, Obi, Shendam and Mangu Local Government Areas of Nasarawa and Plateau States respectively. They formed the population because they are capable of providing the needed data on the influence of broadcast media on Lassa Fever. The total population for the four local government areas is 961, 680. The total population was arrived at through a 2016 population projection obtained from the National Population Commission, National Bureau of Statistics and City Population for the four local government areas, which are Awe (166, 080), Obi (133, 200), Mangu (393, 700) and Shendam (268, 700).

Sampling Technique

The study adopted the multistage sampling technique. In the first stage, Nasarawa and Plateau States were stratified as they were group into Senatorial Districts of North, and South Plateau State and South for Nasarawa State. From this stratification, two local government areas (Shendam and Mangu in Plateau State and Obi and Awe in Nasarawa State) were selected through purposive sampling technique. They were selected because they are among the most hit local government areas by Lassa Fever. Thereafter,

certain communities (Abuni, Mauakin Azara and Hassan Gayam were selected in Awe; Agwatashi, Jenkwe and Duduguru in Obi were selected; Daika, Paayam and Gindiri in Mangu while Bakin Kogi, Yelwa Dokan Tofa in Shendam) to make the study manageable. Next stage was the selection of the respondents (33 per community, making a sample size of 396), which was done through purposive sampling. The reason for the adoption of purposive sampling was because the researchers were interested in only the adult members of the communities who can read and write.

Method of Data Collection / Research Instrument

The researchers employed the services of two research assistants who collected data in Awe and Obi LGAs, while the researchers personally collected data in Shendam and Mangu LGAs. The research assistants were trained on how to collect the data. Further, the study collected data through the use of questionnaire, which according to some scholars is one of the best research instruments because it is an economical way of accumulating information, it is probably the best method to collect information, compared to interview or observation, when the sample population is spread over a large territory (Akash, n.d).

Technique of Data Analysis

Data was presented and analysed through the simple percentages and frequency tables.

Data Presentation and Analysis

Table 1: Rate at which Lassa Fever spreads in Obi, Awe, Mangu and Shendam LGAs

Options	Frequency	Percentage
High	205	54.8%
Low	169	45.1%
Total	374	100%

Source: Field Survey, 2022

Data above shows that most of the respondents attested that Lassa fever spread is high in their communities.

Table 2: Agreement on the extent to which broadcast media are involved in preventing Lassa Fever in Plateau and Nasarawa States

Options	Frequency	Percentage
Strongly Agree	37	9.8%
Agree	42	11.2%
Strongly Disagree	60	16.0%
Disagree	33	8.8%
Somewhat Disagree	179	47.8%
Neither Agree nor Disagree	23	6.1%
Total	374	100%

Source: Field Survey, 2022

Table 2 indicates that most of the respondents are somewhat agree on the extent to which broadcast media are involved in preventing Lassa Fever. The implication of this is that the prevalence of the disease may continue to rise due to low broadcast media enlightenment on Lassa Fever in the studied communities.

Table 3: Specific ways in which broadcast media are involved in mitigating Lassa Fever

Options	Frequency	Percentage
Persistent broadcast of messages on the control and prevention of Lassa Fever	55	14.7%
Enlightening the people on the causes, symptoms and management of Lassa Fever	34	9.0%
Calling on relevant authorities to provide Lassa virus testing centres	22	5.8%
All of the above	45	12.0%
None of the above	218	34.2%
Total	374	100%

Source: Field Survey, 2022

Table 3 reveals that 34.2% believed that the broadcast media have not done enough on broadcasting messages on the control, prevention, causes, symptoms, management and calling on the

relevant authorities to mitigating the scourge of Lassa Fever. The implication of this finding is that broadcast media messages are not adequate on the disease and the ailment may continue to spread in rural communities of the country.

Table 4: Agreement to the extent of the influence of broadcast media messages on the targeted population aimed at curbing Lassa Fever

Options	Frequency	Percentage
Strongly Agree	36	9.6%
Agree	39	10.4%
Strongly Disagree	55	14.7%
Disagree	62	16.5%
Somewhat Disagree	176	47.0%
Neither Agree nor Disagree	6	1.6%
Total	374	100%

Source: Field Survey, 2022

Data in table 4 shows low influence of broadcast media messages on the targeted population aimed at curbing Lassa Fever because most of the respondents went for the somewhat disagree option. This implies that broadcast media messages have not influenced the people as regards the scourge of Lassa Fever. This may be as a result of low information the people get from broadcast media as indicated in table 1&2 above.

The findings here indicate that challenges of insufficient use of languages of the people, limited time allotted to Lassa Fever, poor signals and lack of the public participating in Lassa Fever programmes are confronting the people as most of the respondents went for 'all of the above' option. The implication of this on the larger Nigerian society is that inadequate use of indigenous languages in broadcast of health related programmes and policies may lead to increase in diseases. Also, limited time given to health related issues such as Lassa Fever by broadcast media may be an invitation for further spread of disease, as well as poor signals may act as a clog in the wheel of driving health policies and programmes to the rural dwellers.

Table 5: Challenges that the target population faced in getting inform from the broadcast media about Lassa Fever

Options	Frequency	Percentage
Insufficient use of the language peculiar to the people on Lassa Fever	24	6.4%
Time allocated to programmes on Lassa Fever is usually not enough	12	3.2%
Most broadcast stations signals do not get to us	18	4.8%
The public do not like taking part in Lassa Fever programmes	7	1.8%
All of the above	313	83.6%
None of the above	0	0%
Total	374	100%

Source: Field Survey, 2022

Discussion of Findings

The findings of the study were discussed based on the research objectives.

1. To determine the rate at which Lassa Fever spreads in Obi, Awe, Mangu and Shendam LGAs. Results showed that the rate at which Lassa fever is spreading in Obi, Awe, Shendam and Mangu is high. This was attributed to inadequate information on the disease. Additionally, findings from extant literature revealed that poor storage of food items, which allowed rats to feed on them as well as improper handling of patients at health facilities are responsible for the spread of the ailment. Mofolorunsho (2016) and Achinge, Kur and Gyoh (2013) corroborated the above findings. Mofolorunsho succinctly asserted that the most common means by which Lass virus spread is through contact with the faeces and urine of the rats, which feed on food items that are poorly stored. Achinge, Kur and Gyoh posit that information and education on the possible causes of diseases are imperative to curbing the spread of ailments. Futher, Odunsi (2018) discovered that within the period of 14 days, a dozen cases have been confirmed at the

National Hospital, Abuja, 5 fatalities and 25 contacts were discovered as a result of carelessness and attitudes of staff in the hospital. Also, a report by the Nigeria Centre for Disease Control added to this finding as figures show that Lass fever killed 26 people in the past three weeks (Channels Television, 28 January, 2022).

2. The second objective of the study was to determine the extent to which broadcast media are involved in preventing Lassa fever in Plateau and Nasarawa States. Findings here showed that most of the respondents somewhat agree with the extent to which broadcast media are involved in preventing Lassa fever in Obi, Awe, Shenda and Mangu LGAs. This finding goes contrary with the position of Asemah and Edegoh (2013) that the broadcast media educates citizens on new issues inherent in the society.
3. To ascertain the specific ways in which broadcast media are involved in mitigating Lassa Fever. Findings here reveal that broadcast media have not done enough on broadcasting messages on the control, prevention, causes, symptoms, management and calling on the relevant authorities to mitigating the scourge. Similar finding was that of Ihechu (2019). The study posits that due to certain challenges of developing countries, signals of broadcast media hardly penetrate the rural communities, therefore, the rural dwellers are denied of relevant information on all issues of life.
4. To determine the extent of the influence of broadcast media messages on the targeted population aimed at curbing Lassa fever. Data in table 4 above reveals this finding as it shows low influence of broadcast media messages on the targeted population aimed at curbing Lassa fever because most of the respondents went for the somewhat disagree option.
5. Find out the challenges that the target population faced in getting information from the broadcast media about Lassa fever. Results here indicated the various challenges confronting the people in terms of getting information and education on Lassa fever, with insufficient use of languages of the people, limited time allotted to Lassa fever, poor signals and lack of the public participating in Lassa fever programmes are as most of the respondents went for 'all of the above' option. This finding is related to the aspect of extant literature discussed above, where the literature shows challenges associated with information being communicated, use of English language, challenges associated with the person passing the information, numerous languages and metropolitan focused development support communication. Soola finding (2003) also corroborated the above finding. Soola's study posits that there are few factors that usually affect the mass media in their quest to communicating development issues. These include urban centred journalism, high rate of poverty in Nigeria, use of obsolete broadcast communication gadgets, high use of English language, ownership influence to mention but a few.

Above all, the findings of this investigation are indication of the fact that information and education about Lassa fever is imperative to making people change their health behaviour and practices. But broadcast media in the country have not been living up to expectations. These findings agree with the provision of the Health Belief Model, which says that health behaviour is determined by personal beliefs or perceptions about a disease and the strategies existing to decrease its occurrence. Such strategies are the mass media.

Conclusion

The focus of this investigation has been on evaluation of the inputs of broadcast media to Lassa fever scourge preclusion in select communities of Nasarawa and Plateau States, Nigeria. The assessment of the study using the survey research design reveals that low broadcast media enlightenment on Lassa fever. The study, therefore, concludes that the broadcast media did not have much influence on the people on combating Lass

fever disease. The study also concludes that inadequate reach, poor signals, high use of English language, ownership influence, urban centred journalism are factors impeding broadcast media mandate of enlightening the rural people on health related issues. The study also concludes that poor hygiene, improper storage of foodstuffs and unprofessional handling of patients in health facilities are responsible for the increase in Lassa fever in the country.

Recommendations

Based on the conclusions drawn, the study made the following recommendations:

1. Broadcast media need to increase their coverage of Lassa fever with a view to widen the horizon of the people on the causes, control, prevention, management and symptoms of the disease.
2. There is need for the broadcast media to improve their signals by purchasing and installing digital equipment.
3. Equally important is for broadcast stations to make use of indigenous languages in the broadcast of health related issues such as Lassa fever.
4. There also the need for medical staff to be professional in handling of Lassa fever patients in hospitals to avoid the spread of the virus.
5. Time allotted to broadcast on Lassa fever should be increased.
6. Above all, government should allocate stronger frequencies to broadcast stations so that their signals can get to rural communities.

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