

# Winning the War against Ebola Virus through our Television Screens

---

Blessed F. Ngonso, Ambrose Uchenunu & Sharon Onuiri

## **Abstract**

This study examined the influence of media messages on knowledge level and behavioural change among residents of Lagos satellite Town on Ebola virus outbreak in Nigeria in 2014. This study was restricted to Channels Television messages on Ebola Virus. Survey method was adopted for the study and a sample of 198 was drawn from a population of 328,975 (173,742 were male and 155,233 were female) using Taro Yamane formula. A set of questionnaire was developed and used to obtain data for the study. The study findings showed that Channels television was effective in disseminating information concerning Ebola virus. The findings further revealed that the effectiveness of Channels television messages on Ebola increased knowledge level and changed the health behaviour of respondents. The researchers concluded that effective messages have positive impact on media audience and recommended that television programmes on health should be educative, informative, entertaining persuasive and also suitable for all ages. Broadcast organizations particularly television stations should partner with health and health-related institutions for better health information. Government should be quick in engaging the mass media in the dissemination of information to the public.

**Keywords:** *.Channels TV .Ebola virus .Knowledge .Behaviour*

## **Introduction**

Information in today's world is seen as the most essential commodity meant for man's consumption. Man in his quest to conquer his world and remain in control of his daily life seeks information desperately and in his desperation turn to the mass media of communication for daily supply of the needed information on health and health-related issues, financial matters, agriculture, sports, sex, fashion, education, weather, politics, aviation and job vacancies etc. Popoola (2009) commenting on the importance of information in the modern society averred that information is a critical resource which when utilized could increase the knowledge state of an individual.

Information is seen as a vital tool in the sustenance of development of any given nation-state because it reduces uncertainty, enhances awareness of possible actions that can help solve a problem; it empowers citizens and forms part of their capacity building, disperses ignorance and enthrones civility. Lack of information is an impediment to growth and development of communities. Owing to this fact, the media which convey mass messages to mass audience become a vital force in modern civilization, the media power is heavily relied on by both the people and the government, often times, blame goes to the media when certain information do not get to the public. This was the situation in 2014, when the Federal Government of Nigeria called on all media outfits to disseminate information on Ebola virus to all Nigerians. The government specifically asked broadcast media organizations to see the Ebola campaign as part of their corporate

social responsibilities and undermine their commercial interest in order to win the war against Ebola which was seen a national emergency.

### **Statement of Problem**

The demand on the mass media to disseminate information to the public is on the increase in the recent times owing to the fact that the public rely so much on the media for daily news information. Some people believed that it is the responsibility of the media to set agenda, expose the excesses of those in power, educate and inform the public about any perceived danger. These proponents believed that media messages can alter our belief and behaviour; this is why many see the media as change agents. This may explain why the Channel Television and other channels broadcast different messages on Ebola virus. It is in this light that the researchers seek to ascertain whether these media messages created the needed behavioural change among the audience of Channels TV Lagos Satellite Town in Nigeria.

### **Research Questions**

1. What is the level of audience exposure to information on Ebola virus on Channels television?
2. What is the knowledge level of the audience about Ebola virus messages on Channels television?
3. What is the audience level of acceptance of Ebola virus messages from Channels television?
4. To what extent did the Ebola messages from Channels television influence audience health behaviour during the outbreak?

### **Literature Review**

#### **Ebola Virus and Nigeria Experience**

Historically, the outbreak of Ebola in Africa has been attributed to human contact with sweat, faeces (body fluid) and eating of certain undomesticated animals such as monkey, Gorilla and Chimpanzee, which carry certain virus such as *Cuevavirus*, *Marburg* and *Ebola*. Ebola virus is basically of five species, with the first three largely found in Africa among them are Ebola virus (Zaire ebolavirus) Sudan virus (Sudan ebolavirus) Cote d' Ivoire virus), Bundibugyo virus (Bundibugyo), and Reston virus (Restin ebolavirus). The outbreak of this dreaded virus was first discovered in 1976 in Democratic Republic of Congo and Sudan. In 2014 the virus surfaced in Nigeria through Patrick Sawyer, a Liberian-American who was alleged to have come to Nigeria to seek spiritual solution to the Ebola infection which he came along with, while other side of the story believed that, Sawyer was to travel to Calabar for a conference and on getting to Lagos had a severe fever believed to be symptoms of Ebola. From the period (August, 2014) when Sawyer arrived in Nigeria, Ebola was rated to be one of the most dreaded diseases. After the death of Sawyer, a few others died as a result of the virus, and among them was Dr. Stella Adadevoh, from Lagos, Nigeria. Her death further spread the news of Ebola to all parts of Nigeria causing fears to both medical experts and common people alike (Nwanne, 2014). In a bid to prevent the virus, social media went viral with the news on how to prevent the virus with unscientific methods of using salt water therapy and cola nut (Nmohalu, 2015). This development brought Nigeria into the league of countries in Africa that experienced Ebola outbreak. Record has it that Democratic Republic of Congo and Sudan had their first experience in 1976, Nmohalu citing World Health Records presents countries in Africa that had experienced the outbreak in table below:

Year	Country	Species	Deaths	Case fatality
2012	Democratic Republic of Congo	Bundibugyo	29	51%
2012	Uganda	Sudan	4	57%
2012	Uganda	Sudan	17	71%
2011	Uganda	Sudan	1	100%
2008	Democratic Republic of Congo	Zaire	14	44%
2007	Uganda	Bundibugyo	37	25%
2007	Democratic Republic of Congo	Zaire	187	71%
2005	Congo	Zaire	10	83%
2004	Sudan	Sudan	7	41%
2003(Nov-Dec)	Congo	Zaire	29	83%
2003(Jan- April)	Congo	Zaire	128	90%
2001-2002	Congo	Zaire	44	75%
2001-2002	Gabon	Zaire	53	82%
2000	Uganda	Zaire	224	53%
1996(July-Dec)	Gabon	Zaire	1	100%
1996(Jan.-April)	Gabon	Zaire	45	75%
1995	Gabon	Zaire	21	68%
1994	Democratic Republic of Congo	Zaire	254	81%
1994	Cote d' Ivoire	Zaire	0	0%
1994	Gabon	Zaire	31	60%
1979	Sudan	Sudan	22	65%
1977	Democratic Republic of Congo	Zaire	1	100%
1976	Sudan	Sudan	151	53%
1976	Democratic Republic of Congo	Zaire	280	88%
2014	Nigeria	Zaire	8	51%

#### **Ebola Symptoms and Preventive Measures**

Ebola virus by World Health Organization is highly contagious; the rate of contamination is the reason for high rate of causalities. Signs and symptoms include fever, severe headache, fatigue, muscle pain, weakness, diarrhoea and vomiting, abdominal pains and bleeding. These symptoms usually appear between 2-21 days after exposure to Ebola virus. Family members and care givers of any affected person(s) are prone to contacting the virus than anyone else. World Health Organization gave the following preventive measures to people who are threatened with Ebola outbreak: to practice careful hygiene, not to handle items that may have come in contact with infected person, to avoid funeral or burial rituals that requires handling the body of someone who died as a result of Ebola virus, to also avoid bats and non-human primates or blood, fluids and raw meat prepared from these animals etc.

#### **Methodology**

The researchers used survey research design to investigate the problem because survey allows for proper investigation of the subject matter if the issue borders on human behaviour (Osuala, 2005; Wimmer and Dominic, 2003).The study population was obtained from Nigerian census record of 2006, Amuwo-Odifin Local Government of Lagos State, and was the scope of this study. The population stood at 328,975 (male: 173,742 and Female: 155,233).The researchers used a sample size of 198 obtained using Taro Yamane (1967).

The researchers used structured questionnaire as instrument to obtain data from the 198 respondents. The data were analysed using simple percentage and presented on tables.

## **Discussion of Findings**

**Research Question 1:** What is the level of audience exposure to information on Ebola virus on Channels television? To answer this question, items 1,2, and 3 were used. The data showed that, 198 (100%) respondents are aware of Ebola,146 (73%) have viewed Ebola programme on Channels television,73(37%)respondents said that they do watch Ebola programme at least 5 times in a week, 53(27%)respondents agreed that they do watch the programme daily and 20(10%) respondents said they do watch 3 times in a week. From the data, it showed that respondents had good exposure to Ebola information on Channels television.

**Research Question 2:** What is the knowledge level of the audience about Ebola virus messages on Channels television? To answer this question data on table IV and V were used. Table IV showed that 124(63.1%) respondents agreed that their exposure to information on Ebola on Channels television had increased their knowledge level on Ebola outbreak. 52 (26.3 %) respondents said no and 21(10.6%) respondents declined comment. Table V showed that, 137(70%) respondents agreed that the regular Ebola messages have positive impact on their knowledge level of Ebola virus,52 (26.2%) respondents said no and 9(3.8%) declined comment. From the above it is seen that, respondents' knowledge on Ebola outbreak is attributed to messages on Channel television and that duration plays a key role.

**Research Question 3:** What is the audience level of acceptance of Ebola virus messages from Channels television? To answer this question data on tables VI and VII were used. The table VI shows the views of respondents on the frequency of the Ebola virus messages and the acceptance by audience, 168(85%) respondents agreed that the more the messages were repeated the greater the acceptance. Table VII showed that, the respondents understood the Ebola messages from Channels television to the extent that they could transfer same to other members of the public. 138 (70.2%) respondents agreed that they could educate other members of the public with the information got from Channels television.

**Research Question 4:** To what extent did the Ebola messages from Channels television influence audience health behaviour during the outbreak? Data on table VIII were used to answer this research question, which shows that 72 (36%) respondents agreed that their health behaviour was changed as a result of Channels television messages on Ebola outbreak. The respondents said that they were always conscious of the health status of the members of the public; 78 (39.1%)respondents said their health behaviour changed because they stopped public eating while 48 (24%) said they stopped physical body contact with people.

## **Summary**

This study examined the influence of media messages on knowledge level and behavioural change of media audience using Ebola messages on Channels television during 2014 Ebola outbreak in Nigeria. Examining only the knowledge level and behavioural change of Satellite Town residents in Lagos, 198 respondents were studied by the researchers who administered questionnaire to the respondents. This presupposes that the study used survey research design.

## **Conclusion**

From the findings, it is clear that Channels Television was on top of the issue of Ebola outbreak. It is seen from the data that there was repeated broadcast of information on Ebola, which majority of respondents were exposed to. 143(73.3%) respondents agreed

that they were exposed to Ebola information, and as a result of their exposure to the information on Ebola, their knowledge level increased and their health behaviour changed positively. They stopped eating in the public, stopped physical body contacts and became conscious of health status of other members of the public. Based on these findings, the researchers concluded that the mass media particularly the television can alter the behaviour of the people from negative to positive particularly on issues that posed threat to their lives if the message is presented repeatedly on the media (Ali, 2013). Again that such information and awareness can also be transferred from one person to another which further enhanced the third party understanding of the issue.

### **Recommendations**

The researchers recommended that, the mass media, particularly television should always be used to disseminate health information. Government should be quick in engaging the mass media in the dissemination of information to the public. Health workers should always partner with the mass media (television) for the dissemination of information on any subject of threat to public life and peace. Every health-related programme should be packaged in a manner that it would provide the four major functions of the mass media; it must be educative, informative, entertaining and persuasive in nature.

### **References**

- Ali, S. (2013). Media myths and realities in natural disasters. *European Journal of Business and Social Sciences*, Vol.2,No1,pp125-133.
- Nmohalu, M. (2015). Newspaper coverage of Ebola virus outbreak in Nigeria: a study of the *Guardian and the Punch*. A Master Thesis submitted to Enugu State University of Science and Technology
- Nwanne, B. (2014). Media reportage of Ebola crisis: lessons from Nigeria. *Global Journal of Arts, Humanities and Social Sciences*, 2(10), pp.30-38.
- Osuala, E. C. (2005). *Introduction to research methodology*. Enugu: Cheston Agency limited.
- Popoola, S. (2009). Self- efficacy information acquisition and utilization as correlates of effective decision making among managers in insurance companies in Nigeria. *Malaysian Journal of Library & information Science*,14(1),1-15.
- Wimmer, R. and Donimick J. (2003). *Mass media research: an introduction (7<sup>th</sup> edition)* Belmont: Wadsworth.
- Yamane, T. (1967). *Statistics, An Introductory Analysis*, (2nd Ed). New York: Harper and Row.

---

DR. NGONSO, BLESSED F is a Lecturer with the Department of Mass Communication, Samuel Adegboyega University, Ogwa Edo State. [blessedngonso@gmail.com](mailto:blessedngonso@gmail.com)

DR. UCHENUNU, AMBROSE is a Lecturer with the Department of Mass Communication, University of Benin, Benin City. [uchenunua@yahoo.com](mailto:uchenunua@yahoo.com)

ONUURI, SHARON is a Research Fellow with the Department of Mass Communication, Samuel Adegboyega University, Ogwa, Edo State