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MEDIA AND COMMUNICATION STRATEGIES FOR EBOLA CONTAINMENT IN NIGERIA

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Abstract

The 2014 Ebola epidemic was described as the most challenging, disastrous and deadly disease outbreak ever witnessed in world history because of its rapid spread, short incubation period, unsure therapy and fatal casualties. Despite its radical threat to African populations, the outcome of its emergence in Nigeria proved contrary as it produced only eight recorded deaths. Using the qualitative research approach, the study examined Ebola Virus Disease (EVD) with a view to determining the media and communication strategies used in curbing Ebola spread in Nigeria. A triangulation of focus group discussions and in-depth interviews described the media of Ebola information dissemination as well as the communication techniques used to contain the virus. Findings reveal that multiple languages, divergent media modes and the interface between human and nonhuman communication dynamics including, face-to-face interaction, computer-mediated communication, advertorials, jingles and pictures enabled simultaneous delivery of EVD messages and reach to the heterogenous Nigerian publics. The media-communication duo aided the rapid containment of EVD. The study has implications on health communication and disease management in West Africa.

Keywords: Health Communication, Disease management, Risk communication strategies, Ebola virus control, Media platforms

Introduction

The containment of Ebola in Nigeria is presumed to have solely depended on medical practices like detecting, isolating, treating and contact tracing of affected persons. Although these procedures were vital to controlling the spread of the virus, the role of the media and communication during the disease outbreak has been grossly overlooked and underplayed, hence, little is known and understood about the place of the media and communication for Ebola information dissemination vis-a-vis its containment. The paper examines this phenomenon by describing the non-medical interaction strategies employed for the control of the pandemic in Nigeria. It highlights the mechanisms of harnessing media and communication for public health emergency intervention and health crisis management. The paper makes similar argument as the World Health Organisation (WHO) that “communications are as critical to outbreak control as laboratory analyses or epidemiology” (WHO, 2007, p. 2).

Ebola virus disease (EVD) is not new. It has been in existence for decades. The Centre for Disease Control and Prevention (CDC) considers it one of the deadliest viral diseases discovered in 1976, tagging it a deadly disease with occasional outbreaks that occur mostly in Africa (CDC, 2014). The first known case in Nigeria was detected on a male traveler from Liberia to the 6 Lagos International Airport (CDC, 2014). Its appearance in Nigeria on July 20, 2014 struck diverse chords, instigating radical approaches to controlling its spread. Government and nongovernmental organizations, and medical and nonmedical professionals adopted strategic measures to eclipse Ebola. Communication and media play vital roles towards message dissemination, social discourse and human empowerment.

During the 1994 Cote d'Ivoire and 1995 DRC outbreaks, face masks, gloves and gowns were advocated for healthcare personnel while education and training were activated (CDC, Amundsen, 1998). In Nigeria, efforts were made by the government, health organisations and professional bodies to provide Ebola information to the citizens. Although newspaper frontpage lead stories convey government messages, only a few empirical studies on Ebola exist, including the role of the media in handling Ebola pandemic (Odorume, 2015) and its framing in Nigerian newspapers (Adekunle & Adnan, 2016). Other studies focused on its historical analysis, risk perception, clinical perspectives, and social media use for Ebola awareness, rural mobilization, detection and preparedness (Wali, 2018; Adekunle &

Adnan, 2016; Hossain, Kam, Kong, Wigand, & Bossomaier, 2016; Househ, 2016; Uzuegbunam, Duru, Okafor & Ugbo, 2016; Anat, Yaffa, Hayek, & Oshrat, 2015; Nwanne, 2014; Amundsen, 1998). Google Trends, Twitter and Facebook were also used for public awareness and identified as being essential for decision making and crisis management in emergency situations (Hossain, et. al., 2016). Social media are characterized as viable channels for public health communication (Heldman, Schindelar & Weaver, 2013) but can work best when integrated with traditional public health communication channels.

The spread of Ebola has led to an increase in health organisations' alertness and media coverage (Anat, et. al., 2015), situating communication as a key component of Ebola management. While communication enhances message delivery, public health awareness and disease control, accurate knowledge would influence human health attitudes and behaviour towards combating public health disasters.

Statement of the Problem

Following the declaration of Ebola as an international health emergency, international news agencies played a vital role in creating public awareness. Accordingly, news organisations like the CNN and BBC provided the public with the information to help influence public opinion and behaviour. The CNN provided opportunity for first exposure of many people to Ebola information as it had more Ebola reports (Hossain, et. al., 2016). Beyond international media, an interrogation of the Nigerian media on the phenomenon is important.

Western-based studies have also examined aspects of Ebola virus disease, including its origin, spread, effect, medical response and information-related activities. However, only a few studies in Nigeria broached the issue, focusing attention on media reportage, without taking a cursory look at the dynamics of Ebola information transaction and its associated media structures in a multifaced society. In other words, studies in Nigeria failed to provide a holistic analysis of Ebola information dynamics or situate the interplay of media and communication in the containment of the virus.

The thrust of this paper is, therefore, to examine the role of the Nigerian media in exposing people to Ebola information. It describes the specific media platforms and communication strategies employed in the fight

against Ebola by examining. The study was guided by these objectives: To (1) identify the media of Ebola information dissemination and (2) describe the communication strategies used in the containment of Ebola virus disease. The examination unravels the interrelationships of the variables to establish public perception about Ebola communication dynamics and control.

Health Communication

Health communication is an important aspect of social life. It is relevant for public health education, disease prevention and health promotion. The communication enables informed choices, behaviour change and links the domains of communication and health (Anatsui, 2014; Obono, 2011; Amuseghan, Ayenigbara & Orimogunje, 2010). Provision of quality health information will reduce the prevalence of harmful diseases, thus, the need for public health education for informed healthy practices.

Health education is encompassing. In Nigeria, it is not limited to the use of face-to-face interaction and traditional communication channels but other mechanisms that drive health knowledge. The Federal Republic of Nigeria (1988) adopted appropriate health systems for the attainment of health for all Nigerians, including environmental health, safety education and HIV/AIDS education. In his study, Ejima (2014) identified specific health issues that have been focused on cancer, coronary heart disease, hepatitis and liver infections considered deadly and of concern in public health education. Amuseghan et al (2010) note that public health agenda addresses high fertility, teenage pregnancies, child survival, safe motherhood and HIV/AIDS and other sexually transmitted infections (STIs). Obono (2011) also highlighted the health communication techniques used for HIV and AIDS related behaviour change. In other words, health communication addresses various human aspects and conditions, hence, the attempt to make its information available to all rural and urban dwellers.

However, this desire has not been fully implemented because of some observed challenges which can be overcome with due diligence and human determination. As Anatsui (2014: 59) puts it:

Medical care is provided for government and commercial enterprises, but it is wanting among the rest of the population. Despite several attempts at reform, many Nigerians still lack access to primary health care, largely because the greater

majority of treatment centres are located in large cities. Facilities are often under-staffed and under-equipped.

Based on some of the lapses in health advocacy and implementation, it was necessary that Ebola control was not limited to medical approach but also facilitated through health communication. Although Ocheni and Nwankwo (2012) agree that the rural areas have been neglected by the Nigeria mass media, it is pertinent to know that mass media help in creating awareness, accelerating information flow and mobilising the populace towards attainment of national health goals. Their activities can be structurally extended to the hinterlands. Health goals and aspirations of the mass media are to ensure total transformation of the society (Uwom and Oloyede, 2014). Accordingly, health communication has become more prominent, empirical and strategic for public health programs (Amuseghan *et al.*, 2010).

Much of what the public understands on health and health policy is mediated (Ahmed & Bates, 2013). Media channels, including print, advertisements, fiction films, television shows, documentaries and computer technology affect healthcare system and individual's use of the system (Ahmed *et al.*, 2013 citing Friedman). Their mediated knowledge is based on health and illness discourses in the print media, television, cinema, and the Internet. For effective grassroots mobilisation and creation of awareness, radio makes news available to the widest audience in developing societies (Anatsui, 2014). In contemporary world, the fastest way for people to stay informed is through the Internet. This includes access of people to online newspapers (Ejima, 2014). Using online newspaper to report health-related issues is important because many Internet users read online newspaper (Obono, 2014). Social media use is high. It provides positive results for effective surveillance response mechanisms (Hossain, *et. al.*, 2016). The media can be harnessed for public health discourse.

Studies have examined the effectiveness and implications of using social media and other digital media in health promotion and disease prevention. (Heldman, Schindelar & Weaver, 2013:2). Effective health communication can "affect individuals' awareness, knowledge, attitudes, self-efficacy, skills, and commitment to behaviour change" (Uwom and Oloyode, 2014:85). Based on the Nigerian publics, it is important to integrate different media platform to make information available to varied individuals. Obono (2018)

proposes the integration of modern and nonmodern systems of communication for community development. Such integration will make it easier for all strata of the Nigerian population to access and comprehend various aspects of health information. In other words, integrated media will cater for the information needs of rural, semi-urban and urban dwellers to fight against pandemics.

Few studies in Nigeria recorded Ebola reportage in newspapers. Although different frames were used to report the disease, treatment and control was the most common frames used for its reportage (Adekunle & Adnan, 2016). Outside limiting health communication to media content framing, it is vital to investigate the other communication dynamics adopted to promote Ebola information awareness and control.

Theoretical Framework

Agenda Setting Theory was used to drive the study. Propounded by Maxwell McCombs and Donald Shaw in 1972, the theory posits that media shape what people think about and influence how opinions about issues are formed (McCombs & Shaw, 1972). Agenda-setting proposes that “the mass media pre-determine what issues are regarded as important at a given time in society” (Folarin 1998:68). It suggests that the audience obtains salience of issues from the news media, and incorporate same into their own agendas. Riaz (2008:18) describes “the transmission of these saliences as one of the most important aspects of mass communication”.

Agenda is set through regular reportage of an issue, its prominence, and its effect over time. The theory emerges from a specific perspective, which predicts that if “people are exposed to the same media, they will place importance on the same issues that media reports” (Anaeto, Onabanjo and Osifeso, 2012:90). In other words, emphasis placed on an issue will affect the importance the public places on it. By extension, the prominence the media place on Ebola virus would determine how people also think about it. In essence, the media drives information that becomes important in the public's eye. Through fascinating techniques and choices of communication, the media determine the important issues for public discussion and implementation. In contemporary society, Agenda setting transverse traditional mass media to the new emerging media. Accordingly, Kovic, Lulic and Brumini (2008) observe the potential social media information have on health care policy making because medical blogs are

frequently viewed by mainstream media. Hence, all media set agenda, which has implications on Ebola containment in the Nigeria social field.

Although Agenda-setting theory has become one of the most widely used theories in communication, it has been widely criticized for its simplistic approach. This is because, issues are much more complicated than a simple and linear transfer of salience from one agenda to another (Vu, 2020; Lang & Lang, 1991). Using the Watergate case, Lang and Lang posited that the theory had several conceptual and methodological problems. To bridge the existing gaps, they proposed agenda-building to show how agenda is formed and the relationship between different communication contexts that contribute to shaping agenda for the media and public. They indicated that the interplay between the news media, policy makers, and the public is more complicated than a linear transfer of salience from one agenda to another.

In essence, the examination of issues should not be limited to news media effects on public and policy agendas, but rather account for the context of communication and the diverse situations that propel message formation and drive to the public. This holistic approach is manifest in the mindset of the government to contain Ebola virus spread through information packaging and selection of news media that will serve the general public with Ebola messages for informed public decision and action. By this approach, news media not only focus attention on issues but frames the object of attention, expanding focus to external information resources.

The agenda-building model provides a holistic picture of how an issue becomes salient in media, public, and policy discussions (Vu, 2020). The author acknowledges the continuity of the process in which an object develops to become an issue in the public domain. While the media sets Ebola agenda, the issue is built through discourse. Accordingly, Ebola virus agenda is set and built through media, human and issue interface. The setting and building of Ebola agenda are aimed at controlling the spread of the virus to diverse human communities.

Methodology

The descriptive research design was adopted. A triangulation of qualitative research methods enabled the retrieval of information on media and communication dynamics for Ebola containment in Nigeria. In-depth interview (IDI) and focus group discussion (FGD) ensured the gathering of

rich, in-depth, detailed and holistic data that captured context and culture-specific information on the strategies adopted to contain the spread of Ebola virus. The methods ensured an all-inclusive examination of Ebola communication, highlighting the layered processes of disseminating the messages to diversified Nigerian publics. Although conducted in Ibadan, discussants and interviewees did not limit narratives to space or location as Ebola information and media engagements are diverse, hence, the transcendence of the discourse beyond physical space to virtual realities.

Ten IDI and nine FGD sessions were conducted on Ibadan residents based on age, sex and occupation. To capture the diverse publics, participants were purposively selected. They comprised individuals from the skilled and unskilled workforce, secondary and university students, and males and females from different age groups. After data gathering, descriptive and interpretive analyses were performed using theme mapping and ethnographic summaries. The use of this multilayered methodological approach is significant for describing the phenomenon. It adds to the general body of knowledge on Ebola communication, containment and disease control. The study has implications for risk communication and education, public sensitization and mobilization, and disease prevention and control.

Result

The media and communication techniques adopted for dissemination of Ebola information played crucial roles in abating the spread of the virus. Being a heterogeneous group with varied sociodemographic characteristics, cultural underpinnings and residential peculiarities, messages were packaged and disseminated to enable expanded reach to all people, irrespective of their educational level, age, occupation, residence, among other variables. In other words, media choice and communication strategies accounted for availability and comprehension of Ebola information across the general publics.

Media of Ebola Information Dissemination

Different media were used in disseminating Ebola information to the Nigerian publics. They were those that most people identified with, familiar with and used for their communication activities with members of the society in their various communities. In other words, the media channels

selected for Ebola message dissemination were readily available, easily accessible and affordable by the populace. Choice of the right media is crucial to enhance human exposure to information and reach to the right audience, thus, minimizing inhibitors to message reception. These media included, broadcast, print, outdoor, indigenous and social media, and other Internet-based platforms. The use of multiple media to provide Ebola information is for enhanced reach without discrimination based on religion, region, social status, residence and other sociocultural factors. Choice of media for Ebola information dissemination is, therefore, deliberate and deliberative to meet the information needs of the varied members of society.

A combination of media enabled the spread of Ebola information across nooks and crannies of the country. Participants identified different social and mainstream media that exposes them to Ebola information. Specifically, a 28-years old female distance learning student of the University of Ibadan, noted the different media that were instrumental to providing information to control Ebola virus disease. She observed: “TV, radio, advertisement, Facebook, Twitter, Instagram, Snapchat, WhatsApp, text messages from MTN, Glo, and other network services were used”. From her view, mobile telephony and social media were critical to Ebola information dissemination and discourse. In other words, the use of diverse media facilitated the spread and reach of Ebola information.

In addition to the use of traditional media and social media, Cable Television was also identified as a viable channel for Ebola containment information. A male staff at the University College Hospital, Ibadan, noted:

I first heard about it in the news. I have heard about it before the outbreak in Nigeria because of my field. I was hearing it as it happened in Liberia...So, we were all watching Liberia and Sierra Leone, and other places. We were watching on the news on CNN, Channels TV... They were always talking about it, you know, outbreak in Sierra Leone, outbreak in Liberia. We didn't know it was going to get here [Nigeria]. Nobody expected it...I heard it from the news, Facebook. In fact, WhatsApp messages, bulk messages, 'don't touch anybody', don't do this, don't do that, when you are sitting in a bus.

All discussants chorused the diverse media platforms used for the dissemination of Ebola messages during discussion with young boys. They expanded the media to include Blogs and other cable network news. They mostly highlighted Internet-based platform as captured in the words of one of the young discussants, thus:

Facebook, Instagram, WhatsApp, almost all the new media channels and social media, Twitter, e-buddy, blogs, private and public blogs. People were aware, it was everywhere, even text messages...MTN use to send Ebola prevention messages, Ebola help line... Channels, BBC, CNN...

Highlighting the various media used for containing Ebola, the narratives of participants is all-inclusive as they projected the different media platformed used to provide Ebola information, including broadcast media, new media and cable news media. A middle-aged male interviewee noted that the information is disseminated in a way that it does not discriminate against anybody due to their location. Accordingly, Ebola information is transmitted in such a way that it reaches people from different walks of life, economic status and residential structures. The message is made public and for the attention of everybody in the country by transmitting through the broadcast media, which is readily available, particularly the radio which can be accessed everywhere and by everybody, without barrier of electricity. According to this young male:

The radio also disseminates Ebola messages. When I am going to work, the driver is playing radio and they talk about Ebola – what has happened, what just happened, how many persons just contacted it in Port Harcourt. They were just talking, so, the radio stations, TV and the other platforms... I think they all functioned very well that period. I just mention radio but others like Channels TV, Ebony Life TV, CNN, Facebook, Twitter, and local stations provided the information.

The Nigerian populace placed a high premium on Ebola, hence, commuter drivers provided unsolicited Ebola messages to their passengers as they tune their taxi radios to Ebola-rated news stories. The taxi became a mobile information transmitter to the public, who were exposed to Ebola message.

Different media were, therefore, used for disseminating Ebola messages. It became a practical way of getting the message to a wider audience, hence a wider information reach. Secondary school female discussants also identified the media used for Ebola information in their school. In addition to radio, newspaper and social media, they noted the role of parents and posters in the spread of Ebola information. During the discussion, they itemized the different media they heard the information from as indicated:

GIRL 1: I heard about it through the Internet and news.

GIRL 2: Radio, newspapers...

GIRL 3: social media

GIRL 4: and parents. There were also announcements on Radio in Yoruba and in pidgin too

GIRL 3: Twitter, Facebook and everything else. Social media because that's the easiest way to communicate in Nigeria.

Even old people use Facebook often. I also saw Yoruba actors and actresses on TV using our local language to pass across the information

GIRL 1: Yes, many people are always online. Even my mum and my grandpa are on Facebook

Social media was heavily exploited for the dissemination of Ebola information because it is highly used by young and old people for interaction. Based on the submissions of the study participants, public, private and cable news television, radio, social media, Internet-based news outlets, posters, and interpersonal channels were employed to transmit Ebola information. The use of different media was a practical way of getting the messages to a wider public, contributing to the timely control of the virus.

Among unskilled workers with limited education, exposure to Ebola information was easy as different information channels made it possible for them to have access to Ebola information. Both men and women radio indicated the channels through which they had access to the information as specifically captured in the utterances of a male taxi driver and a female trader. For the cab driver, radio was very useful in exposing him to Ebola information as he noted, "I heard it from radio". The female trader was explicit in describing her exposure to the information that was everywhere

in the news through different media channels. While she noted that her child showed her pictures of Ebola, she added that broadcast and outdoor media disseminated the information to the public, thus:

People say it's [Ebola] everywhere. It was also on TV too, both on TV and radio. There are also posters too; there is one at Mobil, and primary and secondary schools too. Ebola message was made to reach all Nigerians through the news; through the media. The news was basically spread through the news. They usually do English and Yoruba news in the evening, so I heard it in Yoruba too. They did that on radio too.

For a 29-year old discussant, mainstream media were very reliable for information dissemination. According to him, although the social media made their contributed, they also circulated confusing messages. The use of multiple media was important to complement information received from other media channels and balance messages the public was exposed to for adequacy. This became one of the strengths of using diverse media for Ebola control mechanisms, helping the audience discriminate between false information. This is particularly true of social media whose messages are uncensored with anybody becoming a creator and sender of information. While this disadvantage of social media exists, utilizing multiple media for Ebola information dissemination was the advantageous as manifest in the observation of the male interviewee, thus:

The social media had problem conveying messages of Ebola. On some platforms, you see people saying, use salt, use this, some people will say use Dettol, some people will say use sanitizer, you can't pinpoint the exact thing to use. And I think the salt also, like I heard from Jaja, the salt people were taking during Ebola, increased their cardiac problem or those who were having high blood pressure and there were some recorded fatal health cases on that. The social media were not good on, they were not organised on how to relay Ebola messages.

This lapse may be associated with citizen journalism, which make social media 'a free for all' media platform for news. This does not, however, make all their messages unreliable, rather, the social media played a vital role in the timely containment of the disease in Nigeria due to their strengths for

information networking, transcendence of time and space, and multiplier information and human effects. This is observed in the number of persons who acknowledged social media as their source Ebola information.

While different media were used to achieve Ebola communication goals, media convergence contributed to containing the spread of the virus as various people received the information. Based on the submissions of study participants, the interplay and use of interpersonal and mass media channels for simultaneously dissemination of Ebola information yielded easy access and reception of messages by Nigerian publics, without any barriers of space, time, distance, or hinderances associated with sociodemographic, cultural and residential backgrounds. The use of diverse media enabled dispersal of Ebola news by making the information to go viral within a short space of time. Access, reception, comprehension, recall and retention of the information contributes to the containment of Ebolavirus in the society.

Communication Strategies for Ebola Virus Containment

Different communication strategies were adopted for preventing Ebola spread in Nigerian communities. These communication techniques varied and were targeted. From its onset, the Nigerian government, nongovernment organizations, health institutions and international health organizations collaboratively played roles to stem down the virus. Importance was placed on communication as a means of containing Ebola spread. Through various media channels and communication strategies, the information was in public domain through news reports, face-to-face communication, health talks and campaigns, public announcements, and advertorials, among others. The Ministry of Health and the WHO, among other stakeholders, made Ebola messages visible to Nigerians through Websites, social media handles, blogs, bulletins and print materials. Community rallies, house-to-house campaigns, radio and television stations broadcast the information using English, Pidgin and indigenous languages to express the risks, preventive measures and expected actions for Ebola control.

Although the communication strategies varied, they played a significant role in combating Ebola virus spread to human populations. The study participants highlighted their information-based experiences, identifying news stories, advertisement, text messages, pictorials and

selected languages as some of the communication strategies employed to provide information for Ebola control. Deducing from their submissions, Ebola containment communication strategies ranged from linear, interactional and transactional communication, to interpersonal, group, and mass communication. It involved face-to-face interactions and machine-assisted communication. Due to the evolving communication landscape, mobile technology also propagated Ebola control through messaging and social networking. Accordingly, the communication strategies combined multiple media use, diverse languages and content packaging to facilitate Ebola message dispersal, retrieval, acceptance, comprehension and recall by the heterogeneous audience.

Although the communication strategies varied, the message was similar as it targeted the control of the virus. The general information displayed was focused on the deadly nature of Ebola because it has no cure but with a short incubation period. The message was construed to put fear in people so they are responsive to behaviour change, constrain relations and desist from contact with affected or suspected persons. Emphasis was, therefore, placed on prevention. In other words, the packaging of the message contributed to Ebola containment. In a focus group discussion of youths, a 27-years old male succinctly puts it: “the message of Ebola was mainly that: It is a very deadly disease. If you come in contact with an infected person, in fact, your days of existence are calculated”. In a similar way, a 29 years old male discussant noted that messages from the different media were similar in goal but differed in composition. He narrated:

The message I saw on TV wasn't presented the same way or word for word like the one I heard on radio, and likewise, it wasn't the same way I received it on social media. I will say they all said the same thing in different ways. That of the social media tried to talk to the youth while that of the TV tried to break it down to the minute way and the radio as well. They all tried different ways of getting to the same place

Addressing different publics, the attainment of a multiplier effect was due to the concerted effort of communicators to use conventional and nonconventional strategies, as well as intentional and unintentional approaches to deliver Ebola messages. For instance, radio broadcast conveyed Ebola messages to commuters, who had no intention of listening

to Ebola messages at that particular time or control the information they are exposed to their movement from one place to another. Not only did commercial cab drivers display the messages to public places but Ebola information was also taken to the market, schools, churches, mosques, and town halls. Employment of different strategies was to enhance behaviour change and contain the virus. Transactional and interactional communication increased public engagement.

Addressing the strategies, a male youth described the media content and the combined strategies used to attractive the audience to Ebola messages:

Ebony Life TV did a good job. They even had a programme, you know, they will be telling you, bringing out some adverts about Ebola – if you do this you won't get Ebola but if you do this, you will get Ebola... When I am going to work, the driver is playing the radio and they talk about Ebola – what has happened, what just happened, how many persons just contacted it in Port Harcourt.

Irrespective of residence, messages from different parts of the country circulate through news. Such messages are expected to influence the cognitions of Nigerians. From the foregoing, Ebola information is readily available, accessible and intelligible for informed action. The mechanisms of communication have implications on public access, attention, retention comprehension and recall of Ebola virus messages for continuous human discourse and networking, which helped in containing its spread. The methods and outcomes of communication are also implicated with other members of society. With the unskilled workforce, radio exposed many to Ebola information as submitted by a middle-aged cab driver, who received Ebola preventive messages through radio advertisements and jingles.

I heard it from radio. They used advertisement and jingles. They were saying how not to be affected. They said we should try to wash our hands and observe cleanliness. Those are the prevention ways they were saying. They said there was no vaccine yet and so we should prevent it. I think they also provided sanitizers

The broadcast and print media portrayed different captions, stories, editorials, opinions, photos and images. Ebola occupied space on the print and news channels, allotting more airtimes to the health talk. During the outbreak, Ebola was made the central news topic of discussion in the the media. It became the apex of agenda setting on health issues.

Interviewees elaborated on the use of the different approaches, including face-to-face interactions among friends, media campaigns, and use of different languages to reach literate and nonliterate populations. Various people were informed and educated through practical techniques as highlighted by a young female, accordingly,

They [advocates] went to different schools: primary schools, secondary schools. They took sanitizers to them [in school]. They taught them how to wash their hand... I think the highest means they heard was through the media because everybody has access to it. Even with *babas* [old men], they had Yoruba session... Like this station now speaks Yoruba, Igbo and Efik on news. So, if you cannot understand English, you watch the one of Yoruba, Igbo, Efik, or Hausa... so they can easily hear, and through friends too. They talked about it on Facebook. Almost everybody is on Facebook.

Discussant further elaborated on the visual demonstrations employed for easy understanding Ebola messages. The materials helped enhance message clarity, understanding and emphasis. Health professionals also used pictures for interaction. The use of indigenous language, pidgin English and visual aid devices would improve message comprehension as presented in the excerpt of a 29 years old male discussant:

I saw some people using instructional material like cardboard paper to draw. Those people who cannot read can understand pictures. Those in lower basic will draw the picture of people who are infected with the disease and when they see those pictures, they will start imagining it and it will sink into their brain. Some people learn better when they have visual knowledge of what they are learning...For those in the rural areas, like in my place, they have a health centre. The nurses in the health centre came out to talk to them in the local language and the association of farmers had to employ the services of

doctors who came to educate them, tell them how to help each other to avoid Ebola spreading and at a point in church.

Health professionals provided the information to different groups. In rural areas, medical doctors and nurses used face-to-face interaction and pictorial images to respectively educate farmers' association and clinic attendees. Some of the programs were aired in Pidgin and the main languages in Nigeria – Igbo, Yoruba and Hausa. The telecommunication industry also facilitated Ebola information access to precipitate control. Recalling, another discussant interjected:

I remember listening to pidgin language talk on radio on my way to work. Even this telecommunication people, they also did this Igbo thing [message], translated it to Hausa, to tell the local people how to prevent this disease and what to do in their own languages—Igbo, Hausa and Yoruba.

The use of various languages is important because Nigeria is made up of different ethnic groups with diverse languages but English as her lingua franca. To reach the grassroots effectively, it becomes pertinent that the languages of the people is used for message penetration, learning and sensitizations. This strategy accords everyone equal chance of exposure to Ebola messages, which by implication would drive the containment of the virus. The education was encompassing as it made provision for adults, youths and children at all social levels.

Medical personnel also contributed in educating the public to facilitate Ebola containment. Doctors went to schools to teach children on how to avoid the virus. Those in villages obtained Ebola messages from nurses at various community healthcare centres. To ensure that the message is not doubted, some media houses employed the services of medical professionals as sources of Ebola information. A female discussant noted: “They actually invited a medical doctor to talk about the Ebola issue” to ensure that no one was in doubt about the gravity of the virus. Other medical activities were highlighted during FGDs. A male participant summarized:

Red Cross society was instrumental, and University College Hospital (UCH), Ibadan, brought out a committee of people who went out spreading the message. Even most of these TV stations invited professionals to talk about it.

The communication approach differed, taking cognizance of the capacity and sociodemographic makeup of the audience. For instance, for the old people, the use of local languages was beneficial. For the youth who are social media savvy, the platform became functional in spreading the message. For school children, visual demonstrations inscribed the message into their cognitions, etc. Mobile technology made it easier for people to send and receive Ebola containment messages through text messaging, emails, blogs, chats, calls, videos, and speedy information sharing and networking. All Ebola communications were performed to ensure that irrespective of audience's background, people could easily receive message to maximum Ebola containment.

Other Ebola communication mechanisms were highlighted based on the audience, like those working in instituted organisations that expose them to multiple human contacts. For example:

For those that are working, for instance, those that work in Banks, a terminal was made for them. The workers were educated on how to abstain from contact with customers. They made provisions for sanitizers and the rest. And for the younger ones, their schools were shut down.

The different strategies of Ebola communication had implications on prevention and containment of the virus in Nigeria. Engaging different communication strategies is because, a single technique will be deficient in meeting the information and communication needs of the heterogeneous audience. For speedy message reach and comprehension, the strategies were efficient in proving information to the general audience without the barriers of time, space, comprehension and socioeconomic factors. By implication, exposure to Ebola information increases awareness and knowledge, which contributed to containing the virus to limited members of society. Verbal and nonverbal communication, oral and written communication, as well as audio, visual and audiovisual strategies were all combined to make Ebola messages accessible, attainable and acted upon. Results, therefore, showed a hybrid of information, communication and media networks for the containment of Ebola in Nigeria. Containing the virus was, therefore, a product of human response and technological infrastructure.

Discussion

Ebola had a fierce reputation of ravaging human populations. In Nigeria, communications played an integral role in response to the global pandemic as the use of multiple media platforms and communication forms enhanced Ebola awareness and containment. They facilitated public access, attention, retention, comprehension and recall of Ebola message for continuous human discourse and networking. Converged media enhanced Ebola control. The mix of traditional and social media corroborates the views of Heldman, et al. (2013) that integrated social and traditional public health communication channels is advantageous for target audience reach, public health information sharing, feedback and direct engagement. The media also performed the surveillance function by calling attention to Ebola outbreak in Nigeria. It brought to prominence the priority issues, influencing public perception of the virus and a corresponding human response. Continuous reportage, updates and associated deaths brought to the fore the issue, enabling retention and recall of Ebola messages.

Since health communication is aimed at influencing health choices and decisions, Ebola messages were construed to make sense to the target audience. Its awareness campaigns informed, educated, enlightened, sensitized, persuaded, empowered and mobilized the public on appropriate behaviour to control transmission. This was achieved as the virus was contained within a short period. Ebola messages were prioritized, drawing public attention to the health crisis. Access and availability of the Internet expanded the information and increasingly served as a rich health resource in different social environments.

Health campaigns contributed to the containment of Ebola in Nigeria. Between July 20 and October 22, 2014, respectively, when the first case was reported in Lagos and Nigeria declared Ebola-free by WHO, Ebola had gained wide spread attention and positive response following its national coverage. Traditional mass media like radio, TV, newspapers, magazines, bill boards, posters; Internet-based platforms like websites, blogs, emails, social networking sites, wikis and content sharing sites, especially YouTube and Instagram; indigenous media and mobile technology were all active in the dissemination of information. Their combined effort contributed to the dispersal of information and regular public discourse, which had implications on averting the public health disaster. The role of the media in Ebola containment is consistent with earlier propositions about the

influence of the mass media on public attitudes and decisions (Benefo, 2004; Bratić, 2006; Catalán-Matamoros, 2011). Social media complemented traditional media for information acquisition, speedy message delivery and easy recall. The combination of adverts, jingles, videos, pictures, handbills, posters, health talks, interpersonal interaction and group campaigns in schools, churches, mosques, markets, hospitals, banks, and community settings, facilitated the management of Ebola.

Accordingly, while Newspaper, Television, WhatsApp, and Twitter were among the social and electronic media used to propagate Ebola information, communication strategies contributed to public discourse and human networking. The media set Ebola awareness and communication helped in building the agenda, which militated against Ebola spread. Giving prominence to Ebola stories is consistent with the findings of Wali (2018), Adekunle & Adnan (2016), Uzuegbunam, et. al. (2016) and Hossain, et. al. (2016). Acquisition of the information has perceived health implications. The various angles from which the Nigerian media reported Ebola stories, the frequency of reportage and the emphasis placed on it contributed to its rapid containment. Ebola health campaigns were, therefore, planned and implemented for control. Its agenda was set and built through different techniques. Ebola messages were simple, prominent and understandable to different Nigerian publics for positive action. These techniques had implications on its management in Nigeria.

Conclusion

Ebola awareness information was transmitted to the heterogenous Nigerian audience through multiple media platforms and communication strategies. The issue was placed on front burner, enabling public access, attention, retention, comprehension and recall of the message for continuous human discourse and networking, which helped in containing the spread of the virus. While traditional, indigenous, social and Internet-based media were used in disseminating Ebola information, verbal, nonverbal, oral, written, audio, visual and audio-visual communication strategies enabled its intelligibility. The combination of selected media and communication mechanics had implications on healthy behaviours, which contributed to the diversion of the impending health disaster. The integrated communication-media approach became a successful health implementation strategy. For health information to be understood and

implemented, the issue has to be perceived as being of great importance to the audience. The paper highlights the value of information networking as well as the need of harnessing media and communications for public health emergency control.

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