

Food Safety Media Campaign and the Health of Nigerians

By

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Abstract

Food safety is a crucial practice many people do not yet carry out, an indication that they have not yet imbibed its principles. Where such knowledge is lacking, education of the populace on the relevance of food safety measures should be emphasized. This is the essence of media sensitization and educational efforts. This paper is an analytical study whose focus was on identifying whether media campaigns about Lassa fever successfully encouraged food safety since the outbreak of the disease reached epidemic proportions in Ondo, Edo and Taraba States (NDDC reports, January 26, 2023, Vanguard Newspaper of February 29, 2024). Objectives of the study were to; ascertain if media campaigns were used to educate the residents of Ondo, Edo and Taraba States on Lassa fever, examine whether media campaigns influenced the residents of Ondo, Edo and Taraba States about Lassa fever and identify which media was most significant in disseminating messages about food safety to prevent the spread of Lassa fever among residents of Ondo, Edo and Taraba States. The theoretical framework for the study consists of Protection Motivation Theory and Health Belief Model theory. The population was drawn from the three aforementioned areas with the interview method used as the instrument of gathering data. The study found that respondents were properly sensitized but the majority chose to be nonchalant about imbibing the new health behaviour advocated for curbing the spread of Lassa fever; the most significant media used for the sensitization efforts was the billboard. The study recommended that use of pesticides against rats should be encouraged among residents of these three States in order to avoid a reoccurrence. In addition, government should promote innovations in specially designed nets, that can be placed on people's doors and windows, which can kill rats on close contact.

Keywords: media campaign, food safety, Lassa fever, health sensitization efforts

Introduction

Food safety is a very vital aspect of human existence. Food safety in Nigeria is generally disregarded as many people hardly care about what

they eat. There is low level of awareness of food safety measures with most people, due to the high level of poverty, apparently concerned with filling the stomach with anything, so long as it is food. All over the country, food policies issued by the regulatory bodies are hardly implemented. Africa faces a high number of deaths as a result of food-related diseases, with an estimated 137,000 deaths and 91 million acute illnesses per year (www.usaid.gov/2020).

Food safety is crucial not only for the assurance it gives consumers that a particular food item they desire to eat is prepared or stored in the right manner but for its foundational role in preserving their overall wellbeing. When the contrary is the case, food-related diseases like diarrhea, Lassa fever and stomach ulcers may result. Food safety applies to the private and business sectors both of which should ensure that food is safe for consumption.

Food safety entails the process of making sure that handling, preparation, distribution and storage of food are geared towards preventing, controlling and reducing food hazards to the barest minimum. The food safety system is built around compliance to quality-safety culture, laws, regulations and policies, including corrective action to pursue and ensure that the minimum standards are in place to check food-related diseases. The case of Lassa fever, as reported by the Nigerian Centre for Diseases Control (NCDC), 2023, indicates that food safety measures and policies, regulation and implementation at governmental and individual levels are faulty.

According to the World Health Organization, Lassa fever is “an acute viral haemorrhagic illness caused by Lassa virus, a member of the arenavirus family of viruses... The disease is endemic in the rodent population in parts of West Africa” (WHO 2019). The symptoms of the disease include fever, muscular pains, sore throat, nausea, and difficulty in breathing; bleeding gums, nose, eyes or other parts of the body, vomiting and chest/abdominal discomfort (Asogun, Gunther, Akpede, Ihekweazu & Zumla, 2019). Humans are usually infected with Lassa virus through exposure to food or domestic items contaminated with urine or faeces of infected *Mastomys* rats (WHO, 2021).

In Nigeria, this food-related disease became a serious national issue when, at the beginning of the year 2020, 27 out of 36 States that make up Nigeria reported 1,708 laboratory-confirmed cases (NCDC, 2020). The issue even became worse when in January, 2023, Edo, Ondo and Taraba reported a soaring number of infected persons and later it was reported that 9 persons died of Lassa fever in Ortese IDP camp in Benue State which had 46 recorded cases in February, 2024. These made Lassa fever a disease of

concern (NCDC reports, 2023).

Non adherence to food safety measures is a prevalent issue in Nigeria because there is persistent poor food hygiene, food contamination and hap-hazard enforcement of food safety best practices. Despite the availability of food safety enforcement system, to ensure that foods produced and sold in Nigeria, are in line with the expected standards, it is yet to reach an appreciable level of performance, despite policies put in place to redress the situation, such as the National Policy on Food Safety and Its Implementation Strategy (NPFSIS) formulated in 2014 by the Federal Ministry of Health (FMOH), to guide Nigeria's food safety.

Since the formulation and implementation of policies have not helped in improving food safety and the health of Nigerians, using the mass media to sensitize and educate the populace may succeed in moving food safety compliance in the desired direction. Where the government and its agencies have opted to use the media to disseminate their messages to achieve proper sensitization and education of the populace, the question as to whether such messages have been appreciated enough to spark new ways of behaviour naturally arises. Have Nigerians through such messages imbibed good food safety habits, leading to observance of food safety measures, to avoid frequent incidences of food-related diseases in the country? Seeking an answer to this question is the essence of this study.

Statement of the Problem

In Nigeria, people die from food-related diseases that are associated with poor food hygiene, inadequate enlightenment and sensitization on food safety culture, prolonged handling and improper heating of food, food contamination and poor enforcement of best practices for food safety. Recent NCDC (January 23, 2023) report and that of Vanguard newspaper of February 29, 2024, pertaining to cases of Lassa fever soaring very high in States like Ondo, Edo and Taraba, with a number of deaths recorded, substantiate these aforementioned issues. The high number of deaths associated with Lassa fever in these three States made it necessary for this study to ascertain whether the residents of these three States were aware about Lassa fever and to examine whether the media campaigns disseminated in these three States influenced the residents to implement measures aimed at preventing the outbreak and spread of Lassa fever. These are research gaps hoped to be filled in this study.

Objectives of the Study

The objectives set for this study are to:

1. Ascertain if media campaigns were used to educate the residents of Ondo, Edo and Taraba States on Lassa fever;
2. Examine whether media campaigns influenced the residents of Ondo, Edo and Taraba States to practice good food safety measures to prevent the outbreak and spread of Lassa fever;
3. And identify which media was most significant in disseminating messages about food safety measures to guide against Lassa fever spread among residents of Ondo, Edo and Taraba States.

Research Questions

1. Did the residents of Ondo, Edo and Taraba States gain awareness of Lassa fever through media campaigns?
2. Did media campaigns about Lassa fever influence the residents of Ondo, Edo and Taraba States to practice good food safety measures?
3. What media was mostly used to disseminate messages about Lassa fever among residents of Ondo, Edo and Taraba States?

Justification of the Study

Since there is large imbalance in the level of food safety awareness and the need for people in Nigeria to imbibe proper food hygiene in order to promote better health, this study will serve as a means of filling that gap in knowledge. According to the Feed The Future 2020 report on food safety, cited in www.usaid.eatsafe, most Nigerians do not observe proper practices pertaining to eating well, like washing of hands, covering of food and cooking the food the right way to ensure that germs are killed before the food is eaten.

Onyeka, Ekwebelem, Eze, Onwuka, Aleke, Nwaiwu & Chionuma (2021) add that the majority of the sources of food-borne diseases are caused by poor food hygiene, hence the need for this study which will help to act as a means of educating policy makers, like Standard Organization of Nigeria (SON) and National Agency for Food and Drug Administration and Control (NAFDAC) amongst other agencies, on how to implement policies that will promote good health.

Theoretical Framework

The Protection Motivation Theory and Health Belief Model theory constitute this study's theoretical framework.

Protection Motivation Theory (PMT)

The Protection Motivation Theory (PMT) was propounded by Rogers, W. R in 1975 to enable the understanding of an individual's response on health issues using fear appeals disseminated through the media. In modern times, the PMT is mainly used in areas that relate to health concerns as it helps to explain how people react when diagnosed with health-related ailments. The prevalence and peculiarity of Lassa fever and the high rate of mortality from the disease made it one of the most important health challenges featured in the media (Roghayeh, Shokrollah & Fatemeh, 2021), and the most focused on since the NCDC report of January 26, 2023. With this theory, people will be properly sensitized on the need to adhere to the sanitation and protective behaviours expected of them in order to live better lives. This can be achieved by identifying the processes involved in protective health care or behaviours (Roghayeh et al, 2021).

According to Rogers & Psychol (1975), the Protection Motivation theory postulates three crucial components of fear appeal to be:

1. The magnitude of a depicted event or health issue
2. The probability of the event's occurrence and
3. The efficacy of a protective response

To Rogers & Psychol (2021), these communication variables listed above initiate the corresponding appraisal that can mediate a change in attitude towards a health issue. Rogers, R.W proposes that people get to protect themselves based on factors which come under threat and coping appraisals. This theory applies to health as it explains people's decisions and actions taken regarding their health. The decision making process takes into consideration the cognitive processes of an individual. This is what leads to the consideration of these two appraisals that will help to understand how this theory applies to a health issue like Lassa fever.

As stated in www.communicationtheory.org/ 2021 report, engaging in the threat and coping appraisal processes, discussed below, helps in understanding the consequences or results of engaging or not engaging in specific health behaviour.

(a) Threat Appraisal: The first type of appraisal deals with how threatened one feels by the threat of an illness. Hence, it is through perceived vulnerability and perceived severity, which are the two sets of beliefs, that threat appraisals are formed. Perceived vulnerability is the individual's belief that the illness is a potential threat to his or her health. From threat appraisal, the mind evaluates the various factors that are likely to influence

one to get involved in a potentially unhealthy behaviour as well as the potential consequences. These consequences applied to the perceived severity of an ailment on an individual (Rogers et al, 2021). Fear arousal is a good means for individuals to ascertain how fear can be formed as a result of perceived vulnerability and perceived severity. The vulnerability and severity of a person's anxious or fear level can be ascertained through asking them how they feel regarding an illness. This can be done through interview to gather opinions from the victims.

(b) Coping Appraisal: The appraisal here concerns the evaluation of the various factors that are likely to ensure that an individual engages in a recommended line of action to prevent Lassa fever; for example, washing of hands and shunning eating of fruits already eaten by rats. The response is of great importance regarding imbibing a preventive step to live a certain recommended life by a health expert which is based on the efficacy of the potential to change an attitude. Response efficacy is one believing that engaging in a certain attitude will result in a discovered health threat getting reduced.

The second phase is concerned with a 'self-efficacy approach' which has to do with the belief that the person whose attitude needs to be changed has the required capabilities to engage in a new health behaviour while the third set of belief relates to the response-cost agreements that make a person deal with the costs of engaging the performance of a new behaviour. This means that if a person is convinced that the rewards of adopting a particular health behaviour will make them to effectively reduce a health risk, the person can go for it, but if the person feels that getting involved with the new health behaviour will not be favourable, the person will shy away from such practice and hence refrain from adopting and practising it. This is why proponents of this theory are of the opinion that a 'measure of intention' to engage in the recommended preventive behaviour is the most common index of protection motivation. Simply put, the two factors which people use to protect themselves from ailment examines the severity of a situation, thereby explaining how serious a situation is (threat appraisal) and how an individual responds to the situation (coping appraisal).

The theory, therefore, states that in order for an individual to adopt a health behaviour, the use of fear resulting from the threat to the person's health about the knowledge of the disease is a good strategy (www.communicationtheory.org 2021) because when it comes to new areas of health concern, people tend to act indifferent until proven otherwise (Mark & Paul, 2005).

The Protection Motivation theory deals with how people cope with and take necessary steps in times of stressful conditions like challenges to their health. The PMT is a theory that proposes that people protect themselves from diseases when fear appeal is used to explain the threat of a disease and how they can cope with the ways of preventing the illness.

Health Belief Model (HBM)

The Health Belief Model (HBM) is a model that roots health-seeking behaviour to perception of the facts of a disease (Severin & Tankard, 2014). The Health Belief Model is a theoretical model that can be used alone or with other theories to guide the health patterns and behaviours of individuals regarding the changes in their health conditions (www.ruralhealthinfo.org/ 2005 reports).

The Health Belief model was developed in the 1950s by social psychologist Hochbaum Rosenstock. This theory surfaced when Rosenstock and his colleagues who were working in the United States Public Health Service tried to explain the failure of people to participate in activities that will help them to prevent and detect diseases.

The proponents of this theory are of the opinion that the HBM can be used to design short and long term health interventions. In order to achieve these interventions, five key decision-making points that can influence health behaviours of individuals have to be considered. These steps of the HBM that can be used to promote health as well as prevent diseases from spreading among the people are:

- Gathering of information by conducting a health needs assessment to understand the nature of the disease, symptoms and other efforts to determine who is at risk and how to avoid the entire population from contracting it.
- Conveying the consequences of the issues surrounding the health concern and how such is associated with the risk behaviours in a clear manner that all infected can understand the disease. This step is associated with the perceived severity earlier mentioned.
- Communicating to the target population the recommended steps and actions to take by emphasizing on the benefits.
- Providing assistance of all kinds to patients suffering from the disease helps to reduce barriers to taking effective and recommended measures to avoid or cure the disease.
- Enhancing self-efficacy through development activities can help to achieve successful behavioural changes in the infected or yet to be

infected individuals.

The HBM derives from psychological and behavioural theory with the foundation that two components of health-related behaviour are:

- The desire to avoid diseases or illness or, on the other way round, get well if ill and
- The belief that a specific health action or behaviour will prevent or cure an illness.

Hence, getting infected with an illness and taking the right course of action is an individual's choice. Such choices made or to be made depend on the assumed benefits and barriers related to a specific health behaviour. This perception, according to the proponents of this theory, is based on six constructs:

1. Perceived susceptibility – This simply refers to an individual's subjective perception of the risk of contracting an illness or a disease.
2. Perceived severity – This is an individual's feelings on the seriousness of contracting an illness or disease, avoiding exposure to the disease and if having contracted such an illness decides to leave it untreated.
3. Perceived benefits – This refers to an individual's perception about the effectiveness of the available preventive ways or methods to reduce the threat of the illness to his/her body. The line of action that an individual takes in preventing or curing a disease depends on the consideration and evaluation of both susceptibility and perceived benefit, such that the person would accept the recommended health action if it is perceived beneficial.
4. Perceived barriers – This refers to a person's feelings on the obstacles to performing a particular recommended health action. The individual at this stage considers the effectiveness of the measures recommended in terms of cost, safety and action that when taken will not be detrimental to his health.
5. Cue to action – This is the stimulus needed to trigger the decision-making process towards accepting to adopt a recommended health action or behaviour. These could be news reports quoting a health authority, an advert claim, amongst other sources of information regarding the preventive measures for the disease, possible cure and knowledge about the symptoms of the disease.
6. Self-efficacy – This refers to the level of an individual's confidence in his or her ability to successfully perform the behaviour as prescribed

by the medical practitioner or organizations like NCDC.

Literature Review

Food safety is a very crucial aspect to healthy living in any part of the world. This is why authorities in the food industry have in one way or the other tried their best to sensitize the populace, particularly in Nigeria – a developing country. But despite these sensitization efforts, there have been frequent and unending cases of food-borne diseases. A case in point is that of Lassa fever which soared so high in January 2023 that it became a major health concern as declared by NCDC (NCDC reports, 2023).

According to World Health Organization (WHO reports, 2023), Lassa fever is a disease that is caused by the multi-mammate rat (*Mastomys natalensis*) which carries the pathogen that affects human health when in contact with it but does not affect it. The NCDC as cited on <https://www.cdc.gov/2014> declared that the reservoir (rat) of this disease once infected is able to excrete the Lassa fever virus in its urine, saliva or faeces over a long period of time. Going by the living conditions of most Nigerians, rat is a mammal that is found in most unkempt homes with very poor hygienic environment. Unfortunately, rats can even be found in rich homes if there are holes through the doors or windows that lead to the outside and there is availability of food. Rats of this nature breed frequently and are always in large numbers particularly in West, Central and East Africa (Onyeka et al, 2021).

Lassa virus is known to be transmitted to humans through contact with the urine and droppings of infected rats. The disease can be passed on through eating exposed and contaminated foods, foods not properly cooked or fried and mostly from the foods that these rats have eaten from which an unsuspecting individual eats. Dr Adetifa, the DG of NCDC addressed the disease as a major killer that is often underrated (NCDC reports, 2023). He further adds that Lassa fever disease is not only transmitted by an infected rat but through numerous other ways like person-to-person transmission via the exposure of the virus in the blood, tissues and excretions of a Lassa fever patient to an uninfected individual. Other sources of getting infected with Lassa fever includes eating infected rodents as commonly indulged in by farmers when bushes are burnt before planting (as this is considered a cheap source of protein), exposing open cuts or sores to viruses and inhaling air contaminated with infected rat excretions like when sweeping a particular environment where such is prevalent.

However, without close contact of body fluids (touch of the skin of an infected individual by an uninfected person) Lassa fever cannot be

transmitted. But where there is no protective equipment to prevent the transmission of the disease, human to human infection may occur. This is referred to as nosocomial infection (www.ecdc.europa 2020). Medical experts are of the view that, in the course of treating an infected patient, cases of the disease have come up where already used needles for treating an infected patient transmits the disease to another individual due to contact with bodily fluids like the blood.

Yuill (2022) indicates that Lassa fever is a fatal arena virus infection which is predominant in West Africa as there had been outbreaks of the disease in Nigeria, Sierra Leone, Guinea to mention but a few within 7 to 31 days from the day the symptoms are noted. He adds that, in acute cases, Lassa fever can lead to death of the victim and can be worse for pregnant women since the virus can lead to the loss of the unborn child.

From the foregoing, it shows that Lassa fever is not a disease that ought to be treated with levity, rather, all hands must be on deck to help bring a lasting solution to the spread of the disease. Where such is not currently achievable due to the continuous poor untidy conditions of most homes in Nigeria, it becomes incumbent on the government, policy makers and the media to come up with adequate measure that would adequately create awareness and mobilize the people to take up preventive steps to stop or curb the spread of this disease, since there are no known vaccine against it (Yuill, 2022).

Although primary transmission of the disease can be prevented by avoiding the saliva, excreta, urine and bodily fluids of rats coming into contact with foods, Lassa fever remains dangerous. 68% of patients do not show symptoms, which means that in most cases diagnosis may be delayed, raising the rate of deaths resulting from the disease; the remaining 22% that show symptoms early enough can be diagnosed and treated (www.ecdc.europa.eu 2022).

In Nigeria, Okoro, Bamgboye, Dan-Nwafor, Umeokonkwo, Illori, Yahe & Ihekweazu (2020) opine that Lassa fever is prevalent within the dry season, the most favourable period for its widest spread being November-March. NCDC reports show collaborative efforts it has made, in the immediate past, with overseas organizations like European Centre for Disease Prevention (ECDC), Centre for Disease Control (CDC), Institute of Lassa Fever Research and Control (ILFR&C) and World Health Organization (WHO) in order to diagnose Lassa fever, increase the ability to record the cases of the fever and curtail laboratory-confirmed cases of Lassa fever (Dalhat, Olayinka, Meremikwu, Dan-Nwafor, Iniobong, Ntoimo & Adetifa (2022), yet no complete control of the disease has been

achieved.

When the confirmed cases rose to a soaring number in January 2023 with laboratory confirmed cases of 82% (Ondo, Edo and Taraba States being the worst hit States), including cases of infected persons from Bauchi, Benue (Ortese IDP camp where 9 lives were lost on February 29, 2024), Ebonyi, Oyo, Kaduna, Cross River and Delta) with over 40 fatalities in the aforementioned States, it became imperative to sensitize and mobilize the public through the media to avoid eating contaminated foods and start practising good food hygiene.

It is important to state that in the course of delivering good healthcare, information that is proactive, regular and comprehensive is good for the general public (Nwokoro, 2022). It is the responsibility of health experts or agencies to apply these strategies and the best of media campaigns that will spur the public to take up effective action against a viral disease such as Lassa fever. Using effective communication that is comprehensive is very crucial when handling viral diseases in countries like Nigeria where the majority of the people need direction in order to make informed choices that would place them in a healthy condition (www.gov.uk/phe/2017).

This implies that communication at all levels has to be enforced in order to get the desired impact from the audience. In order to get a behavioural change that is positive, communication is at the core of creating awareness and mobilizing the people to develop likeness for and accept a new attitude change (Nwokoro, 2022).

It is not all communication that works because communication can be impulsive or planned. Impulsive communication does not work out but a well thought-out and planned communication can help to reinforce change (Okunna, 1999). Communication can help to interpret, survey the environment and analyze disease, especially a novel disease like Lassa fever.

This is why media campaigns are necessary in disseminating messages on health as the media can go far in reaching people, unlike face to face messages which, though good, are very limited. As development and media experts opine, it is important to apply the tactics of knowing the audience beforehand and noting the type of media that is acceptable to them, that can aid quick understanding, and that can best explain the nature of the message without any form of difficulty (Okunna, 1999; Agbanu & Nwammuo, 2009). Mass media are categorized into three: print, broadcasting and the smart or online media. Each of these has specific

features that make it unique. Due to the nature of Lassa fever-prevalent communities, the aforementioned mass media types may not function well.

Media campaign creators ought to know the right media channel or vehicle to use in order to get the change desired from the audience. In the case of Lassa fever, for example, the type of media that best describes the nature of the disease, showcasing the symptoms with the right kind of demonstration for the audience to see and learn no matter how remote the location, will be the best. This type of media that appeals to the viewer with a pronounced visual element can give proper motivation to understand the message (Vivian, 2009).

This study will find out if there was Lassa fever awareness in Ondo, Edo and Taraba States in Nigeria, if the disease was known to the residents of the aforementioned States and through what media did they gain this awareness?

Empirical Review

This study relates to the current research paper. It is titled “South Africa public awareness of sexually transmitted diseases in rural South Africa by Treves-Kagan, Ntswane, Gilvdis & Gulati (2017). It was undertaken to study the residents of Pretoria and Durban on whether they were aware of sexually transmitted diseases and if it was the mass media tools that aided this knowledge. The study employed the use of the survey with the copies of the questionnaire as the instrument for gathering data from a total of 149 number of respondents who were residents of Pretoria and Durban.

The study found that publicity strategies like social media, press releases, factsheets, community relations programmes aided the awareness base of the respondents who answered in the affirmative that they got educational messages from their exposure to the media. This reviewed study shows gaps in research design and in the population as it made use of survey (quantitative) and South Africa as its population while the on-going research focuses on Ondo, Edo and Taraba States in Nigeria in West Africa and utilizes interview (qualitative design) as its research design.

Another study that relates to this research was the one conducted by Nwokoro Catherine Isioma (2023) on awareness and adoption of Omicron Covid-19 preventive measures among the residents of South-South Nigeria (with a scope of Rivers, Delta and Edo States) in order to ascertain if the extent of awareness of the people of the South-South region in Nigeria about Omicron variant of Covid-19 determines their extent of adoption of the preventive measures against the virus. In order to determine the source of awareness, the study used the survey and generated hypotheses to

understudy the variables.

The study made use of copies of the questionnaire that were structured using a four-point Likert Scale that were distributed with the aid of two research assistants in the three Local government areas chosen randomly in the three States used for the study. A total of 384 sample size was determined by using Krejcie and Morgan (1970) sample size determination table out of a population of 747,102.

The study concluded that the extent of awareness about Omicron variant of Covid-19 largely determines the extent of adoption of its preventive measures. This study under review identifies gap in knowledge as the study under review focused on Omicron variant of Covid-19 while the on-going study focuses on Lassa fever.

Methodology

This study used the qualitative research design based on in-depth interview as its method of gathering data from the respondents. The population of the study was taken from three Local Governments Areas (LGAs) that were randomly chosen from the three States aforementioned. The LGAs used were: Ilaje (Ondo State), Ardo Kola (Taraba State) and Egor (Edo State).The population of these three LGAs was drawn from www.citypopulation.de/2006. The sampling techniques used for the study were random and stratified sampling. The stratified sampling was used to define the respondents into strata in the three Local Government Areas used, as defined on the sample frame below.

State	Local Government Area	Projected population (2006- 2023)
Ondo	Ilaje	617,760
Edo	Egor	472,182
Taraba	Ardo Kola	120,612
Total		1,210,554

Source of projected population: Owuamalam (2012)

The three projected populations are too large to be interviewed, hence the need for sample size generation. According to Krejcie and Morgan (1970), for every 100,000 people and above, the sample size is 384. The sample size for this study was 384 but the researcher used only three opinion leaders from each of the three villages (totaling nine opinion leaders) in the chosen three LGAs of the three States selected. The reason for this was to ensure that adequate opinions were gathered from policy makers who are more exposed to issues (since they are discussants on issues in the village

circle). The villages used were: Lepe (Ondo), Urunmwom (Edo) and Tau (Taraba).

The instrument of the data collected was mobile phone which was used as recording device on a face to face level since internet services are poor in these villages. Mobile phones were used to record the opinions of the respondents on Lassa fever. The researcher carried out a two-week pilot study in order to ascertain if the interview schedule and questions were suitable for some opinion makers and that the responses were the same after a repeat. In order to ensure that the study is reliable, the researcher interviewed only opinion leaders who were chiefs or health attendants, between 30-55 years of age, semi-educated and who had pre-informed views of what Lassa fever entails.

Data Presentation and Analysis

Research question 1: Were the residents of Ondo, Edo and Taraba States aware of Lassa fever through media campaigns?

1. Are you aware of Lassa fever?

In responding to this question, the respondents stated yes. All of the respondents affirmed that they were either highly or relatively aware of Lassa fever.

2. How did you gain the knowledge about Lassa fever?

The respondents stated they got to know about Lassa fever through friends and family members, symposiums, the mass media, sensitization and mobilization programmes in health centres, banners, billboards and the community public relations programmes held in town halls, festivals and open school fields.

Research question 2: Did media campaigns about Lassa fever influence the residents of Ondo, Edo and Taraba States to practice good food safety measures?

1. Were there media campaigns in your community?

The response was in the affirmative as the respondents stated that there were numerous media campaigns ranging from television talk shows (for those that have television), billboards mounted at major parts of the community like junctions and marketplaces, health talk shows on the radio, an expert's discussion programmes to influence positive attitude change on food practices, and Chieftain's men discussing Lassa fever in town halls, open school fields and community health centres.

2. Did media campaigns influence you to practise good food hygiene to avoid Lassa fever?

Most of the respondents (6 of them) agreed that to a large extent, the messages disseminated to the audience were good enough to sensitize them but they chose to ignore these media messages; not that they did not understand or believe it but due to their belief that they will not contract the disease – in other words, they were nonchalant. The remaining three (3) respondents stated that they practised food safety hygiene such as covering of food properly, avoid drinking garri, wash fruits well before eating and stop eating any food (bread) earlier bitten by rat as explained by the messages which they received.

3. Why did you or did you not practise food safety hygiene to avoid Lassa fever?

The respondents that affirmed that they did not practise food safety hygiene as spelt out on media and non-media outlets stated that they have continued to eat food the way they have always eaten it because they felt they will not contract the Lassa virus. Few respondents stated that they had to imbibe the culture of food safety in order to stay alive since Lassa fever was a very fearful disease that was gathering momentum in the community.

Research question 3: What media was mostly used to disseminate messages about Lassa fever among residents of Ondo, Edo and Taraba States?

1. What common tasks do you think that the mass media did in your community?

The respondents were of the view that their communities were filled with mass media activities and all of them affirmed that the media presence was well felt through its regular education and sensitization of the people towards changing their unhealthy food-handling and eating habits at home and anywhere they find themselves in order to stay healthy. Some of the popular media activities, according to the respondents, were: community public relations programmes, open talks in health care centres and town halls, discussion programmes on television and radio and sensitization efforts on the causes of Lassa fever held in open school fields and town halls.

2. What media reinforced this food safety measure to guard against contracting Lassa fever?

Most (7 of them) of the respondents clearly stated that the billboards were

so prominent as they were virtually everywhere they went to in the community. Only two (2) of the respondents stated that it was the radio that they used more to know about the Lassa fever virus.

Discussion of Findings

The data gathered showed that the respondents were aware of the Lassa fever virus but chose to ignore the warnings attached as majority stated that they were exposed to the messages but did not imbibe the aspect of practising food safety measures as spelt out by health agencies that carried out sensitization efforts through media campaigns. This is not far from the view of Onyeka et al (2021) that most Nigerians, even when they are exposed or aware about good food practices that will be for their benefit, will still support the pathway that will not improve their health. The soaring height of Lassa fever in these three States may not be unconnected with the nonchalant attitude of the people towards adopting good food safety practices (WHO, 2023; NCDC, 2023).

On the aspect of how the respondents gained the information about Lassa fever, the study found that they got to know about Lassa fever from friends and family members, symposiums, the mass media, sensitization and mobilization programmes in health centres, festivals, billboards and the community public relations programmes held in town halls. Of all these listed means of sensitization and mobilization, the media that the respondents were mostly exposed to was the billboard since billboards are used to get to where the media that makes use of airwaves may not get to (Ozoh, 2013).

Conclusion

From the foregoing findings gathered, it can be deduced that the residents ignored, to a very large extent, the media campaigns and the sensitization efforts done in health centres, open school fields and community public relations programmes in these three communities which would have helped to avert the scores of infected victims and the incidences of deaths.

Recommendations

Having identified the gaps which this study has filled, the researcher recommends the following:

1. Since the people were aware of the media campaigns but did not respond, media campaigns, in order to influence a new behavior, should be very practical and educative enough for the people to understand.
2. In addition, government should promote innovations in specially

designed nets that can be placed on people's doors and windows to kill rats on close contact in order to reduce their number.

3. Use of pesticides against rats should be encouraged among residents of these three States in order to avoid a reoccurrence of Lassa fever in the near future.

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