AUDIENCE PERCEPTION OF COMMUNICATION STRATEGIES USED BY EDO STATE GOVERNMENT AGAINST THE SPREAD OF CORONA-VIRUS

BY

ABUBAKAR SUKURATULAI AUGUSTINA
ICT/2132040074

DEPARTMENT OF MASS COMMUNICATION, AUCHI POLYTECHNIC, AUCHI

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CHAPTER ONE

INTRODUCTION

1.1   Background to the Study

The pandemic COVID-19 is one whose impact is unparalleled in history. Although advances in technology have helped in containment, the pandemic spread still poses a strong challenge. This has resulted in countries of the world gathering resources, both intellectual and financial, to combat a common enemy. In spite of this, there appears to be an increase in the spread globally with countries recording daily deaths and increases of up to a thousand and more. Reports indicate that the countries most affected by this pandemic are located in Europe and North America (World Health Organisation, 2020).

Scholars have come to the understanding that corona-viruses are zoonotic viruses responsible for mild respiratory tract infections and fatal pneumonia in humans (Wong et al, 2020). Human corona-viruses (HCV) were first identified in the 1960s in the noses of patients with common cold. The Centre for Disease Control and Prevention identified seven coronaviruses that can affect people as: 229E (alpha coronavirus), NL63 (alpha coronavirus), OC43 (beta coronavirus), HKU1 (beta coronavirus), MERS-CoV (the beta coronavirus that causes Middle East respiratory syndrome), SARS-CoV (the beta coronavirus that causes severe acute respiratory syndrome) and SARS-CoV-2 (the novel coronavirus that causes coronavirus disease 2019 or COVID-19 (Centers for Disease Control and Prevention, 2020).

According to Shereen et al (2020), the first known occurrence of the virus began in December 2019 in Wuhan, the capital of the Hubei province of China. It began as a form of pneumonic cases in the province. The cases were reported to the World Health Organisation (WHO) country office and it was discovered to be a new strain of the SARS-CoV virus of 2002. The name Covid-19 was given to the virus by the WHO on the 11th of February, 2020. It is an acronym which stands for Corona Virus Disease of 2019. The symptoms associated with the disease were common to that of the common cold. They include fever, cough, shortness of breath, loss of smell. However, the complications are of a greater degree than the symptoms as it could lead to pneumonia, viral sepsis, acute respiratory distress syndrome, kidney failure, etc. The complications over time have been said to worsen based on the health status of the individual (Sohrabi, 2020).

The virus is not airborne but can be spread in various ways. It is primarily spread amongst people during close contact. If droplets from infected persons fall on surfaces, people could get infected by touching an already contaminated surface. Various studies have shown that the half-life of the virus outside the human body is temperature and humidity dependent; hence, different regions can have different rates of spread (Cortegiani, 2020).

The best method of control is to keep safe distance from infected persons, constant washing of the hands and cleaning of possibly contaminated surfaces. The symptoms are irregular, so it is difficult to clearly identify an infected person without testing. The presence of these silent carriers has increased the spread. There are three categories of the silent carriers, according to Lauer (2020) namely;

- **Asymptomatic:** People who carry the active virus in their body but never develop any symptoms.
- **Presymptomatic:** People who have been infected and are incubating the virus but don't yet show symptoms.
- **Very mildly symptomatic:** People who feel a little unwell from a Covid-19 infection but continue to come in close contact with others.

The infection potential of these silent carriers is yet to be ascertained, therefore, social distancing has been strongly encouraged.

The pandemic and its effects are evident in every country, thereby necessitating different nations to provide contextual solutions to manage the situation while awaiting a certified vaccine.

Since the outbreak of COVID-19, numerous preventive and control measures have been applied globally to contain the disease. Preventive efforts notwithstanding, statistical global report on the disease from December 2019 to 30th April, 2020 shows a continuous worldwide increase with a total of 3,090,455 confirmed cases, 217,769 fatalities and 1,007,971 discharged cases distributed across 210 countries (European Centre for Disease Prevention and Control, 2020). The deadliness of the disease is underscored by its potential to infect, cause hospitalization and death of so many persons within the shortest time frame. Worse still, some measures targeted at preventing the disease in emergency cases such as the lockdown procedure could cripple the economy and thus increase poverty level of the affected community. It is for these reasons that World Health Organization declared COVID-19—a public health emergency

of international concern. As at 30th April, 2020, no cure or vaccine has been found and the disease keeps spreading unchecked with USA, Spain, Italy, France, UK, and Germany being the most affected. This left the world in a state of fear and confusion.

To keep the public informed, the media just like healthcare officers have been working hard to ensure that COVID-19 is combated. Journalists have also been on the frontline reporting the cases, the death toll and the measures masses should take to avoid contracting the virus. From informing the people about the pandemic, the media also strives to shape public opinion about the spread and the precautionary measures that can help to mitigate it (flatten the curve).

Extant literature reveals that some scientific, laboratory and epidemiological studies have been carried out on the outbreak (Liu, 2020). Given the novel nature of the virus, more related researches are expected in the coming months/years. The media play crucial roles in shaping public opinion and perception of issues such as the outbreak of the virus. The way the media frame the pandemic will determine how the public responds to it and whether to take a precautionary measure or not. Although research focus has been on the outbreak of the pandemic, there is no known empirical study that has focused essentially on the media coverage/framing of the outbreak and how this influences audience perception and response. This is a gap that this study attempts to fill.

Events of public concern such as health issues definitely attract media attention. This can take the form of print, electronic, internet or social media attention; in most cases, a combination of all. Whichever form it takes, what matters most is the level or impact of media intervention in health crisis, especially disease outbreak. Mass media cannot cure virus but can cure its spread. This statement explicitly underscores the role of mass media in health reporting, especially in curbing spread of infectious disease outbreak.

Scholars have argued that the mass media have the potential to influence health-related behaviors and perceptions (Leask and Hooker, 2010). In Nigeria, the mass media are used independently or complementarily in health promotion activities to achieve positive lifestyle changes. Therefore, the role of mass media in health promotion and intervention goes beyond just creating awareness on a particular health issue or disease outbreak; it also entails placing emphasis on the angle or direction of reportage of such issue or outbreak. These media angles of presenting health issues take the form of media framing to influence public perception and induce attitudinal response, leading to positive behavioral changes.

However, research shows that what always raises dust regarding media roles in health issues is the degree of success or failure recorded by mass media in a particular health outbreak or health challenge compared to the risks. Stressing on this, Tabbaa (2010) asserts that good communication through the media is pertinent when an outbreak is unique in public health with confusion and sense of urgency as the media in no small measure work along with health professional in creating awareness.

Placing priority on novel diseases can be useful because rare and dramatic occurrences are sometimes sentinel events. Therefore, working with the journalists and the media to help them understand the science and epidemiology, particularly in a fast and moving event, will improve risk communication to the public and reduce inappropriate concerns and panic.

However, previous studies on media reportage of heath crises reveal that even though there exists sufficient scholarly discourse on media reportage of previous disease outbreaks such as Zika virus, influenza, flu, Ebola, and Lassa fever, no empirical study on media framing of the current coronavirus outbreak was found. The need to fill this lacuna in the existing literature of media reportage of health crises necessitated this present study, and it is coming at a time when the COVID-19 outbreak is on the rapid increase all over the world.

The mass media are intensively employed in public health awareness and campaigns by governmental and non-governmental organizations. Huge amount of money is spent annually for materials and salaries that have gone into the production and distribution of booklets, pamphlets, exhibits, newspaper articles, and radio and television programmes in order to create awareness. These media are employed at all levels of public health in the hope that three effects might occur: the learning of correct health information and knowledge, the changing of health attitudes and values and the establishment of new health behavior. One of the media campaigns and awareness that has become prominent in media space is the campaign of the prevention of the spread of Covid-19.

The media are mandated with the fundamental role of educating, creating awareness, and informing the public during pandemic (Gever & Ezeah, 2020). It has been suggested that the media should be an educator during a pandemic, inferring that the media should educate the public regarding health issues so that they could be mentally equipped regarding behavior that leads to preventing the spread of a pandemic (Flora et al., 1989; Hanitzsch et al., 2019). According to Gever and Ezeah (2020), the most suitable way the media contribute to creating

awareness and educating the masses during a pandemic is through coverage. This is implemented via regular reporting public health issues, suggesting appropriate health behavior, and recommending policies that will help in curtailing the spread of a pandemic.

Apuke and Tunca (2019) contend that the media can perform its role through the high frequency of coverage, prominence/depth of coverage, news, and visual framing as well as tone. Through agenda setting and framing, the media can make an epidemic important enough to warrant a policy intervention. Msughter and Phillips (2020) emphasized that media framing is the process by which an issue is portrayed in the news media. News and visual framing deals with the way the media present the issues of Covid-19 through text and visuals. Thus, the way audiences interpret what they are provided with, are products of media framing. Meanwhile, agenda setting premise contends that media filters and shapes what we see rather than just reflecting stories to the audience. Also, the more attention the media gives to an issue, the more likely the public will consider that issue to be important (Borah, 2016). This can be achieved through frequency of coverage (which is the number of times Covid-19 stories were covered), and depth of coverage/prominence (which is the amount of time allocated to the issues of Covid-19). For example, the media could influence people to practice self-preventive behavior such as wearing of face mask, social distancing, and regularly washing of hands. Therefore, the degree to which media sets agenda regarding Covid-19, as well as the framing techniques used, would inform the public on the severity of the outbreak (Zhou et al., 2020). An important aspect to consider in framing should be the source of a story, because it has a way of influencing the frames used (Gever et al., 2018). The predominant sources used by a media station affect their slant and framing, which in turn affect the way people will regard the news (Gever et al., 2018).

1.2 Statement of the Problem

The role of the mass media including television, radio, print and in recent times social media has remained indispensable in teaming and eradicating pandemics. Information on positive public health practices such as social distancing, hand washing, respiratory hygiene and government policies in tackling outbreaks has often been disseminated via these media (Collinson et al, 2015). The vibrant Nigeria's mass media which comprise of over 200 radio stations, 150 television channels, and about 350 print (newspapers) outlets has remained a force to be reckoned with and has been faithful to its social responsibilities as the fourth estate of the realm. According to www.fmic.gov.ng, the official website of the Ministry of Information and

Culture, the Nigerian media was commended by the Nigeria's Minister of Information, for bringing messages of the Covid-19 pandemic to Nigerians, through their media contributions in the advocacy, sensitization and social responsibilities functions as revealed by the poll findings from a survey by noi-poll.com. The poll revealed that 99% of Nigerians were aware of the pandemic with 95% saying that they have received information on how to protect themselves.

However, the mass media has also served as a means by which unfounded fallacies, myths, and misinformation about disease outbreaks has been brought to the populace. In the wake of the present coronavirus disease-2019 (Covid-19) pandemic that began in Wuhan China in late December, 2019 the media globally has been awash with publications, videos, interviews and commentaries on the virus, its' spread, cases, recoveries and deaths. Furthermore, it has provided a platform for analyzing the impact of the pandemic on the economies, politics and social lives of countries around the globe. Covid-19 is caused by a novel coronavirus that has been christened severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). It is in the light of this that this study assessed the media communication strategies adopted by the Edo state government in tackling Covid-19 in Nigeria.

1.3 Objectives of the Study

i. To find out the level of exposure of residents of Edo State on the communication strategies adopted by the Edo State government in the fight against Covid-19.

ii. To ascertain the knowledge level of residents of Edo State on the communication strategies adopted by the Edo State government in the fight against Covid-19.

iii. To find out the major sources of information of residents of Edo State about the communication strategies adopted by the Edo State government in the fight against Covid-19.

iv. To ascertain the influence of mass media campaigns on Covid-19 prevention and control in Edo State.

1.4 Research Questions

i. What is the level of exposure of residents of Edo State on the communication strategies adopted by the Edo State government in the fight against Covid-19?

ii. What is the knowledge level of residents of Edo State on the communication strategies adopted by the Edo State government in the fight against Covid-19?

iii.   What are the major sources of information of residents of Edo State about the communication strategies adopted by the Edo State government in the fight against Covid-19?

iv.   What is the influence of mass media campaigns on Covid-19 prevention and control in Edo State?

1.5   Scope of the Study

This study assessed the communication strategies adopted by the Edo State government during the Covid-19 pandemic. The researcher will limit the scope of this study to include mass media and health campaign, media strategies in preventing the spread of Covid-19.

1.6   Significance of the Study

The significance of the study to the media managers, health organizations and agencies, academic community, campaign planners and the general society cannot be over emphasized.

- Media and other professionals who are involved in planning media campaigns will know the extent to which such campaigns influence knowledge, attitude and practice of the audience towards the spread of corona virus. The study will emphasize the need for aggressive campaigns relative to appropriate timing, simplicity of campaign messages and influence of the campaigns. This will enable them to understand how best to structure corona virus campaign messages to yield the desired influence.

- The Ministry of Health and other health organizations and agencies (local and international) will equally find the outcome of this study very relevant. The study shall enable them to know the extent to which their campaign messages have been able to influence the knowledge, attitudes and practice/behaviours of people towards the spread of corona virus.

- Theoretically, this study will provide an academic platform for testing claims put up by some theories on attitude and behavioural change.

- Also, the study will contribute to knowledge in the academia. It will serve as a reference document for further studies on the topic. It will be helpful in the teaching and learning of health communication. Therefore, it will contribute to the pool of literature in health communication.

CHAPTER TWO

LITERATURE REVIEW

2.1   Review of Relevant Literature

Quite importantly, every academic discourse requires an input from what is already in existence. This is usually in the form of citations, where particular emphasis has been on how relevant this is with what is currently being studied. Therefore, it becomes imperative to say that human knowledge is undoubtedly an elevation of the construction of previous findings in which case the later acts as a foundational framework of the former.

This study, therefore, beams its focus on available works with bearing on issues such as;

- The Evolution of Covid-19 in Nigeria

- The Spread and Containment of Covid-19 in Nigeria

- Health Education and the Surveillance Role of the Media

- Formation of Mass Media Campaign on Health Promotion

- Health Communication as a Media Campaign Tool for Covid-19 Control

- Mass Media Strategies Adopted for the Prevention of Covid-19

- Social and Behaviour Change Communication Approach in Tackling Covid-19

The Evolution of Covid-19 in Nigeria

The first case of COVID-19 was confirmed in Infectious Disease Centre, Yaba, Lagos State, Nigeria on the 27th February, 2020. An Italian citizen arrived at the Murtala Muhammed International Airport, Lagos at 10:00 p.m. on 24th February, 2020 on-board a Turkish airline

from Milan, Italy. He visited his company's site in Ogun State the following day where he presented himself at his company's staff clinic. The physician-on-duty had a strong suspicion of the presence of the virus. This led him to refer the Italian citizen to Infectious Disease Hospital (IDH) and the COVID-19 status was confirmed (Nigeria Centre for Disease Control, 2020).

The Nigeria Centre for Disease Control (NCDC) started the contact tracing of 'Persons of Interest' which included all persons on the manifesto of the flight that brought the index case to Nigeria, as well as people who had close contact with the index case while in Lagos and Ogun State. After a period of two weeks, a cluster of cases was detected in Lagos and Abuja, this was noted to be the emergence of the nationwide spread of the virus. The Federal Government, through the Nigerian Civil Aviation Authority (NCAA), restricted International commercial flights into the country, effective from 23rd March, 2020 (Onyeji, 2020). On the same day, Nigeria registered her first fatality; a 67-year-old male returnee from the United Kingdom who already had underlying medical issues that were been managed before his death. The death occurred in the Federal Capital Territory, Abuja (Nigeria Centre for Disease and Control, 2020).

The Federal Government responded with the authorization of the closure of all non-essential services (businesses and industries) and restricted movement of people in Lagos State, Ogun State and the Federal Capital Territory, Abuja, on 29th March, 2020. Most State Governments restricted public gathering and there were restrictions on Inter-state movement. The Federal Government later authorized the gradual easing of lockdown in the previously restricted states on the 4th May, 2020.

The Spread and Containment of Covid-19 in Nigeria

The nationwide spread of the virus led to the federal government of Nigeria effecting certain measures to contain the virus. The available information on the virus and the welfare of her citizenry were guiding beacons in periodic restrictions to maximize containment. Educational and religious institutions were the first bodies restricted before containment measures extended to non-essential services (Onyeji, 2020).

The federal government with the aid of different ministries and governmental agencies put up a formidable response in the fight against COVID-19 in Nigeria. Leading the frontlines is the Federal Ministry of Health; the ministry is tasked the formulation and implementation of policies related to COVID-19 in Nigeria with collaboration with relevant ministries and agencies. The Federal Ministry of Health through its Accreditation Committee are involved with

inspection of public and private treatment centres for COVID-19 confirmed cases. Furthermore, the ministry handles the training guidelines and personal protective equipment [PPE] distribution for frontline workers for this novel disease. The ministry is strongly supported by the Presidential Task Force for the Control of the COVID-19 (PTF) and the Nigeria Centre for Disease and Control (NCDC).

President Buhari set up a 12-member task force to champion the battle against COVID-19 in the country. The Task Force is chaired by the Secretary to the Federal government, Mr. Boss Mustapha and Dr. Sani Aliyu is the National Coordinator of the Group (Ameh, 2020). The task force's mandate is to create a workable National Response Plan that would be revised on a daily basis as requirements change. The strategy must follow international best practices while taking into account the local circumstances prevailing in the country. The Task Force has been given six months to fulfill its mandate (Ailemen, 2020).

Moreover, the Nigeria Centre for Disease and Control has been given the mandate to lead preparedness, diagnosis and response to outbreaks of COVID-19 in Nigeria. The parastatal publishes regular updates on reported cases, discharged cases and deaths related to COVID-19 via its website and social media channels. The mission of the NCDC is to protect Nigerians' health through evidence-based prevention, integrated disease surveillance and response programs, using a single health strategy, driven by research and led by a professional workforce.

The initial performances of the various institutions and agencies of the Government showed the ill-preparedness to combat the virus but the subsequent responses have been phenomenal. This is evident in the containment of the ongoing pandemic spread in Nigeria that began February, 2020. Although, the spread potential is yet to be properly estimated, containment strategy has proven quite effective. A major contributor to the spread worldwide was increased travel, modern transport networks made it easy for travellers to transmit the virus; hence, the ban on inter-state travel was an appropriate containment measure (AbdulAzeez, 2020).

Due to the nature of the symptoms, only people who have been tested can be easily identified as infected. The test results have shown a rising number of people confirmed to have COVID-19. Though a significant number of people recover from the infection, the greater concern lies with those who are yet to be tested. The ease of transmission coupled the rate of interaction amongst the populace indicates that the confirmed cases are merely a small share of

the actual numbers. This is demonstrated by the rate of newly confirmed cases by the day. According to the daily reports provided by NCDC, Lagos State with the highest population density in Nigeria has been recording the largest number of confirmed cases.

Following the confirmation of the index case of COVID-19 in Nigeria, the viral population rapidly increased within the country at an exponential rate. At the end of the fourth week of the virus in Nigeria, there were a total of 25 recorded cases in the country. Further examination of the confirmed cases revealed that 76 percent of COVID-19 cases had travel history outside the country, while 20 percent of confirmed cases had close contact with COVID-19 patients. The remaining four percent of confirmed cases were classified as no epidemiological connection and incomplete information. This implied that the majority of confirmed cases in Nigeria were returnees from epicenters, this prompted NCDC to issue a guideline that made it mandatory for returnees from high-risk countries to stay in isolation for a minimum of 14 days. The Federal government suspended all international flights into Lagos and Abuja, effective 23rd March 2020 (Onyeji, 2020). The decision was taken as a preventive measure against the spread of the virus inthe nation. As of 21st March 2020, only three States of the federation plus the FCT Abuja had recorded cases of COVID-19 in the country; Lagos (19), Ogun (2), Ekiti (1) and Abuja (3). By the end of the fifth week, there was at least one confirmed case of COVID-19 in all geographical zones of the country. This led to the restriction of interstate movement and total restriction of movement (lockdown) in Lagos, Ogun, and Abuja (AbdulAzeez, 2020). In response to this development, the NCDC needed to increase the testing of suspected cases. Hence, the agency added a modular laboratory at the University College Hospital, Ibadan, Oyo State, to its existing laboratory collection across the country while reporting that additional six would be included in the coming weeks (Nigeria Centre for Disease and Control, 2020).

The efficacy of the lockdown in Abuja, Lagos, and Ogun State was quite doubtful, as citizens were seen to have been reluctant to comply with the restriction in all three states (Usigbe, 2020). The ban on inter-state movement has been allegedly defeated by the corruption embodied by our society. The promise of palliatives (cash transfer and relief materials distribution) has been viewed by members of society as a major failure, considering that Nigeria is the centre of the world's multidimensional poverty (Okon, 2020). This led to an increase in the crime rate in certain parts of Lagos and Ogun States (Orjinmo & Ulohotse, 2020). The concept of

social distancing was not strongly adhered to in other states of the federation, some states did not prohibit religious gathering.

There was a total of 541 recorded cases in the country as the end of the eighth week of the virus in the country, this represented a significant increase of about 2064 percent from the number of confirmed cases as of 21st March 2020. An investigation into the confirmed cases revealed that 34 percent of COVID-19 cases had travel history outside the country, while 37 percent of confirmed cases had close contact with COVID-19 patients. The remaining 29 percent of confirmed cases were classified as no epidemiological connection and incomplete information. This indicated that Nigeria was gradual moving into "community transmission". This could be seen from the decline in the percent of confirmed cases that had travelled outside the country recently and the increase in the percentage of confirmed cases classified no epidemiological connection and incomplete information.

The South Western region of the country accounted for the majority of the confirmed COVID-19 which was largely contributed by Lagos (which has the highest population density). The increase in confirmed cases of COVID-19 in the North West region called for concern given that the virus was properly contained in the geopolitical zone until the index case was registered in the state of Kano. Kano's index case was alleged to have attended numerous parties and religious prayer grounds despite his manifestation of COVID-19 symptoms. This played a major role in the rate of spread across the state and the geopolitical zone as a whole (Ezeamalu, 2020). Kano State became a state of interest due to the number of deaths recorded, the State government released a report indicating that the deaths were not related to COVID-19. However, there were allegations that autopsies were not carried out. The Kano State Government in its attempt to prevent the spread of COVID-19 in the State resorted to the evacuation of Almajiris (children migrated in search of Islamic knowledge) from the eight local government areas that make up the metropolis back to their states of origin.

By the end of the twelfth week, a total of 5,621 confirmed cases of COVID-19 in Nigeria. This represented a significant increase of about 939 percent from the number of confirmed cases as of 18th April 2020. Further inspection in the confirmed cases revealed that four percent of COVID-19 cases had travel history outside the country, while 25 percent of confirmed cases had close contact with COVID-19 patients. The remaining 71 percent of confirmed cases were classified as no epidemiological connection and incomplete information. This showed that

Nigeria was fully "community transmission" phase, as majority of the confirmed cases cannot be linked to recent travels outside the country. Therefore, Nigeria responded by increasing testing facilities across the nation.

Currently, Nigeria has about 29 molecular laboratories spread across 19 states while Gombe State and Kwara State have their laboratories under construction. Testing has been the strongest tool in implementing the containment measures; therefore, increasing testing capacity would be advantageous to better containment. In addition, PTF and the Ministry of Health has been outstanding with training and personal protective equipment [PPE] distribution for frontline workers, however, their reach seems limited by availability of resources. The NCDC in collaboration with various telecommunication companies have been reaching out to the Nigerian populace on preventive measures. They also have had constant engagement on social media platforms to keep the citizenry aware of the spread of the virus across the nation.

Furthermore, in pursuit of relief, the Federal Government requested a product that allegedly cures COVID-19 from Madagascar. The product has been accredited with the high recovery rate in Madagascar. Directives have been given to the National Institute for Pharmaceutical Research and Development (NIPRD) and the National Agency for Food and Drug Administration and Control (NAFDAC), by the President of the Federal Republic of Nigeria, to ensure a thorough analysis and scrutiny before it is admitted into the country (Daily Trust, 2020).

However, a 15-member team of Chinese medical personnel arrived in the country on April 8 "to share their experience with fighting COVID-19". Upon arrival, the team were discovered to be present only to care for the China Civil Engineering construction corporation (CCECC). Their arrival sparked debate among various medical professionals about the need for foreign personnel, these became immaterial with regards to their activities since arrival. The medical personnel are presumed to have to returned to China along with 286 Chinese nationals on May 30 (Chinedu, 2020).

With the emergence of the second wave and a new strain of the virus globally, nations all over the world are putting all hands on deck to curtail the spread of the virus.

Health Education and the Surveillance Role of the Media

Health education is very important for the general public to internalize appropriate health information that will serve as guides to their health behaviour. This is because people are likely

to exhibit behaviour based on available information to them. The point to make here is that health behaviour of people is largely dependent on information available to them. He et al (2020) after their study using a Chinese population concluded that health information and health behaviour are key to public health education. Within the context of public health, information possession is vital because poor knowledge about public health issues could have corresponding negative implications on health behaviour. Conner (2011) corroborates that information is one of the fundamental cognitive determinants that influences health behaviour.

The media as the fourth estate of the realm occupy a cardinal role in health education. Many decades ago, Flora et al. (2009) had outlined the four roles that the media can play in health intervention to include: first is what they called media as educator, the second is media as supporter, the third is media as programme promoter, and the fourth is media as supplement. The four elements look different but can typically be implemented in combination or individually. For example, media as an educator entails that the media have to educate the masses about public health issues. The objective of educating the public about public health issues is to ensure that they are mentally armed with information that will serve as a checklist regarding their behaviour. Kim and Noriega (2010) note that the media are critical players in health education. The researchers add that one of the strategies through which the media can achieve this is through a combination of education and entertainment. Okim-Alobi and Okpara (2018) hold the view that media provide a formidable platform through which health information can be made available to the general public. In their view, the media are critical players in educating the general public about health issues.

The fundamental way through which the media can educate the general public on public health issues is through coverage. This can take place through strategies like frequently reporting public health issues, recommending appropriate health behaviour and suggesting policies that will assist in combating the public health issues reported. Educating the general public about health issues is like preparing them for war. Therefore, where possible, this has to be done ahead of time, not when the health issue becomes a pandemic. This is important so that it will prepare them to take proactive steps. What this means is that where possible, it is better for the media to educate the general public about health pandemics well ahead of time before there is a confirmed case within their locality. Within the context of coronavirus disease 2019 (COVID-19), local media did not need to wait until there is a confirm case of the virus in their country before educating the

general public but its symptoms, prevention and recommend action for the government to take. Unfortunately, previous studies that have examined media coverage did not take this aspect into account.

To educate the general public about health issues, the media need to first monitor the environment and identify potential life-threatening health issues and provide adequate information that will enlighten the masses on the issues. Sharma and Gupta (2012) say that health education is an essential aspect of public health and health promotion. They add that the goal of health education is to have positive influence on health behaviour of people through information and instruction. That is to say that media coverage is an essential strategy of health education. This is because, through media coverage, the general public will be informed and instructed on issues related to public health issues. This means also that the surveillance role of the mass media is essential in the study of media coverage of health issues.

The surveillance role of the mass media requires that they monitor the society and provide information to members of the society on pending dangers. This function is an expression of the 'watchdog role' of the media. This is because when a dog watches over an area, it makes efforts to let people know each time there is a perceived danger. The dog barks and this typically attracts the attention of the public with a corresponding possibility for eliciting actions to avert the danger. Therefore, the surveillance role of the mass media means that they constantly scan the society, evaluate events and highlight areas that pose potential danger to the general wellness of the society. In this sense, the media have a duty to make sure that people are adequately warned of dangers. Donohue et al. (2011) must have been referring to the surveillance function of the mass media when they submitted that knowledge is an essential condiment that people need to take informed decisions. This assertion makes a strong case for media workers to constantly monitor the society and provide relevant and sufficient information to members of the general public.

The idea behind the surveillance function of the mass media is attributed to Lasswell. In the views of Lasswell, the mass media typically plays three roles to the society. These are as follows: the surveillance of the environment, the correlation of the different components of society in responding to the environment and the passing societal heritage from generation to generation. When this assertion is explained within the perspective of COVID-19, it can be said that the mass media in Nigeria have a responsibility to examine the spread of COVID-19 and

coordinate both government and the citizenry on how best to respond to the global health crisis. Based on the surveillance perspective, when the virus broke out in China and was fast spreading to other countries, Nigerian media needed to draw the attention of both the government and Nigerian people on the need to act proactively. For the government, the emphasis could have been on taking policy decisions that will avoid the spread of the virus into the country while also making adequate provision to contain it in case of an outbreak. For the citizenry, the focal point could have been educating them about the virus in areas like symptoms while also encouraging them to imbibe preventive health behaviour.

Formation of Mass Media Campaigns on Health Promotion

Every media content obviously aims at influencing the attitude and behaviour of its target audience. To achieve this, therefore, media practitioners must understand the psychographic and demographic realities of the target audience. Ipso facto, they must appreciate the prevailing culture of the people and the most useful and persuasive approach to use in order to influence attitude.

It, therefore, suffices that a strong relationship exists between mass communication and culture. Hence, Baran (2002) definition of mass communication as "the process of creating shared learning between the mass media and their audiences". In line with its informative, educative and socialization functions among others, the media socializes the people into accepted norms and values as well as necessitates a change in cultural pattern where necessary, since human behaviour as well as culture is dynamic.

Also, in line with the responsibility of the mass media, various campaigns are mounted to educate, inform, enlighten, warn, persuade and even dissuade the heterogeneous, critical and sophisticated audience. In this light, the mass media have been vocal and visible in recent times, as in time past, in the campaign on various health issues. One of such health issue that the mass media have repeatedly campaigned against is the issue of corona virus. To this end, the mass media, arguably, have repeatedly given coverage to all efforts aimed controlling and preventing the spread of corona virus in Nigeria.

Media campaigns are varied, multifaceted, highly planned, and strategically assembled media symphonies designed to increase awareness, inform, or change behaviour in target audiences. When a decision has been made to use a media campaign to advance a health, environmental or development cause, it may seem natural for those closest to the situation to

define the main message of the campaign. This is a temptation that must be overcome. Studies (Mefalopolous, 2008; Moemeka, 2002) have advocated that audience and needs assessment are processes which must not be overlooked. Premature efforts to identify the message may lead to missing the needs of the audience. Experts on the issue often know little about the audience. It is crucial to know the audience- to know what they already know about the issue, what they associate it with, how they feel about it—in order to design an effective message.

As with an educational effort or a training program, the development of a media campaign should follow a basic process that involves carefully developing a realistic goal, assessing the audience, developing a strategy that uses appropriate media, and, finally, crafting a message that pre-tests successfully with the audience. All of these elements: the goal, the audience, the media, the strategy, and the message, interact with each other to create a successful campaign. After the campaign is launched, it can be evaluated in several ways: by recording the exposure (for instance number of adverts in number of magazines with a circulation of so many people); by surveying people asking them to recall the message; and by observing changes in behavior or the environment that could be attributed, in part, to the campaign (Sandman, 2000).

In the first stage of a media campaign, formative research helps define which behaviours the campaign will attempt to change to achieve its broad goals. To select the most effective behaviours, it is necessary to explore what people already know, believe, and care about. For instance, a campaign aimed at controlling and preventing breast cancer must find out what the people already know, including cultural and religious predictors of the behaviour and the inherent risk factors. According to Sandman (2000), it is important to understand the difference between those who already perform the desired behaviour ("doers") and those who do not ("non-doers").

Also, Day and Monroe (2000) suggest that formative research for a communications campaign should explore the media "diet" of the audience. Are they literate? Do they listen to radio? If so, which station(s) and at what time(s)? Do they read any publications regularly? Do they have access to TV, Internet, or other media and do they use it regularly? This information, along with your budget, will help define the strategy and choice of media. With the goal in mind and information about the "media diet" of the audience in hand, strategic decisions can be made about selecting markets, media, sequence, frequency, and times. These factors form the essence of the campaign.

Critical information about funding and how to obtain access to a variety of media opportunities will be needed at this time. Is the effort blessed with a charismatic spokesperson? Is free radio time available? How many newspapers cover the target region and is it possible to advertise in them? Does the audience travel along a particular route frequently, making road signs an option? How often should the message be repeated to achieve your goal? Is it necessary for the campaign to generate more resources to enable you to achieve the goal? (Day & Monroe, 2000).

Media campaigns are not only limited to information on the radio, television and newspapers. As Day and Monroe (2000) had observed, many environmental organizations make effective use of "media events" to encourage news reporters to cover their stories. Despite the potentials of media campaigns, often, this power is quite difficult to use effectively. In some cultures, people are bombarded with over 3,000 advertising messages per day. What would make a health-cum cultural behaviour change message like breast cancer prevention stand out among that competition?

Furthermore, health behavior is often a series of complex actions and opportunities. Is it realistic to expect a short message to make a significant change? Public broadcast communications reach the masses, but since the public usually holds a wide variety of beliefs and knowledge about any one health topic, it is difficult to reach the right group with relevant information. How can a message be crafted to communicate the right points to the proper audience? These are issues that communication intervention in curtailing the spread of corona virus may grapple with and campaign managers have the responsibility of surmounting these challenges if the media campaign will achieve its objective-creating awareness and increasing knowledge that will result in the prevention of Covid-19cum health outcomes.

Health Communication as a Media Campaign Tool for Covid-19 Control

In reviewing the literature on health communication as a media campaign tool in the prevention of Covid-19, it is important to look at the constituents of health communication and the underlying theories that explain the relationship between communication and health behaviour change. First, an understanding of the concept of health communication is necessary.

Health communication is the process used to promote prevention of significant health risks, use of healthy behaviours, adoption of early screening and detection procedures, accurate diagnoses, adaptive treatments, successful survivorship (Kreps, 2003). Health communication

requires the strategic use of communication arts and techniques to draw the attention of individuals, groups, institutions and the general public to important health challenges by influencing, motivating and mobilizing them concerning positive outcomes or total eradication. Over the last decade, with the evolution of communication technology and the ubiquitous opportunity to communicate with people everywhere, the idea has crystallized. Clearly, health communication is among the solutions that can provide the new ways of thinking and action (Ratzan, 2013).

The World Health Organization defines health communication as a key strategy to inform the public about health concerns and to maintain important health issues on the public agenda (WHO, 2010). It links the domains of communication and health and is increasingly recognized as a necessary element of efforts to improve personal and public health. For individuals, effective health communication can help raise awareness of health risks and solutions; provide the motivation and skills needed to reduce these risks; help them find support from other people in similar situations; and affect or reinforce attitudes (Ebina et al 2010).

In the past decade, it has been noted that interventions with a health communication focus have had limited success in affecting behaviour change. Ebina et al suggest this may be because behaviour is influenced by not only individual motivations or efforts but also social, economic and environmental circumstances or determinants of health. We need to understand both this more dynamic concept of health and how to measure the effectiveness of interventions that target health outcomes. It has also been noted that the use of combinations of different health communication theories, based on the types of change that are desired, will result in greater relevance and better fit when it comes to evaluating the achievement of broad health promotion goals (Ebina et al, 2010).

The communication of health information is important for changing knowledge, attitudes and behaviour, and for creating unity and commonality among people. Suitable communication methods are adapted by personnel, groups of people or social networks. Thus, the integration of communication methods has much potential and the integration of many media using criteria, for example characteristics of the recipients, particular health problems, channels of communication, content of the message, timing, social context, community norms, cultural attitudes, behaviour of community and so on, creates more effective communication strategies. However, availability of new models of communication which need high technology may be limited.

Media campaigns are widely used to expose high proportions of large population to messages through routine use of existing media such as television, radio and newspapers. According to Wakefield, Loken and Hornik (2010), campaigns have been employed, over past decades, to affect different health behaviours in large populations. However, the great promise of these media campaigns anchors on their competence to carry well defined behaviorally focused messages to target audience repeatedly over time.

Evidently, they can be of short period of time or of long duration. In the same vein, they might stand alone or be combined with other organized programmes like clinical/health or institutional outreach or may complement policy change. Therefore, multi ways of disseminating campaign messages are employed, if health campaigns are part of broader social marketing programmes.

Mass Media Strategies Used for the Prevention of Covid-19

Since Covid-19 first emerged, the role of behaviour change has been recognized as critical to its control. In Nigeria, diverse media convey its messages while communicators employ social marketing strategies to reach specific audiences, enabling acceptance, retention and recollection of received messages. Media professionals engage in marketing and consumer research to identify the best techniques for achieving effective behaviour change communication. Through positioning, segmentation, creativity, design and media planning, attempts are made to inform, persuade, influence and motivate people to gain acceptance of new ideas and reinforce behaviour change. The underlying assumption is that, improving people's knowledge about the infection would bring about avoidable risky behaviours.

Accordingly, different communication approaches were utilised to improve human knowledge of Covid-19. This is necessary because of the different socio-cultural backgrounds, beliefs, environment and mindset of people concerning the virus. With this background, the media had the responsibility of dispelling such myths and misconceptions through the provision of accurate information. This was intended to empower informed decision making among individuals and communities toward behaviour change. They utilised media that could be accessed by both rural and urban populations, using indigenous languages as well as context-oriented communication strategies that would be appealing to both publics. The entertainment media technique easily delivered these educative messages.

In other words, Behaviour Change Communication captures the attention of target audiences based on the principles of social marketing, where entertainment is used to promote acceptance, retention and recall of messages. Advertisements, drama, talk shows and home movies transmitted messages to diversified audiences using edutainment. Entertainment-education is frequently used in Nigeria for Covid-19 communication because of the effectiveness of the method.

The relationship between media content and development partners throws more light on the factors that promoted Covid-19 visibility in the Nigerian air space. It is obvious that awareness campaigns relied heavily on sponsorship. To ensure acceptance of the message, role models like religious leaders, indigenous experts, artists, movie and football stars were the projected credible sources of Covid-19 messages. Entertainment was mostly used to convey the information while different media channels transmitted the messages to the Nigerian publics. However, the following are the various media that can be used in the prevention of Covid-19transmission;

a) **Radio**

Radio is a very important communication tool in Nigeria because it reaches mass audiences, including the hinterlands at less penetration barriers and low costs. It makes possible the reception of information among populations who ordinarily would have been cut off from receiving Covid-19 messages because of the challenging power situation in the country. This challenge is overcome by the radio, whose users are able to receive national and international information without electricity barriers. In addition, the specialization of radio stations, including rural community radio, permits more selectivity in reaching audience segments. This indicates that the advantages of the radio are enormous.

Radio reaches the interior; it is cost effective and highly dependable by mobile populations because of its portability. Radio conveys public health messages in greater detail, requires greater audience involvement and creates the need for more mental imagery. Its phone-in programmes encourages young people to participate in discussion. The viability of the radio has made some intervention campaigners to transmit Covid-19 messages through this medium.

b) **Television**

Television is an attractive medium to many information receivers because it combines sight and sound, making dramatic presentations of messages, ideas, events and products

appealing to viewers. It reaches diverse people regardless of their socio-demographic characteristics. Television stations allocate time slots to inform their audiences on different aspects of Covid-19. Drama, advertisement, public service announcements and news are the most popular forms of Covid-19 communication in Nigeria.

Sponsored Covid-19 programmes are transmitted by NTA, Channels, Silver Bird and other television station. The structuring of these adverts in terms of the environment, participants, events, colours and message composition makes comprehension and recall easy. Discussants noted that the TV commercials were appealing, attracted attention and enabled a recall of the messages due to the choice of words, music, drama and circumstances surrounding the presentation.

c) **Video films**

Nigeria has an active and well-established video film industry which appeals to the populace for entertainment. To complement information received through the broadcast media, Covid-19 messages are disseminated through home videos because of the popularity of the medium. Many of these films feature strong social and moral messages designed to improve people's knowledge, attitude and behaviour. The importance of exploring home videos for behaviour change is because of their attractiveness and capacity to affect the sexuality aspirations of young people. The messages embedded in the films could be readily accessed through personal purchase, borrowing or telecast.

Social and Behaviour Change Communication Approach in Tackling Covid-19

Social and Behaviour Change Communication (SBCC) is an interactive, researched, planned and evidence based process that directed toward achieving a positive change in social conditions and individual behaviours considered undesirable in the society to improve the quality of life of the people. SBCC emphasizes on the use of three key strategies in addressing social and health issues namely: Advocacy, Social Mobilization, and Behaviour Change Communication. These strategies are often combined and concurrently used to effectively tackle perceived unacceptable behaviours, attitude, superstition and unwholesome cultural practices that pose as threats to societal development.

The shift in terminology from Behaviour Change Communication (BCC) to Social and Behaviour Change Communication (SBCC) is a remarkable improvement in the field of health communication. It comes with attendant benefits of improving health outcomes by bringing

about healthy behaviours, decision-making and processes that underpin health. Though, there exist a semantic confusion among health communication practitioners on the use of BCC and SBCC, some erroneously use them interchangeably but the previous is barely one of the strategies used in the later. The addition of an 'S' to BCC broadens the field and widens the scope of the field to embrace systematic, socio-ecological thinking within communication initiatives (Man off Group, 2015).

Health Communication Capacity and Collaboration (2015) defined SBCC as the use of communication strategies to effect a change in behaviours, emphasize service utilization, and positively influencing knowledge, attitude and social norms. It explores variety of communication channels to interact and reach people in different levels of the society. It is evidence based, systematic and a well-planned communication intervention.

Communication interventions do not take place in a social vacuum. Rather, information is received and processed through individual and social prisms that not only determine what people encounter (through processes of selective exposure), but also the meaning that they derive from the communication (known as selective perception), depending upon factors at both the individual (prior experience, efficacy beliefs, knowledge, etc.) and the macro-social (interpersonal relationships, cultural patterns, social norms) levels (Rimal & Lapinski, 2009).

Social and Behaviour Change Communication can be used as a strategic communication tool, targeting the rural audience to bring about positive attitude and due diligence in the practice of self-medication in Nigerian. This is because of its proven efficacy and efficiency in changing an individual's thoughts and community behaviour using some relevant change theories. SBCC utilises local intelligence to mobilise and motivate it target social system towards making healthy decision that can improve their health and quality of life. The following SBCC strategies can be utilise to tackle Covid-19 in Nigeria:

i.   Advocacy Strategy

Advocacy here is simply the use of multi-media channels to create awareness of a particular health or developmental challenge by way of agenda setting role of the media. Advocacy in SBCC is targeted at law makers, policy makers, decision maker and opinion leaders to bring about enabling laws and policies that will help address the issue at hand. This study argues that intense media advocacy can bring about increased health knowledge and awareness of Covid-19.

ii. Social Mobilization Strategy

Social mobilization strategy is one of the SBCC strategies geared towards the mobilization of the target social system towards a particular development or health challenge. SBCC emphasises on the integration of local intelligence and community efforts in bringing about alternative solutions to the health or development challenges that affect them. According to USAID (2011), the cardinal point in the social mobilization strategy is "centred on an understanding of the needs and aspirations of potential clients, recognizing how their choices and behaviours are shaped by their relationships with their spouses, their families, and the communities and societies in which they live".

Jain and Polman (2006) considered social mobilization strategy as the cornerstone of participatory approaches in rural development programmes. It serves as a powerful tool in decentralization policies and strengthens active participation of rural poor in collective local decision-making, improves their access to social and production services and efficiency in the use of locally available financial resources, and enhances opportunities for asset-building by the poorest of the poor.

The emphasis in a social mobilization is that all voices must be heard in the cause of addressing a seeming health challenge. Accordingly, the social mobilization strategy can be used to sensitise, educate and mobilise the rural people towards imbibing safe practices of self-medication. This involves meeting with the people, discussing the self-medication issues with them and collectively suggesting possible solutions that can bring about positive changes and sustainable development.

iii. Behaviour Change Communication (BCC) Strategy

This is one of the strategies employed by SBCC to address and effect behaviour change at the individual level. Here, ideas and principles gotten from some notable change theories like Stages of Change Theory, Health Belief Model, Theory of Reason Action/Planned behaviour, etc are utilised to influence and motivate change at the individual level from unacceptable and undesirable behaviour, attitudes and practices in the society.

McKee (2002) cited in USAID (2013) defined Behaviour Change Communication as: a research-based, consultative process of addressing knowledge, attitudes, and practices through identifying, analyzing, and segmenting audiences and participants in programs and by providing them with relevant information and motivation through well-defined strategies, using an

appropriate mix of interpersonal, group and mass media channels, including participatory methods. BCC strategy can help to effectively used to discourage self-medication practice by helping to identify some of the seeming barriers that could prevent an individual from adapting to change.

The mass media have played a crucial role in influencing behavioural changes in the society. However, in Nigeria, the mass media is predominantly found and accessible at the urban areas, with very little media presence in rural Nigeria. This limited media access at the rural areas makes case for the establishment of community radio and cinemas to facilitate developmental programmes at the rural areas.

Indigenous communication methods (folk media, trado-media, Oral media, etc) which are ubiquitous and considered close to the people should be integrated with the modern mass media to canvass for and improve on the people's knowledge of the dangers associated with self-medication and best ways to safely practice it in times of emergency.

2.2   Theoretical Framework

Theories are a sine qua non to any empirical research. They provide the latitude for analyses and hypotheses testing, which are aimed at predicting phenomena relevant to any research work. Severin and Tankard (1982), cited by Tejumaiye (2005), note that "every scientist assumes an approach or a particular orientation when dealing with a subject or issue. This approach determines the concepts, questions, perspectives and procedures the scientist applies. This approach also shapes the hypotheses which are tested and eventually the theory, which is generated. This study is therefore anchored on the Attitude-Change theory.

Attitude-Change Theory

The Attitude Change Theory according to Baran & Davis (2012) was developed in the 1940s during the World War II. This theory emphasizes that there are some pre-existing attitudes, which have to be changed for a selective message to be able to have effect on an audience. It further explains that these pre-existing attitudes can be an obstacle to effective dissemination of a desired message. The theory also states that for a change to occur there must be emotional and intellectual communication strategies designed to influence the target audience and it must be properly channeled to this audience. However, change in an individual's perception will be effective if only the message meets the individual's expectation(s), if it is tied to someone he admires, or if it is bound to be beneficial to him (Wood, 2000).

Three bases for attitude change were also explained in this theory; they include compliance, identification, and internalization. These three processes demonstrate the different levels of attitude change (Wood, 2000).

In a nutshell, this theory shows that existing attitudes of an individual or an individual's mental predispositions need to be changed or channeled to a particular cause through an intellectually and emotionally binding strategy, Baran & Davis (2012).

Relating this theory to this study, it clearly shows that for a positive attitude and effective mass media campaign on the control and prevention of Covid-19 to take place, there must be emotional, physical and psychological appeal in the campaign messages. It becomes emotional when victims become afraid of being diagnosed of Covid-19; it becomes physical when medical facilities for it are not affordable, and available. However, it takes a psychological dimension when the victims see issues with opening up to modern medicine when they detect or observe body changes that may be harmful to their bodies and conceal their observations due to shyness or cultural beliefs.

The campaign messages must therefore be structured to detect these obstacles to effective communication and assess how effectively, selected messages can overcome them. The strategy must appeal to the attitude of the people as this is a major determinant of effective practice.

CHAPTER THREE
RESEARCH METHODOLOGY

3.1   Research Design

This study adopted survey research design. Survey is highly useful in the field of social and behavioural sciences and indeed, in any study that has to do with human action and studies that have individual as unit of analysis. This method was considered appropriate for this study since, it provided all demographic and psychographic information, judgmental views and opinions from respondents on the topic that was investigated.

3.2   Population of the Study

Population, according to Nworgu (1991) is the limits within which the research findings are applicable. It is defined in such a way that the results of the investigations are generalized". Wimmer and Dominick (2003) defined population as a group or class of subjects, variables, concepts or phenomena. Dermers and Nicholas (1989) lend credence to this by saying that population is the group or elements about which you are planning to make your generalizations while Obaze and Onosu (2009) define population as a theoretically specified aggregation of survey elements.

Therefore, the population used for this study are residents of Oredo LGA. The population is estimated at 150,000 (National Population Commission, 2006). The justification for using this figure as the population of the study is due to the fact that the figure was arrived at during the last

census held in 2006. Till now, there have not been any census to ascertain the current population of Oredo LGA.

3.3   Sample Size

The sample size for this study is 400 which were drawn from the population. This sample size is made up of individuals who have been selected randomly from the population.

In getting the sample size of 400, the researcher employed the Taro Yamane's formula;

$$n=\frac{N}{1+N\,(0.05)^2}$$

n = sample size

N = Population

0.05 = Margin of error

$$n = \frac{150,000}{1 +150,000\,(0.05)^2}$$

$$= \frac{150,000}{1 + 150,000\,(0.0025)}$$

$$= \frac{150,000}{150,001 \times 0.0025}$$

$$= \frac{150,000}{375}$$

$$= 400$$

3.4   Sampling Technique

The random sampling method was used in this study. The random sampling is a scientific technique whereby every element within a population has an equal chance of being selected. The random sampling is best for this study because it allows the researcher to objectively select his sample.

3.5   Validity and Reliability of the Instrument

Questionnaire was the valid instrument used for the study. The survey questionnaire was rightly structured to measure the independent and repent variables identified in the research questions. The questionnaire consisted of close-ended questions appropriate to elicit the desired information. The questionnaire was chosen as a valid instrument for this study due to its ability to standardize the research questions to ensure uniformity of answers from respondents. The

questions were brief and direct for easy responses allowing approximately 30 seconds for each question.

3.6 Method of Data Collection

Data was collected by use of structured questionnaire. The questionnaire was designed to ask respondents to tick only the options that best agreed with the survey questions asked as well as indicating their opinions in writing where necessary. The questionnaire for the study consisted of both closed and open ended questions. Four hundred (400) copies of questionnaires were distributed for the purpose of this study. Out of the 400 copies of questionnaire that was administered for the purpose of this study, 20 were invalid, making the return rate of copies of questionnaire distributed 380, representing a response rate of 95% percent of the respondents.

3.7 Method of Data Analysis and Discussion

The data collected were analysed using the simple percentage analysis and were presented with the aid of tables. The simple percentage data analysis was adopted to enable the researcher fully explore and plain the data that were collected and collated from the questionnaire without the use of complex mathematical models which are generally not easy to grasp.

Below, is the formula for calculating simple percentage which was used;

$$\text{Percentage} = \frac{actual\ response}{total\ sample\ size} \times \frac{100}{1}$$

Where actual response = number of respondents.

Total sample size = total number of respondents.

The data were measured in terms of the frequency and percentage distribution of the different categories of variables that were displayed in the tables. The percentage method was adopted for presentation of data that was analyzed with regards to its efficiency, wide use and ease of understanding.

CHAPTER FOUR
DATA PRESENTATION AND ANALYSIS

4.1. Preamble

This chapter is concerned with the presentation and analysis of data collected through the use of questionnaire.

During the course of this research, 400 copies of questionnaires were printed and distributed to the respondents. Out of the 400 copies of questionnaires that were administered to the respondents, 20 copies were wrongly filled and 380 copies were returned. Therefore, the data collected is shown in the tables below

4.2. Analysis of Respondents' Bio-Data

Table 1: Gender of the Respondents

RESPONSES	FREQUENCY	PERCENTAGE (%)

	217	57
Male	217	57
Female	I63	43
TOTAL	**380**	**100**

On Table 1 above, 217 respondents (57%) are males while 163 respondents (43%) are females.

Table 2: Age Range

RESPONSE	FREQUENCY	PERCENTAGE (%)
18-25	111	29
26-45	200	53
46 and above	69	18
TOTAL	**380**	**100**

On Table 2, it is shown that 111 respondents (29%) are between the ages of 18-25 while 200 respondents (53%) are between the ages of 26-45 and 69 respondents (18%) are between the ages of 46 and above.

Table 3: Marital Status

RESPONSES	FREQUENCY	PERCENTAGE (%)
Married	179	47
Single	201	53
TOTAL	**380**	**100**

On Table 3, only 179 respondents (47%) are married while 201 respondents (53%) are single.

Table 4: Educational Qualification

RESPONSES	FREQUENCY	PERCENTAGE (%)
FLSC/SSCE	17	4
OND	130	34
HND/BSC	209	55
Others	24	7
TOTAL	**380**	**100**

On Table 4, only 17 respondents (4%) had FLSC/SSCE while 130 respondents (34%) possess OND, 209 respondents (55%) had HND/BSC and 24 respondents (7%) holds other degrees.

Table 5: Occupation of Respondents

RESPONSES	FREQUENCY	PERCENTAGE (%)
Students	109	29
Civil Servants	217	57
Self Employed	54	14
TOTAL	**380**	**100**

On Table 5, it is evident that 109 respondents (29%) are students while 217 respondents (57%) are civil servants and only 54 respondents (14%) are self-employed.

4.3. Presentation and Analysis of Psychographic Data Collected

Research Question 1: What is the level of exposure of residents of Edo State on the communication strategies adopted by the Edo State government in the fight against Covid-19? Item 6, 7 and 8 were used to answer this research question.

Table 6: Are you aware of the Covid-19 pandemic?

RESPONSES	FREQUENCY	PERCENTAGE (%)
Yes	380	100
No	0	0
TOTAL	**380**	**100**

The data on Table 6 shows that all the respondents answered in the affirmative that they are aware of the Covid-19 pandemic.

Table 7: Do you know of any preventive measures that can be adopted to tackle the spread of Covid-19?

RESPONSES	FREQUENCY	PERCENTAGE (%)
Yes	313	82
No	67	18
TOTAL	**380**	**100**

The data on Table 7 shows that 313 respondents (82%) answered in the affirmative that they know of preventive measures that can be adopted to tackle the spread of Covid-19 while 67 respondents (18%) answered in the negative.

Table 8: Do you know of any communication strategies adopted by the Edo State government in tackling the spread of Covid-19 in the State?

RESPONSES	FREQUENCY	PERCENTAGE (%)
Yes	216	57
No	164	43
TOTAL	**380**	**100**

The data on Table 8 shows that 216 respondents (57%) answered in the affirmative that they know of communication strategies adopted by the Edo State government in tackling the spread of Covid-19 in the State while 164 respondents (43%) answered in the negative.

Research Question 2: What is the knowledge level of residents of Edo State on the communication strategies adopted by the Edo State government in the fight against Covid-19? Item 9 and 10 were used to answer this research question.

Table 9: Are you knowledgeable about the effectiveness of these communication strategies adopted by the Edo State government in tackling the spread of Covid-19 in the State?

RESPONSES	FREQUENCY	PERCENTAGE (%)
Yes	222	58
No	158	42
TOTAL	**380**	**100**

The data on Table 9 reveals that 222 respondents (58%) answered in the affirmative that they are knowledgeable about the effectiveness of the various communication strategies adopted by the Edo State government in tackling the spread of Covid-19 in the State while 158 respondents (42%) answered in the negative.

Table 10: How will you rate your level of exposure to the communication strategies adopted by the Edo State government in tackling the spread of Covid-19 in the State?

RESPONSES	FREQUENCY	PERCENTAGE (%)
Excellent	104	27
Very good	76	20
Good	93	24
Moderate	71	19
Poor	26	7

Very poor	10	3
TOTAL	**380**	**100**

The data on Table 10 shows that 104 respondents (27%) which constitute majority of the respondents rated their level of exposure to the communication strategies adopted by the Edo State government in tackling the spread of Covid-19 in the State as excellent. This was closely followed by 93 respondents (24%) who rated it as good while 76 respondents (20%) rated it as very good. Also, 71 respondents (19%) rated it as moderate while 26 respondents (7%) rated it as poor and 10 respondents (3%) rated it as very poor.

Research Question 3: What are the major sources of information of residents of Edo State about the communication strategies adopted by the Edo State government in the fight against Covid-19? Item 11 and 12 were used to answer this research question.

Table 11: Are you exposed to mass media contents?

RESPONSES	FREQUENCY	PERCENTAGE (%)
Yes	380	100
No	0	0
TOTAL	**380**	**100**

The data on Table 11 shows that all the respondents answered in the affirmative that they are exposed to mass media contents.

Table 12: What major source of information were you exposed to during the peak of the Covid-19 pandemic?

RESPONSES	FREQUENCY	PERCENTAGE (%)
Television	156	41
Radio	57	15
Newspaper/Magazine	44	12
Interpersonal source	123	32
TOTAL	**380**	**100**

The data on Table 12 shows that 156 respondents (41%) noted that the major source of information they were exposed to during the peak of the Covid-19 pandemic was television; 57 respondents (15%) choosed radio while 44 respondents (12%) choosed newspaper/magazine and 123 respondents (32%) choosed interpersonal sources.

Research Question 4: What is the influence of mass media campaigns on Covid-19 prevention and control in Edo State? Item 13 and 14 were used to answer this research question.

Table 13: Has the various mass media campaigns been effective in tackling the spread of Covid-19 in Edo State?

RESPONSES	FREQUENCY	PERCENTAGE (%)
Yes	327	86
No	53	14
TOTAL	**380**	**100**

The data on Table 13 shows that 327 respondents (86%) answered in the affirmative that the various mass media campaigns has been effective in tackling the spread of Covid-19 in Edo State while 53 respondents (14%) answered in the negative.

Table 14: How will you rate the effectiveness of mass media campaigns in tackling the spread of Covid-19 in Edo State?

RESPONSES	FREQUENCY	PERCENTAGE (%)
Excellent	104	27
Very good	76	20
Good	93	24
Moderate	71	19
Poor	26	7
Very poor	10	3
TOTAL	**380**	**100**

The data on Table 14 shows that 104 respondents (27%) which constitute majority of the respondents rated the effectiveness of mass media campaigns in tackling the spread of Covid-19 in Edo State as excellent. This was closely followed by 93 respondents (24%) who rated it as good while 76 respondents (20%) rated it as very good. Also, 71 respondents (19%) rated it as moderate while 26 respondents (7%) rated it as poor and 10 respondents (3%) rated it as very poor.

4.4. Discussion of Findings

All the data collated for the purpose of this study will be discussed here and inferences will be made where necessary;

Research Question 1: What is the level of exposure of residents of Edo State on the communication strategies adopted by the Edo State government in the fight against Covid-19?

The objective of this study is to find out the level of exposure of residents of Edo State on the communication strategies adopted by the Edo State government in the fight against Covid-19. The data on Table 6, 7 and 8 were used to answer this research question. The data on Table 6 shows that all the respondents answered in the affirmative that they are aware of the Covid-19 pandemic. The data on Table 7 shows that 313 respondents (82%) answered in the affirmative that they know of preventive measures that can be adopted to tackle the spread of Covid-19 while 67 respondents (18%) answered in the negative. The data on Table 8 shows that 216 respondents (57%) answered in the affirmative that they know of communication strategies adopted by the Edo State government in tackling the spread of Covid-19 in the State while 164 respondents (43%) answered in the negative.

Based on the above analysis, majority of the respondents are exposed to the various communication strategies adopted by the Edo State government in the fight against Covid-19.

Research Question 2: What is the knowledge level of residents of Edo State on the communication strategies adopted by the Edo State government in the fight against Covid-19?

The objective of this study is to ascertain the knowledge level of residents of Edo State on the communication strategies adopted by the Edo State government in the fight against Covid-19. The data on Table 9 and 10 were used to answer this research question. The data on Table 9 reveals that 222 respondents (58%) answered in the affirmative that they are knowledgeable about the effectiveness of the various communication strategies adopted by the Edo State government in tackling the spread of Covid-19 in the State while 158 respondents (42%) answered in the negative. The data on Table 10 shows that 104 respondents (27%) which constitute majority of the respondents rated their level of exposure to the communication strategies adopted by the Edo State government in tackling the spread of Covid-19 in the State as excellent. This was closely followed by 93 respondents (24%) who rated it as good while 76 respondents (20%) rated it as very good. Also, 71 respondents (19%) rated it as moderate while 26 respondents (7%) rated it as poor and 10 respondents (3%) rated it as very poor.

Based on the above, majority of the respondents are knowledgeable about the various communication strategies adopted by the Edo State government in the fight against Covid-19.

Research Question 3: What are the major sources of information of residents of Edo State about the communication strategies adopted by the Edo State government in the fight against Covid-19?

The objective of this study is to find out the major sources of information of residents of Edo State about the communication strategies adopted by the Edo State government in the fight against Covid-19. The data on Table 11 and 12 were used to answer this research question. The data on Table 11 shows that all the respondents answered in the affirmative that they are exposed to mass media contents. The data on Table 12 shows that 156 respondents (41%) noted that the major source of information they were exposed to during the peak of the Covid-19 pandemic was television; 57 respondents (15%) choosed radio while 44 respondents (12%) choosed newspaper/magazine and 123 respondents (32%) choosed interpersonal sources.

Based on the above, majority of the respondents noted that television is a major source of information of residents of Edo State about the communication strategies adopted by the Edo State government in the fight against Covid-19.

Research Question 4: What is the influence of mass media campaigns on Covid-19 prevention and control in Edo State?

The objective of this study is to ascertain the influence of mass media campaigns on Covid-19 prevention and control in Edo State. The data on Table 13 and 14 were used to answer this question. The data on Table 13 shows that 327 respondents (86%) answered in the affirmative that the various mass media campaigns has been effective in tackling the spread of Covid-19 in Edo State while 53 respondents (14%) answered in the negative. The data on Table 14 shows that 104 respondents (27%) which constitute majority of the respondents rated the effectiveness of mass media campaigns in tackling the spread of Covid-19 in Edo State as excellent. This was closely followed by 93 respondents (24%) who rated it as good while 76 respondents (20%) rated it as very good. Also, 71 respondents (19%) rated it as moderate while 26 respondents (7%) rated it as poor and 10 respondents (3%) rated it as very poor.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1   Summary

The Covid-19 is a global pandemic whose wide spread has resulted in a downturn in global economic activities. Various countries of the world have been affected in different ways and different control mechanisms have been deployed to manage the situation. The nature of the virus makes it difficult to detect, hence, it is difficult to estimate the actual number of people infected.

The media as the fourth estate of the realm occupy a cardinal role in health education. Many decades ago, Flora et al. (2009) had outlined the four roles that the media can play in health intervention to include: first is what they called media as educator, the second is media as supporter, the third is media as programme promoter, and the fourth is media as supplement. The four elements look different but can typically be implemented in combination or individually. For example, media as an educator entails that the media have to educate the masses about public health issues. The objective of educating the public about public health issues is to ensure that they are mentally armed with information that will serve as a checklist regarding their behaviour. Kim and Noriega (2010) note that the media are critical players in health education. The researchers add that one of the strategies through which the media can achieve this is through a combination of education and entertainment. Okim-Alobi and Okpara (2018) hold the view that media provide a formidable platform through which health information can be made available to the general public. In their view, the media are critical players in educating the general public about health issues.

The fundamental way through which the media can educate the general public on public health issues is through coverage. This can take place through strategies like frequently reporting public health issues, recommending appropriate health behaviour and suggesting policies that will assist in combating the public health issues reported. Educating the general public about health issues is like preparing them for war. Therefore, where possible, this has to be done ahead of time, not when the health issue becomes a pandemic. This is important so that it will prepare them to take proactive steps. What this means is that where possible, it is better for the media to educate the general public about health pandemics well ahead of time before there is a confirmed

case within their locality. Within the context of coronavirus disease 2019 (COVID-19), local media did not need to wait until there is a confirm case of the virus in their country before educating the general public but its symptoms, prevention and recommend action for the government to take. Unfortunately, previous studies that have examined media coverage did not take this aspect into account.

5.2   Conclusion

This study concludes that the media in Nigeria paid attention to the issue of the Covid-19 outbreak. However, the coverage was not in-depth; most stories were short and were mostly straight news. Longer stories accord a topic with a level of depth that is simply impossible with a shorter story. Furthermore, the media quoted the NCDC and government officials more often. They also used health sector and medical experts as sources. Most of the stories were alarming and induced panic. Only a few stories were reassuring. More emphasis was placed on death tolls and cases of Covid-19 than proffering solutions. This study noted that the Nigerian mass media has done well in creating awareness on the outbreak, but has not been very effective in educating the public on preventive measures to take.

The broadcast media such as radio has strong potentials to reach ordinary citizens including people at the grass roots in Nigeria and across Africa. Radio remains a strong source for public information in times of health crisis. With widespread panic caused by misinformation about COVID-19, radio can play a huge role in combating the spread of false and misleading information. Radio as a medium is not perfect, it has its shortcomings. However, unlike social media, radio has active gatekeepers; news editors that keep serious check on content before they are broadcast. The freedom, access and minimal gatekeeping of social media, make them particularly veritable spaces for spreading rumors and other falsehoods. Radio stations need to recognize that they have an important role to play in the fight to minimize misinformation in Nigeria and across Africa. News and program content need to be carefully sourced and tailored to ensure that listeners in cities and at the grassroots, receive updated and accurate information about COVID-19. Government and private sector support are also necessary for radio to function effectively in Africa. Sadly, many radio stations are underfunded

5.3   Recommendations

The Nigerian media need to do more with regard to preventive measures the public can take to curb the virus. This could be achieved through increasing their attention towards

informing the public on the pandemic mode of infection, signs, symptoms, risk factors, usage of face masks, washing of hands using hand sanitizers and social distancing. They should feature more stories and programmes to help inform and educate Nigerians about the pandemic as well as provide detailed analysis of the steps to take in curtailing the spread of the virus. The media should refrain from too much panic reporting to avoid putting the citizens in a state of panic.

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