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Lassa Fever Campaigns in Local Dialects and Attitude of Select Rural People Towards Consumption of Bush Meat in Ebonyi State, Nigeria

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Ebonyi State is one of the Lassa fever endemic states in Nigeria. Several governments and non-governmental organizationshave adopted several media, including the radio in carrying out campaigns aimed at curtailing the further spread of the virus. This study investigated lassa fever campaigns in local dialects and attitude of select rural people towards consumption of bush meat in Ebonyi State, Nigeria. Descriptive survey research design was adopted. The population was 670,182. Sample size of 400 was derived using Taro Yamane's formula. Data collected were analyzed using descriptive Statistics (percentages, frequency counts, mean and standard deviation) .Findings showhigh-level of awareness of the campaign among the people. Greater number of the respondents enjoy listening to the campaign message as many times as it plays and it is well understood resulting from the local dialect used in producing the jingle. Result also shows that greater number of the residents of Izzi, Abakaliki and Ebonyi Local Government Areas has improved hygienically as a result of the campaign. The study recommends that the same campaign should run continuously since it is attention-catching, interest-propelling, desire creating and action-motivating.

Introduction

Lassa fever as an endemic acute viral hemorrhagic disease was first discovered in Sierra Leone in the 1950s but the virus responsible for the infection was not known until 1969 when it claimed the lives of two missionary nurses. After, there were subsequent outbreaks of the disease in Liberia, Sierra Leone, and in the United States of America. In each of these cases, many lives were lost.According to Olalekan (2016) and Ehichioya et al (2010), Nigeria is not an exception. The epidemic spread like wide fire in Kano, Nassarawa, Plateau, Kebbi, Edo, Oyo, Ogun, Abuja -the Federal Capital Territory, Onitsha in Anambra, Abo Mbaise and Owerri in Imo State, and many places in Ebonyi state between 2005 and 2010. Cases of the epidemic were also reported in Benue State in January 2013 with casualties. This fever was named after a village called Lassa in Borno State, Nigeria.

Lassa Fever is an acute illness that is caused by the Lassa Virus. It is a zoonotic illness, that is, animal-borne or transferred to humans from animals (Uzodimma, 2018). It is claimed to be a disease of the developing nations of sub-Sahara Africa which actually has its origin in a village called Lassa in Bornu State of Nigeria. The rodents that carry the virus are found throughout West and East Africa. Common symptoms of Lassa fever include slight fever, headache, abdominal pain, diarrhoea, heart and kidney failure, facial swelling, respiration distress, vomiting (WHO,2017). Its spread among persons is mostly through contact with household items such as food, water or air polluted with the faeces or urine of infected rats, known as Mastomyces natalensis. No state in Nigeria has witnessed the outbreak of Lassa fever like Ebonyi State as at (2010- 2018). The epidemic struck so hard on the state that even medical practitioners died in the process, thereby throwing the entire Federal Teaching Hospital Abakaliki now known and called Alex Ekwueme Federal University Teaching Hospital Abakaliki into a state of panic and desertion, to the extent that the entire personnel of the hospital had to embark on an unannounced and unauthorized strike, yet with impunity. According to the Daily Post of January 15 2018.

Apart from the two Medical Doctors Dr Abel Sunday Udo, a resident Doctor in the Department of Otorhinolayngology, AE-FUTHA, and Dr. Ali Felix, a Resident Doctor in the Department of

Community medicine, AE-FUTHA who passed away on the same Sunday after attending to a patient who had the Lassa fever virus, Uzodimma (2018), clarifies that two other house officers who joined in treating the Lassa fever patient as well as nurses were on surveillance list. Rodents which are said to be the carriers of the Lassa Fever virus are considered delicacies in many parts of the state such as Ikwo. The chances of falling victims of the LF virus are high due to the high consumption of the rodents by people in the rural areas such as Ikwo.

However, Olalekan(2016), blamed poor sanitation, overcrowding, inadequate resources to manage cases, lengthy dry season, weak health system, poor public enlightenment program, and most importantly poor epidemic preparedness for the Lassa fever prone high mortality rate.Adefisan (2014), observed that the first outbreak of Lassa fever in Ebonyi state occurred from January 1 to March 25, 2012. Former Federal Teaching Hospital, Abakaliki (FETHA) now known as Alex Ekwueme Federal University Teaching Hospital Abakaliki (AE-FUTHA) reported the first case on January 9, 2012 involving a 25-year-old Youth Corper who was serving in Rivers State, but returned home for holidays. This simply means that the disease was transferred to Ebonyi state from Rivers state.

The virus began to spread like wild fire such that 14 persons died of the disease with 83 other record of suspected cases between January and April, 2016 alone. This led to the construction of the first South-East Virology center within the premises of the Federal Teaching Hospital, Abakaliki (FETHA) now known as AE-FUTHA in 2016 and the declaration of state of emergency in the health sector by Ebonyi state government.

There was a team formulated called Surveillance and Response Team that was sent to all the places discovered to have been ravaged by the deadly disease and established an awareness team of three Special Assistants to Governor David Umahi on Primary Health Care. They embarked on community sensitization and campaigns across the 13 Local Government areas of the state through Radio campaign using indigenous language. The awareness campaign was to sensitize the people on the cause of Lassa fever, its symptoms, consequences, and methods of prevention. The foregoing underscores the importance of the role of the media towards impacting the right type of attitude and knowledge in a bid to curtail the spread of Lassa fever. This study therefore investigates the influence of indigenous languages on Lassa fever radio campaign message among Abakaliki speaking dialect.

Statement of the Problem

Ebonyi State is identified as one of the state's Lassa fever endemic Areas in Nigeria. Many Ebonyians have contacted the virus which led to the death of some. . In 2016 alone, it was revealed by the then State Honourable Commissioner for Health, Dr. Daniel Umezurike that the state recorded about 49 suspected cases of Lassa fever and three death. According to WHO Edo state coordinator Mrs Faith Ireye, As at 27th Febury 2022, Ebonyi state is still among state with cases of Lassa fever in Nigeria.The radio on this note, played a vital role in curtailing the further spread of the virus by spreading educative information and awareness campaign with the use of indigenous language.

However, the problem of the study lies in the need to evaluate the effectiveness of the Lassa fever campaign message using indigenous language and it's influence on the behaviour of Abakaliki residents towards reducing Lassa Fever. This is because, the consumption of all species of rats has been an age long habit of the majority of Abakaliki people, most especially those in the rural areas like Ikwo, Izzi and Ezza.

But more importantly, media messages are critical to educating and motivating Abakaliki Residents on wide-ranging misconceptions towards consumption of rat . But it is important to address the question: Has the media been effective in their roles in creating awareness through the use of indegious language among Abakaliki Residents, particularly people in the rural areal who do not understand English? It is against this background that this study endeavours to conduct this investigation.

Objectives of study

1. To ascertain the people's level of awareness of the EBBC Lassa fever campaign message " Bu gunu be unu na-ahu" in Ikwo, Abakaliki and Ezza South Local Government Areas.

2. To evaluate the people's level of agreement with EBBC Lassa fever campaign message "Bu gunu be unu na-ahu" that the consumption of rat is a risky behaviour capable of making one contact the virus.

3. To ascertain the influence of EBBC Lassa fever campaign message "Bu gunu be unu na-ahu" on rat consumption among Abakaliki speaking dialect people.

Research Questions

1. What are the people level of awareness of the EBBC Lassa fever campaign "Bu gunu be unu na- ahu" in Ikwo, Abakaliki and Ezza South Local Government Areas.

2. To what extent do the people agree with the EBBC Lassa fever campaign message "Bu gunu be unu na-ahu" that the consumption of rat is a risky behaviour capable of making one contact Lassa fever virus?

3. What influence does EBBC Lassa fever campaign message "Bu gunu be unu na-ahu" has on rat consumption among Abakaliki speaking dialect people.

LITERATURE REVIEW

Lassa fever, also known as Lassa hemorrhagic fever, is an acute and often fatal viral hemorrhagic fever that is caused by the Lassa virus. The virus is transmitted to humans through contact with foods and household items that have been contaminated by a zoonotic reservoir, which is usually an infected multimammate rat. There is also evidence that humans can be infected by being exposed to aerosols from vectors' excreta. Lassa fever is endemic in many parts of Nigeria, as well as countries found in the Mano River Union, particularly Sierra Leone, Guinea, and Liberia. Cases have also been reported in Ghana, Mali, and Benin.

However, there have also been cases of Lassa virus infection occurring through sexual transmission as the virus can remain in the semen for up to 3 months after infection. The people who have the highest risk of getting infected with the Lassa virus are people resident in rural areas where the multimammate rat is in abundance. Health workers also have a high risk of getting infected when treating infected individuals, particularly when they do not practice, infection prevention and control measures to limit the nosocomial spread of the Lassa virus.

Lassa fever presents numerous symptoms that makes it difficult for local physicians to make an accurate diagnosis, particularly those who are not familiar with the disease. The Lassa virus incubates within the infected persons from 6 to 21 days before there is a gradual manifestation of symptoms. According to Adamu (2016, 2), LF "is a disease of the blood, liver and spleen. It is a viral hemorrhage fever". It is an acute febrile viral illness lasting one to four weeks, and it occurs in West Africa and some areas beyond". Just like Ebola virus, LF is one of the hemorrhagic fever viruses but not as contagious from person to person, nor as deadly as the Ebola virus. Typically, the Lassa virus is transmitted by the urine or droppings of mastomys rats to human beings. Ibekwe (2012) clarifies that health workers could get infected through direct contact with blood, body fluid, stool or urine of an infected patient.

The Nigeria Centre for Disease Control reported a large outbreak of LF in Nigeria in 2018. Historically, Lassa fever was first described in the 1950s while the viral particle was identified in 1969 from three nurses who were missionaries in Lassa, Nigeria, where they met their death after treating an infected patient (Uzodimma, 2018). In the 2018 outbreak in Nigeria, over 300 positive cases were reported in the month of March, and such cases were prevalent in Bauchi, Plateau, Edo, Ondo and Ebonyi States. Available literatures show that 16 health workers were diagnosed of this virus with four losing their lives.Lassa fever transmitted to man through contact with the excreta deposited in foods, provisions

(like bread and biscuit), during hunting and processing of rats for consumption, during care for infected sick relatives or in health care settings.

Lassa fever affects people of all ages. Cases of Lassa fever used to be highest during the dry season (January to March) and lowest during the wet season (May to November). Kizor (2017) identifies early signs of Lassa fever as feeling unwell, fever, headache and weakness. As the disease worsens, the infected person experiences chest pain, cough, sore throat, nausea and vomiting. Others are abdominal pain, diarrhoea and muscle pain. The following symptoms could also show up; low blood pressure that causes bleeding from the nose and mouth, bleeding from the eyes, bleeding from the gastro intestinal tract (anus), bleeding from the vagina and swelling from the face and fluid in the lungs. A Lassa infected person at the advanced stage could have seizure, be disoriented, go into shock, get into coma and have tremors. Lassa fever can be contracted from Rats to Human. Rat can infect food and objects through its saliva, urine, faeces and blood.Touching rat fluids or contaminated objects and then touching your mouth, eyes or nose.Rat bite, by eating a rat. It can also be contracted when inhales dust contaminated by rat urine (for example, when sweeping the houses). It can also be contracted from human to human.

Signs and symptoms of Lassa fever typically occur 1-3 weeks after the patient comes into contact with the virus. For the majority of Lassa fever virus infections (approximately 80%), symptoms are mild and are undiagnosed. Mild symptoms include slight fever, general malaise and weakness, and headache. In 20% of infected individuals, however, disease may progress to more serious symptoms including hemorrhaging (in gums, eyes, or nose, as examples), respiratory distress, repeated vomiting, facial swelling, pain in the chest, back, and abdomen, and shock. Neurological problems have also been described, including hearing loss, tremors, and encephalitis. Death may occur within two weeks after symptom onset due to multi-organ failure. The most common complication of Lassa fever is deafness. Various degrees of deafness occur in approximately one-third of infections, and in many cases hearing loss is permanent. As far as is known, severity of the disease does not affect this complication: deafness may develop in mild as well as in severe cases. Approximately 15%-20% of patients hospitalized for Lassa fever die from the illness. However, only 1% of all Lassa virus infections result in death. The death rates for women in the third trimester of pregnancy are particularly high. Spontaneous abortion is a serious complication of infection with an estimated 95% mortality in fetuses of infected pregnant mothers. Because the symptoms of Lassa fever are so varied and nonspecific, clinical diagnosis is often difficult. Lassa fever is also associated with occasional epidemics, during which the case-fatality rate can reach 50% in hospitalized patients.

Manifestation of mild symptoms such as low-grade fever, headache, malaise, as well as general weakness. Between 4 and 7 days after the onset of the mild symptoms, up to 20% of infected individuals experience more severe symptoms such as hemorrhage, persistent vomiting, hypotension, edema around the neck and face, respiratory distress, as well as hypovolemic shock . Over 25% of Lassa fever cases result in some degree of deafness, with normal hearing gradually returning 30-90 days after recovering from the viral infection. In more severe cases, there is also the presence of fluid within the lungs, bleeding from the mouth, nose, vagina, and alimentary canal. There are also some cases of Lassa fever where infected individuals have abnormal quantities of protein in their urine . Death typically occurs from organ failure within 10-14 days from the manifestation of more severe symptoms, which also include seizures, tremors, disorientation, as well as coma. During pregnancy, especially the third trimester, over 80% of all Lassa fever cases are fatal.

Lassa fever is most often diagnosed by using enzyme-linked immunosorbent serologic assays (ELISA), which detect IgM and IgG antibodies as well as Lassa antigen. Reverse transcription-polymerase chain reaction (RT-PCR) can be used in the early stage of disease. The virus itself may be cultured in 7 to 10 days, but this procedure should only be done in a high containment laboratory with good laboratory practices. Immunohistochemistry, performed on formalin-fixed tissue specimens, can be used to make a postmortem diagnosis.

There is a plethora of studies on influences of media messages on Lassa fever epidemic (Amoran and Onwube, 2013; Adefisan and Adebimpe, 2015; Ezinwa and Onyike,2014; Ezeah and Apeh,2014;

among others). In the study carried out by Somtoo and Chiweta-Oduah (2020), Amoran and Onwube(2013) in their study of public and private health institutions in Nigeria observed that there is high level of awareness, and good knowledge of Lassa fever epidemic among health care workers. However, they exhibit poor knowledge of injection safety and complained of inadequate resources to practice standard precautions. Furthermore, Supporting this, Adefisan and Adebimpe (2015) who did a work on Lassa Fever observed that both the literate and illiterate rural dwellers irrespective of gender lack proper awareness that rat is vector of Lassa fever and the dynamics of the epidemic. This leads to uninformed fears among them and the refusal of health care workers to engage in humanitarian intervention in cases of others' infected with the disease for fear of being infected.

Similarly, Ezinwa and Onyike (2014) in their studies on mass media campaign against HIV/AIDS also found that there exists a wide gap between "knowing and doing" in the fight against the pandemic. In their words through McQuail (2001, p. 42), "information acquisition could occur without related attitude change and change could also occur without behavior change". In conclusion therefore, they advised that health campaigns handlers should be meticulous with the framing of the campaign messages as inappropriate language and message structure could ruin the campaign effort.

Ezeah and Apeh (2014) in a study titled "breast cancer campaigns among women in Benue state. When knowledge does not translate to practice," found that though the respondents have the awareness about media breast cancer campaigns in Benue state, the practice of checking for signs or symptom of the disease among them is low and that Benue women have negative attitude towards breast cancer early detection campaigns. Consequently, they assert that:

Theoretical framework

Framing theory and Health Belief Model (HBM) are considered apt for this study. Framing theory was first put forth by Goffman E. in 1974 as contained in his book titled, "Frame Analysis,". Frame theory is related to Agenda Setting. Both focus on how media draws the public's eye to specific topics, this way they set the agenda. The basis of Framing theory is that the media focuses attention on certain issue they consider topical and thereby drawing the attention of the masses to it, also posits that the way, manner and language with which such issue is presented to the masses largely influences the masses perception of it. In essence, framing theory opined that how a matter is presented to the audience influences the choices they make about such a subject matter.

Framing is an important topic since it can have a big influence and therefore the concept of Framing expanded to organizations as well.The theory is relevant to this study because, the framing of radio Lassa fever campaign message in which the people are being urged to adopt total abstinence from eating of rats is capable of contradicting the age long frame of the people about rat meat. The need to empirically verify the acceptance or otherwise of the campaign is the essence of this study.

Again, Health Belief Model is also considered to be relevant to the study.The health belief model was developed in the 1950s. It is the most commonly used theory in health education, promotion and studies. According to National Cancer Institute (NCI, 2003), the theory was developed as a means of explaining why medical screening programmes offered by the United States Public Health Service, particularly for tuberculosis, were not very successful. The underlying assumption of the theory is that health behaviour is determined by personal beliefs or perception about the disease and the strategies available to decrease its occurrence.

The health belief model is therefore considered appropriate for this study since it helps to explain why the residents of Abakaliki may or may not be influenced by the radio Lassa Fever Radio Campaign using indigenous language in spite of the perceived danger.

Method and Materials

Descriptive survey design was adopted for the study. The population of this study comprised of all the residents of Izzi, Ezza-North and Ebonyi Local Government Areas of Ebonyi State. The projected populationof the area was 670,182.5. A sample size of 400 was derived using the Taro Yamane's formula.

Bowler's formula method of proportional allocation of figures was used to allocate copies of the questionnaire to the three Local Government areas according to their population sizes .Data collected was analyzed using both qualitative methods. The research questions were answered using; descriptive Statistics (percentages, frequency counts, mean and standard deviation) and inferential statistics of Pearson Product Moment Correlation (PPMC).

Results

Table 1: Socio-demographic characteristics of the study population

Socio-demographic variable	Frequency (n)	Percent (%)
Gender		
Males	236	59.00
Females	164	41.00
Age		
18 – 25 years	139	34.75
26 – 35 years	153	38.25
36 – 45 years	108	27.00
Marital Status		
Single	200	50.00
Married	184	46.00
Widowed	16	4.00
Divorced	0	0.00
Educational Qualification		
Masters and above	18	4.50
Bachelors /HND	93	23.25
NCE/OND	130	32.50
SSCE/WAEC	117	29.25
FSLC	42	10.50
Occupation		
Student	52	13.00
Civil servant	159	39.75
Self Employed	112	28.00
Farming	77	19.25
Religion		
Christianity	387	96.75
Islam	0	0.00
Traditional	13	3.25

Table 1 above portrays the socio-demographic characteristics of the study population. Majority of the study population were male that fell within the age range of 26-35, majorly their educational qualification fell within NCE/ND and are mostly civil servant, singles constituted the larger percentage of the respondent who are majorly Christians.

Table 2A: Level of awareness of the EBBC Lassa fever campaign message "Bu gunu be unu na-ahu" in the study area

Variables	Response	Frequency (%)
Do you know about the EBBC Lassa Fever Radio Campaign message "Bu gunu be ununa-ahu''?	Yes	348 (87.00)
	No	52 (13.00)
Do you enjoy listening to the EBBC Lassa Fever Radio Campaign message "Bu gunu be ununa-ahu''as many times as it plays?	Strongly agree	115 (28.75)
	Agree	148 (37.00)
	Disagree	73 (18.25)
	Strongly Disagree	64 (16.00)
The content of the Lassa Fever Radio Campaign message "Bu gunu be ununa-ahu'' is well understood?	Strongly agree	182 (45.50)
	Agree	160 (40.00)
	Disagree	41 (10.25)
	Strongly Disagree	17 (4.25)
Majority of the Abakaliki dialect speaking people (Ikwo, Abakaliki, and Ezza South LGAs) are aware of the EBBC Lassa Fever Radio Campaign message "Bu gunu be ununa-ahu''?	Strongly agree	150 (37.50)
	Agree	163 (40.75)
	Disagree	50 (12.50)
	Strongly Disagree	37 (9.25)

Majority of the subjects know about the EBBC Lassa Fever Radio Campaign message "Bu gunu be ununa-ahu, they enjoyed listening to the EBBC Lassa Fever Radio Campaign message and the content is well understood. Finally Majority of the Abakaliki dialect speaking people (Ikwo, Abakaliki, and Ezza South LGAs) are aware of the EBBC Lassa Fever Radio Campaign message "Bu gunu be ununa-ahu

Table 2B: Level of awareness of the EBBC Lassa fever campaign message "Bu gunu be unu na-ahu" in the study area

Variables	Response	Frequency (%)
The specie of rat that has the virus is not in Ikwo, Abakaliki and Ezza South Local Government Areas, if not parents would have all died	Strongly agree	64 (16.00)
	Agree	93 (23.25)
	Disagree	126 (31.50)
	Strongly Disagree	117 (29.25)
Consumption of food contaminated with the virus exposes one to lassa virus	Strongly agree	79 (19.75)
	Agree	174 (43.50)
	Disagree	85 (21.25)
	Strongly Disagree	62 (15.50)

Mjority of respondent disagree that the specie of rat that has the virus is not in Ikwo, Abakaliki and Ezza South Local Government Areas, if not parents would have all died. This implies that the rat is in these location and is killing, while majority of respondent agreed that Consumption of food contaminated with the virus exposes one to lassa virus.

The people's level of agreement with EBBC Lassa fever campaign message "Bu gunu be unu na-ahu" that the consumption of rat is a risky behaviour capable of making one contact the virus

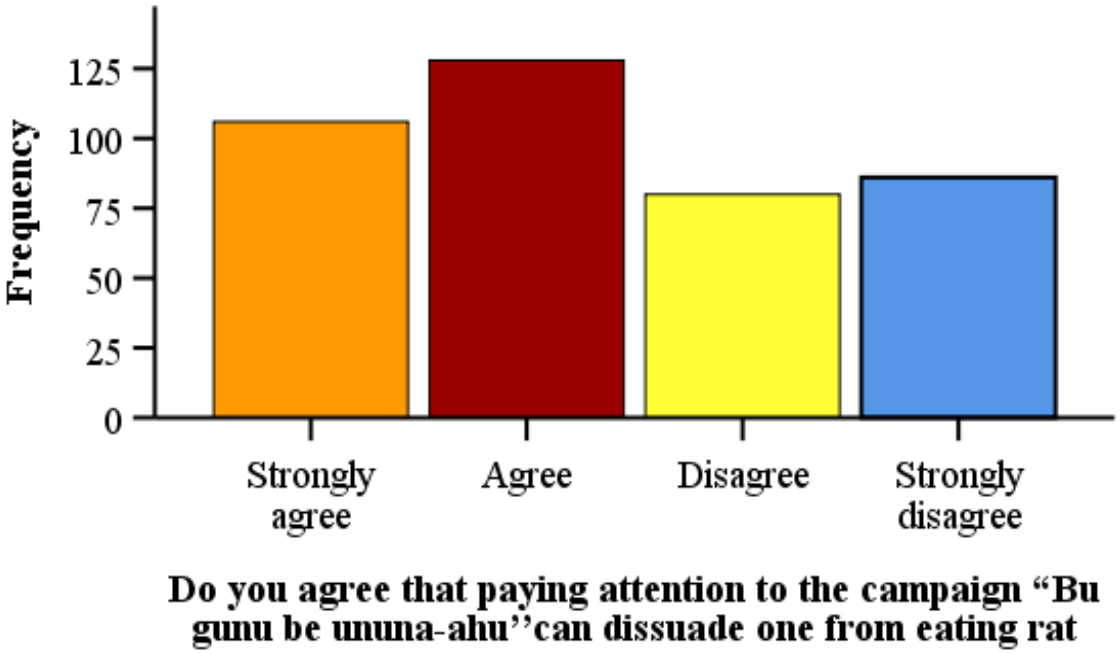

Figure 1 portrays the response of the subjects to the question "Do you agree that paying attention to the campaign "Bu gunu be ununa-ahu''can dissuade one from eating rat?''. 106 subjects strongly agreed, 128 agreed, while 80 disagreed and 86 strongly disagreed to the above question.

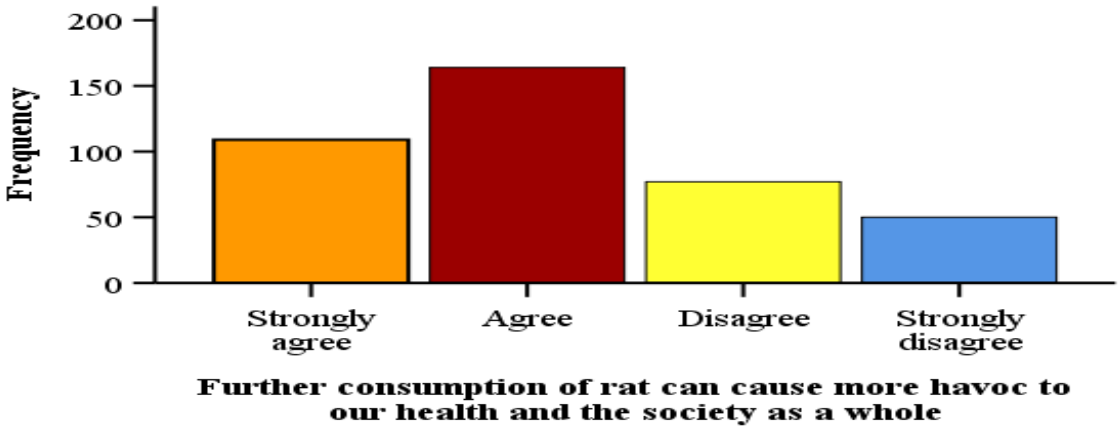

Figure 2 above portrays that 109 strongly agreed, and 164 agreed consumption of rat can cause more havoc to our health and the society as a whole while 77 participants disagreed and 50 subjects strongly disagreed the question on if further consumption of rat can cause more havoc to our health and the society as a whole.

Influence of EBBC Lassa fever campaign message "Bu gunu be unu na-ahu" has on rat consumption among Abakaliki speaking dialect people

Table 4: Influence of EBBC Lassa fever campaign message "Bu gunu be unu na-ahu" has on rat consumption among Abakaliki speaking dialect people

Variables	Response	Frequency (%)
People have been more careful with food handling as a result of the Lassa fever Campaign "Bu gunu be ununa-ahu''?	Strongly agree	126 (31.50)
	Agree	97 (24.25)
	Disagree	109 (27.25)
	Strongly Disagree	68 (17.00)
People embraced the EBBC Lassa Fever Radio Campaign message "Bu gunu be ununa-ahu'' which advocated for total abstinence of rat consumption	Strongly agree	155 (38.75),
	Agree	132 (33.00)
	Disagree	68 (17.00)
	Strongly Disagree	45 (11.25)
People are now more careful about general hygiene as a result of the Campaign "Bu gunu be ununa-ahu''?	Strongly agree	139 (34.75)
	Agree	160 (40.00)

Disagree	82 (20.50)
Strongly Disagree	19 (4.75)

The implication of the above table is that people embraced EBBC Lassa fever campaign message "Bu gunu be unu na-ahu" on rat consumption among Abakaliki speaking dialect which has resulted in them been careful in handling food and general hygiene.

Discussion of findings

There is high-level of awareness of the campaign among the people. Greater number of the respondents (263) pointed out that they enjoy listening to the campaign message as many times as it plays and that it is well understood resulting from the local dialect used in producing the jingle. 253 respondents agreed that one is exposed to the virus through the consumption of contaminated food. Majority of the people (234) agreed to the fact that paying attention to the campaign can dissuade one from eating rat.

Result also shows that majority (273) agreed that further consumption of rat can cause more havoc to our health and the society at large. Findings shows that greater number of the residents of Izzi, Abakaliki and Ebonyi Local Government Areas has improved hygienically as a result of the campaign and that majority of the people (287) embraced the campaign. These findings are in consonance with the results of earlier studies in the area. For instance, as cited earlier in the review of empirical studies, Tobin et al, Idris et al and Ogoina et al (2015), in their study of Public and private health Institutions in Nigeria, observed that there is high level of awareness, and good knowledge of Lassa Fever epidemic among healthcare workers. Olayinka et al.(2020), Ochei et al.(2019), and Reuben and Gyar(2016), in their own study also observed that the rate of awareness of Lassa fever disease in Nigeria particularly among the Owo people of Ondo State and Irrua households in Edo State is very high. However, they argue that it may be so because these areas were hotspots for Lassa fever outbreaks.

CONCLUSION

This study was embarked on in order to evaluate the radio campaign message on Lassa Fever and its influence on the behaviour of Abakaliki speaking dialect people. So far the researcher's findings revealed that though the EBBC Lassa Fever campaign has successfully created awareness about the sporadic Lassa fever epidemic in Ikwo, Abakaliki and Ezza South Local Government Areas in Ebonyi State, its lapses lies in the inability of the campaign to convince all the Abakaliki speaking dialect people to totally stop the consumption of rats as advocated by the campaign. Again, while the paper agrees to the power of the media to influence and change behaviour, the HBM (Health Belief Model) appears more suitable in explaining media effect on health behaviours.

RECOMMENDATIONS

Considering the findings of the study, particularly as regards the influence of EBBC's Lassa Fever campaign message on Abakaliki speaking dialect people, it is strongly recommended that the same campaign should run continuously since it is attention-catching, interest-propelling, desire creating and action-motivating. Aside using the broadcast medium, similar campaigns in the form of interpersonal communication, evidenced by face to face interactions, organization of town hall meeting with opinion leaders in the rural communities to give room for addressing misconceptions and ignorance among them should be carried to the hinter-lands because these are the places that are the worst hit with rat consumption.

REFERENCES

Adamu, M. (2016). Lassa Fever: Causes, Signs, Symptoms, Diagnosis and Treatment.

Adebimpe, WO. (2015), Knowledge and preventive practices against Lassa fever among primary health care workers in Osun state. University of Mauritius Med J 2015;21:579-93.

Adefisan, A. K. (2014). The level of awareness that Rat is a vector of Lassa fever among the rural people in Ijebu-North Local Government, Ogun State, Nigeria. Paper presented at CSIT 2014, Ago-Iwoye, Olabisi Onabanjo University.

Daniel G.B et al, (2010), Review of the Literature and proposed Guidelines for the use of Oral Ribavirin as postexposure prophylaxis for Lassa Fever.

Ehichioya DU, Hass M, Olschlager S, et al. Lassa fever, Nigeria, 2005-2008: Emerging Infectious Disease. 2010. Abuja: Centers for Disease Control and Prevention. Available from: http://wwwnc.cdc.gov/eid/article/16/6/ 10-0080.htm

Ezeah, G. & Apeh C.A. (2014). Breast Cancer Campaigns among Women in Benue State: When knowledge does not translate to practice. International journal of Media, Security and Development (IJMSD), Vol. 1, No.1. Interstate Communication Ltd.

Ezinwa, C.A. & Onyike, I. E. (2014). Rethinking mass media campaigns against HIV/AIDS: The hypocrisy paradigm. International Journal of Media, Security and Development (IJMSD), Vol.1, No.1. Interstate Communication Ltd.

Fisher-Hoch SP, Tomori O, Nasidi A, Perez-Oronoz GI, Fakile Y, Hutwagner L, et al.(1995) Review of cases of nosocomial Lassa fever in Nigeria: the high price of poor medical practice. BMJ 1995;311(7009)

GOV.UK. (2016) Lassa Fever: Origins, Reservoirs, Transmission and Guidelines. Available from: https://www. gov.uk/guidance/lassa-fever-origins-reservoirs-transmission-and-guidelines.

Goffman, E. (1974). Frame Analysis: an Essay on the Organisation of Experience. Boston: Northeastern University Press.

Ibekwe, T. (2012). Lassa Fever: The Challenges of Curtailing a Deadly Disease. The Pan African Medical Journal.1-6. Retrieved from http://www.panafrican-medjournal.com . .

Ilesanmi OS, Omotoso B, Alele FO, Adewuyi P. (2015) Awareness of Lassa fever in a rural community in south-west Nigeria. Sch J Appl Med Sci. 2015; 3(1): 1137-1142

Kizor, S. (2017). Early Signs and Symptoms of Lassa Fever. Health Facts NG.

NCDC. Lassa fever outbreak situation report. 2018 Available from: https://ncdc.gov.ng/themes/common/files/sitreps/05c622219ef22137537e6deb2620df7f.pdf.

National Centre for Emerging and Zoonotic Infectious Diseases

National Cancer Institute (2003). Abortion, miscarriage and breast cancer risk: 2003 workshop. https//www.cancer.gov/types/breas/abortion-miscarriage-risk.

Olalekan AW. Pre-epidemic preparedness and the control of Lassa fever in Southern Nigeria. Res J Health Sci 2016;4;243-54

Shaffer, J.G., Grant, D.S., Schieffelin, J.S., Boisen, M.L., Goba, A, Hartnett, J.N and Momoh, M.(2014), Lassa Fever in post-conflict Sierra Leone. PLoS
Negl. Trop. Dis., 8(3): e2748.

Tobin, E. A., Asogun, D. A., Isah, E. C. and Ugege, O. G. (2013). Assessment of knowledge and attitude towards Lassa fever among primary health care providers in an endemic suburban community of Edo State: Implications for control. Paper presented at the University of Benin, Benin City

Tewogbola P and Aung N. (2020), Lassa Fever: History, Causes, effects and reduction strategies

Uzodimma, E. (2018). Panic in Ebonyi as Lassa Fever Kills 2 Resident Doctors. Retrieved online. 8/05/2018. 4:01 am.

Waheb (1989). Waste Disposal and Environmental Hazard Control. Ibadan, Claverianum press.

Walker DH, McCormick JB, Johnson of Lassa fever infection. Bull World KM, et al.(1982) Pathologic and virologic study of Lassa fever in man.: a study of 23 hospital cases. Trans. R. Soc. Med. Hyg. 66:390–398

WHO (2018), Introduction to Lassa Fever

World Health Organization. (2017) Lassa Fever. World Health Organization,Geneva. Available from: http://www.who.int/mediacentre/factsheets//fs17 //en. Retrieved on 14/08/2021.

World Health Organisation. (2005). Lassa fever. WHO Newsletter, Geneva 25. World Health Organisation. (2000). Lassa fever. WHO Fact Sheet, No. 179, April 2000. WHO Newsletter, Geneva.

World Health Organization. WHO Lassa fever fact sheet No 179. Geneva: WHO, 2000