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Influence Of Media Campaigns on The Level of Attitude and Practice of Lassa Fever Risk Factors, Prevention and Treatment Behaviour of Enugu State Residents

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Abstract: This study aimed to investigate the influence of media campaigns on the level of attitude and practice of Lassa fever risk factors, prevention, and treatment behavior of Enugu State residents. A multi-stage sampling technique was used to select participants, and both quantitative and qualitative data were collected using a questionnaire and interview guide, respectively. The measuring instruments were validated through content and face validity, and the test-retest method was used to establish the reliability of the questionnaire. Both descriptive and inferential statistics were employed for data analysis, and hypotheses were tested using the chi-square statistic. The study found that media campaigns had a significant influence on the level of attitude and practice of Lassa fever risk factors, prevention, and treatment behavior of Enugu State residents (computed value (326.09) was greater than the chi-square table value (0.103). The study also revealed that there was a significant relationship between the level of knowledge of Lassa fever risk factors, prevention, treatment, and practice, and the attitude towards Lassa fever media campaigns on the risk factors, prevention, treatment, and practice. The study recommends that health communication strategies should be tailored to the specific needs of the target population, and that media campaigns should be designed to address the knowledge gaps and misconceptions about Lassa fever.

Keywords: Lassa fever, media campaigns, health communication, Enugu State, risk factors, prevention, treatment.

1.1 Background of the Study

Communication media serve as powerful instruments that inform, educate, and entertain societies. The influence of mass media channels, including magazines, television, the internet, and newspapers, is evident in their ability to direct attention towards specific issues—an attribute known as the agenda-setting function (Corcoran, 2007). This function becomes particularly significant when considering public health matters. Health communication plays a pivotal role in providing individuals with essential information and knowledge regarding health matters, such as healthy lifestyle practices, preventive measures, health conditions, diseases, and government healthcare programs. This is especially crucial in countries like Nigeria, where health challenges are abundant and diverse.

One of the most critical aspects of health communication is its role in combating health problems and facilitating access to interventions for prevention, treatment, and care. Effective health communication strategies not only provide information but also reduce vulnerability to diseases, enhance advocacy efforts, and facilitate mobilization and networking within communities. Health information is essential, as it is the cornerstone of improved and sustainable health outcomes. Hence, innovative strategies are imperative to ensure that "Health Information for All" (HIFA) becomes a reality, with mass media emerging as a cost-effective tool for achieving this goal.

In developing countries, including Nigeria, health challenges persist, particularly concerning communicable diseases such as Malaria, Typhoid, Tuberculosis, HIV/AIDS, and other life-threatening conditions. Moreover, outbreaks of diseases like Zika virus, Ebola virus, and more recently, Lassa fever, continue to pose significant threats to public health. Managing these health issues requires society members to have access to reliable health information that influences their health behaviors. Thus, effective communication, especially through the mass media, is essential to raise awareness, accelerate information flow, and encourage preventive measures.

The role of mass media in health communication goes beyond information dissemination. It extends to shaping perceptions, attitudes, and behaviors related to health issues. Media campaigns have the potential to shape public health knowledge, attitudes, beliefs, and behaviors (Ogonu, 2020).. For instance, media exposure has been associated with increased condom use, improved dietary practices among infants and children, and behavior changes in response to HIV campaigns (Van & Meekers, 2007). In Nigeria, where healthcare challenges are considerable, the media's role in disseminating health-related information, promoting health awareness, and mobilizing action cannot be overstated.

One of the critical health challenges that Nigeria has faced is the outbreak of Lassa fever, an acute viral illness caused by the Lassa virus. This virus, primarily transmitted through contact with rodent excreta or urine, poses a significant threat, particularly in West Africa. Lassa fever has been a recurring problem in countries like Nigeria, Liberia, Guinea, and Sierra Leone. Given the high case fatality rate and potential for severe complications, the need for public awareness, prevention, and early treatment is paramount (World Health Organization, 2016).

Amidst these health challenges, the media's role in health communication becomes even more pronounced. The media have consistently served as essential resources for healthcare delivery, shaping thoughts, influencing economic and political powers, and providing a platform for public discussion and debates (Van & Meekers, 2007). With the outbreak of diseases like Lassa fever, the media's surveillance function takes center stage, as awareness campaigns become critical in informing the public about risk factors, preventive measures, treatment options, and promoting overall health behaviors.

The recent outbreak of Lassa fever in Nigeria underscores the importance of media campaigns in raising awareness and disseminating crucial health information (World Health Organization, 2016). During health emergencies, the media's role in disseminating accurate and timely information is crucial in minimizing panic, curbing the spread of misinformation, and facilitating effective responses. Health communication campaigns serve as a bridge between the healthcare system and the public, enabling individuals to make informed decisions about their health and well-being.

Given the dynamic nature of health challenges and the ever-evolving media landscape, understanding the influence of media campaigns on public attitudes and behaviors regarding Lassa fever risk factors, prevention, and treatment is essential. This study seeks to investigate the impact of media campaigns on the level of attitude and practice of Lassa fever-related behaviors among Enugu State residents. Enugu State, like many other regions in Nigeria, faces unique health challenges, making it an ideal context for studying the influence of media campaigns on health behaviors.

By employing theoretical frameworks that encompass agenda-setting theory, health behavior theories, and communication theories, this research aims to analyze the influence of media campaigns on public attitudes and behaviors. A mixed-methods approach involving qualitative content analysis of media campaigns and quantitative surveys will provide comprehensive insights into the topic. Ultimately, this study contributes to the broader discourse on health communication's impact on public health outcomes, informing the development of effective health communication strategies tailored to specific contexts.

The mass media's role in health communication cannot be underestimated, particularly in countries facing significant health challenges like Nigeria (Van & Meekers, 2007). Effective communication through media campaigns can raise awareness, shape attitudes, and encourage health-promoting behaviors. In the context of Lassa fever, media campaigns serve as a critical tool in disseminating accurate information, minimizing panic, and promoting preventive measures and early treatment. Through this study, a deeper understanding of the influence of media campaigns on Lassa fever-related behaviors among Enugu State residents will be gained, contributing to the enhancement of health communication strategies and improved public health outcomes.

1.2 Objectives of the study

Examine the attitude of Enugu State residents towards Lassa fever media campaigns on the risk factors, prevention, treatment and practice.

1. Examine the attitude of Enugu State residents towards Lassa fever media campaigns on the risk factors, prevention, treatment and practice.
2. Ascertain if the practice on the risk factors, prevention and treatment is due to their attitude towards Lassa fever and their awareness of its campaigns.

1.3 Research Questions

Research questions, drawn from the specific objectives, were raised to give the study desired focus. They are:

1. What is the attitude of Enugu State residents towards Lassa fever media campaigns on the risk factors, prevention, treatment and practice?
2. To what extent do Enugu State residents practice on the risk factors, prevention and treatment due to their attitude towards Lassa fever and their awareness of its campaigns?

1.4 Hypotheses

To speculate on the outcome of this research and to test for statistical significance of the data collected, the following hypothetical statements were formulated.

Hypotheses One

H_O: There is no significant relationship between the attitude towards Lassa fever media campaigns on the risk factors, prevention, treatment and practice, and the practice on the risk factors, prevention and treatment due to their attitude towards Lassa fever and their awareness of its campaigns.

H_3: There is significant relationship between the attitude towards Lassa fever media campaigns on the risk factors, prevention, treatment and practice, and the practice on the risk factors, prevention and treatment due to their attitude towards Lassa fever and their awareness of its campaigns.

2.0 Literature Review

2.1 Mass Media and Health Campaigns

In Nigeria, for example, mass media is one of the major sources of information about, women's health, HIV/AIDS, malaria and typhoid, sexually transmitted diseases and infections, polio, tuberculosis and family planning among others. Although access to information in Nigeria is mainly through integrated or mixed media (radio, television, and newspapers), cell-phones, social media and face to face communication. Mass media interventions, however, have been at the centre of healthcare delivery in Nigeria, Enugu State in particular, Eze (2017, p.4).

Mass media remain a key component and veritable tool in the campaign toward enhancement of health delivery in Nigeria. This is so because through adequate health communication and campaigns on issues of health such as drugs abuse, vaccines/immunizations, maternal health care, family planning programs, healthful living practices, prevention practices, cure eradication of diseases etc. The mass media have proven to be very concerned in enhancing healthcare delivery. This they have done on some health-related issues.

2.2 Media Health Campaigns on Ebola Virus*:* Ebola virus disease (EVD) also known as Ebola hemorrhagic fever has been in existence for about four decades before its first case appeared in Nigeria on July 20, 2014. With the first recorded case of Ebola in Nigeria being found in Patrick Sawyer of Liberia, the Nigerian media suddenly was agog with health communication that informed the citizenry about all they need to know about the disease ranging from its origin, causal agents, symptoms signs and safety behaviors. In handling the Ebola pandemic in Nigeria, health and government officials fully appreciated the importance of communication through the various media channels in reaching the citizenry. They rallied communities to support contain measures, house-to-house information campaigns and messages on local radio stations and television, in English and local dialects were used to explain the level of risk, effective personal preventive measures and actions being taken for control.

2.3 Media Health Campaigns on Immunization: On regular basis, immunization sessions are organized and screened on the television channels in Nigeria. In recent times, during these immunization sessions, health stakeholders address women on their vital roles as mothers of the Nigerian children. The radio too had been put

to very effective use in broadcasting the program to the masses, especially those that do not have access to the television programmes, Akpobo (2015, p.4). The print media such as newspapers and magazines, flyers and so on have also been deployed. Obviously, media health communication on immunization have contributed in no small measure in the immunization campaign successes in Nigeria.

2.4 Media Health Campaigns on Family Planning: Over the years, the media in Nigeria, according to Akpobo (2015, p.4) have been at the forefront in engaging the government on the issue of family planning. Through media health communication on family planning, the socio-economic consequences of an unplanned family were drummed into the consciousness of Nigerians. The media in the process, highlighted the health implications to the women who go on having children every year and the economic consequence which reflects in untrained children, inability to access health facilities and other needs. The end most Nigerians have become conscious of family planning.

2.5 Media Health Campaigns on Poliomyelitis Vaccine Controversy: The mass media has been playing significant roles raising awareness about this health challenge. Between 2003 and 2004, particularly in the Northern part of Nigeria, the fight against the eradication of poliomyelitis suffered a serious setback owing substantially to wide spread rumours and misconceptions among Muslims over the safety of the vaccine, Akpobo (2015, p.3-4). To help correct such misconception through health communication, the federal government had to engage the media in conjunction with the traditional rulers to alley these fears on the polio virus and the safety of the vaccine.

2.6 Media Health Campaigns on HIV/AIDs Pandemic: media health communication on Acquired Immune Deficiency Syndrome (AIDs) has been immense since the outbreak was reported in Nigeria. The Nigerian media have fully taken up the challenge posed by HIV/AIDs pandemic through effective communication on the disease to the people. The people have been sensitized through NTA Network health programs; adverts and slogans on AIDs have been carried by mass media channel of Television and Radio. Newspapers and magazines also carry articles and cartoons on the scourge. Health providers from time to time take to the various media to inform, educate, encourage and direct the public on the way forward with HIV/AIDs, Akpobo (2015, p.4).

2.7 Media Health Campaigns on Malaria Control: Media health communications have aided in the fight and control of malaria. People, through the mass media, have been sensitized, and educated on the causes and ways of checking the spread and treatment for the disease. However, it is the area of checking or controlling malaria that the media, especially radio in Nigeria has played a significant role. This is because malaria seems to be endemic amongst the poor of the society who require being educated on the causes and intervention methods. Thus, radio talks, drama etc are organized on regular basis in order to educate the poor masses on how to fight mosquitoes. Media communication on malaria program such as roll- back-malaria is carried daily emphasizing why we should sleep under nets and keep our environments clean, Akpobo (2015, p.4).

2.8 Public health response to Lassa fever Outbreaks in Nigeria

a. A national Lassa fever Emergency Operations Centre (EOC) was activated in Abuja on 22 January and continues to coordinate response activities in collaboration with WHO and other partners.

b. A comprehensive incident action plan has been developed to guide response activities and inform priority areas for collaboration with partners and resource mobilization.

c. A team of Nigerian Centre for Disease Control (NCDC) staff and Nigeria Field Epidemiology and Laboratory Training Program (NFELTP) residents were deployed to respond to the Ebonyi, Ondo, and Edo outbreaks. State level EOCs have also been created.

d. The three most affected states of Edo, Ondo and Ebonyi have dedicated Lassa fever treatment units and intravenous ribavirin is available for treatment of confirmed cases.

e. NCDC is collaborating with a non-governmental organization, the Alliance for International Medical Action (ALIMA), to support the treatment centres in Owo and Irrua; and with Médecins Sans Frontières (MSF) to support IPC interventions in Abakaliki.

f. Enhanced surveillance is ongoing in states with an active outbreak and state line lists of cases are being uploaded to a national level database, a viral haemorrhagic fever management system.

g. NCDC with partners ALIMA have supplied Irrua Specialist Teaching Hospital and Federal Medical Centre Owo with tents and beds to increase in-patient capacity. NCDC with WHO support has supplied PPE to all treatment centres.

h. Staff from Irrua Specialist Teaching Hospital are providing clinical case management advice to other hospitals with suspected cases, and a 24-hour Lassa fever case management call line has been established. A Lassa fever committee has been established in Abakaliki to improve the care of patients affected by Lassa fever.

i. NCDC has deployed risk communication and community engagement teams to Edo, Ondo and Ebonyi to promote personal and community hygiene, as well as prompt health seeking behaviour.

j. Lassa fever and media

k. A suspected outbreak of the current LF epidemic in Nigeria was reported on the 8th January 2016 (ACAPS, 2016). By 14 January, 2016, the number dead were 53 from 140 suspected cases in 14 states with a case fatality rate (CFR) of 37.9% and as at 20 January 2016 the number of deaths had reached 63 from 210 suspected cases in 17 states of the country, although local media reported 212 suspected cases (ACAPS, 2016). ACAPS, (2016) also reported that the local media had warned of potential deaths as high as 1,000 from the outbreak.

l. ACAPS (2016) was quick to point out that some sources reported the first case of LF outbreak in

m. November 2015, in North Eastern state of Bauchi, while others reported August 2015, in Niger state. All in all ACAPS, (2016) attributed the lack of prompt response to deaths due to LF as a result of cultural and religious beliefs from the northern states which led them to not reporting the LF cases in the states.

n. According to Disease outbreak news of 27 January 2016, the outbreak of Lassa fever from August 2015 – 23 January 2016, was 159 suspected cases of LF, including 82 deaths across 19 states (The National IHR Focal Point of Nigeria, 2016).

o. The report further said four states; Bauchi, Edo, Oyo and Taraba accounted for 54% of confirmed cases (n=54) and 52% reported deaths (n=34). The remaining 15 states reported less than five confirmed cases.

p.

q. Source: Google Images

r. According to Flikr (downloaded from the internet on 25th May 2018) report by Moore of 7 March 2016, there were already 175 cases of LF and 101 deaths. The report by Senthilingam of CNN in 17 March 2016 (downloaded from the internet on 25th May 2018) showed that more than 130 died from LF in 22 states and as at 14 March as reported by NCDC, the total number of suspected cases were 254 with 137 deaths (suspected and probable) and CFR of 53.9%. This was compared with the 2012 outbreak of LF with 1,700 infected and 112 deaths.

s. From the Vanguard publication of 5 April 2016 by Olawale on the UN organisation report on LF more than 160 were killed in West Africa with Nigeria accounting for 85% (138) out of 164 of LF cases.

t. The ProMed mail of ISID of 5 April 2016, reported 585 LF cases with 58 lab confirmed, 73 deaths and a CFR of 12.48% from 27 states. The same source on 20 May 2016, reported 657 cases with 63 confirmed, 75deaths from 27 states and CFR of 11.42%.

u. From 1 January through 18 March 2018, 1495 suspected cases and 119 deaths were reported in 19 states (Anambra, Bauchi, Benue, Delta, Ebonyi, Edo, Ekiti, Federal Capital Territory, Gombe, Imo, Kaduna, Kogi, Lagos, Nasarawa, Ondo, Osun, Plateau, Rivers, and Taraba). During this period 376 patients were confirmed, nine were classified as probable, 1084 tested negative and 26 are awaiting laboratory results (pending). Among the 376 cases classified as confirmed and nine classified as probable, 95 deaths were reported (case fatality rate for confirmed and probable cases = 24.7%), WHO (2018).

v. From 1 January through 18 March, seventeen health care workers in six states (Benue, Ebonyi, Edo, Kogi, Nasarawa, and Ondo) have been infected, four of whom have died. Since 1 January 2018, the number of Lassa fever cases increased from 10 to 70 weekly reported cases. However, since mid-February, there has been a downward trend in the weekly reported number of Lassa fever cases, WHO (2018).

w. Lassa fever is endemic in the West African countries of Ghana, Guinea, Mali, Benin, Liberia, Sierra Leone, Togo and Nigeria.

Empirical Studies

In the pursuit of understanding the potential impact of media campaigns on health-related attitudes and behaviors, a range of empirical studies have investigated various diseases and health issues. Although not directly linked to Lassa fever, these studies offer valuable insights into how media campaigns can shape perceptions, knowledge, and practices related to disease prevention and treatment.

Wakefield, Loken, and Hornik (2010): This study examined the "Use of mass media campaigns to change health behavior." It investigated the effects of mass media campaigns on childhood vaccine use and diarrhea treatment programs. The researchers employed exposure to media campaigns as an independent variable and analyzed the impact on health behavior. Results: The study found that mass media campaigns produced substantial improvements in childhood vaccine use. The effects were more pronounced with increased exposure to the campaign. Similarly, diarrhea treatment programs that used mass media campaigns experienced increased adoption of rehydration solutions. The study concluded that mass media campaigns could induce positive changes in health-related behaviors across larger populations.

Ankomah et al. (2014): This study focused on the "Effect of Mass Media Campaign on the Use of Insecticide-Treated Bed Nets among Pregnant Women in Nigeria." A cross-sectional and population-based survey approach was used. Pregnant women in different states were sampled, and structured questionnaires were administered to collect information on malaria control practices, including exposure to media campaigns. Results: The study revealed that pregnant women who listened to radio messages about malaria prevention were more likely to use insecticide-treated bed nets. The findings indicated that mass media campaigns, particularly radio messages, played a significant role in influencing behavior related to bed net usage among pregnant women.

Adjah and Panayiotou (2014): Methodology: This study explored the "Impact of malaria related messages on Insecticide-Treated Net (ITN) use for malaria prevention in Ghana." The researchers employed a survey approach, sampling households and assessing ITN use among children. They also evaluated the role of radio messages in influencing bed net usage. Results: The study revealed that radio messages, especially those delivered through a dedicated radio program, had a significant impact on ITN use among children. The study highlighted the substantial coverage of radio in Ghana, suggesting its potential as a medium for health campaigns. This finding underscores the importance of radio campaigns in influencing health behavior.

Bowen (2013): This study focused on the "Impact of a mass media campaign on bed net use in Cameroon." It evaluated the influence of exposure to a specific media campaign on bed net usage among Cameroonian adults and children under five. The study utilized data from the KO Palu NightWatch activities. Results: The study found that a substantial number of adults and children under five used bed nets due to the knowledge, motivation, and reminders provided by the media campaign. This demonstrated the powerful role of mass media communication interventions in promoting the use of preventive measures such as bed nets.

Somannavar et al. (2008): Methodology: The "PACE Diabetes Project" aimed to increase diabetes awareness and prevention in South India. The study involved community-based education programs, media campaigns, and health practitioner training. The project's three-year period included multiple forms of education, screenings, and communication efforts. Results: The study demonstrated the feasibility of mass awareness and screening programs. The researchers found that community empowerment, combined with media campaigns through

television, radio, and other channels, could significantly contribute to the prevention and control of non-communicable diseases like diabetes.

3.1 Research Method:

The survey method was chosen as the most suitable approach, involving the use of a questionnaire to collect data from Enugu state residents. In-depth interviews were also conducted to gather qualitative data.

3.2 Population of the Study:

The entire population of Enugu State residents is considered the population of the study. Enugu State is located in Nigeria and consists of 17 Local Government Areas. The study focused on the residents of Enugu State due to its relevance to the research objectives.

3.3 Determination of Sample Size:

Given the large population, a manageable and representative sample size of 384 was determined using an online sample size calculator. This sample size was chosen to ensure reliable results.

3.4 Sampling Technique:

A multi-stage sampling technique was used, involving cluster sampling, random selection of local government areas, and purposive selection of principal cities and layouts. This approach was chosen to ensure representation in the sample due to the complexity of the population.

3.5 Instruments for Data Collection:

Both quantitative and qualitative data were collected using a questionnaire and interview guide, respectively. The questionnaire contained open and closed-ended questions, while the interview guide aimed to gather more in-depth information from program directors of broadcast stations.

3.6 Validity of the Measuring Instrument:

The measuring instruments were validated through content and face validity. Corrections and suggestions from independent researchers were incorporated to ensure that the instruments effectively addressed the research objectives.

3.7 Reliability of the Measuring Instrument:

The test-retest method was used to establish the reliability of the questionnaire. The Pearson's correlation coefficient was calculated, resulting in a high reliability coefficient of 0.97.

3.8 Method of Data Collection:

The researcher and research assistants administered the questionnaire and interview guide simultaneously. Quantitative data were collected through interpersonal administration of the questionnaire, while qualitative data were gathered through interviews with program directors of selected broadcast stations.

3.9 Method of Data Analysis:

Both descriptive and inferential statistics were employed for data analysis. Quantitative data were presented using tables, percentages, and charts. Hypotheses were tested using the chi-square statistic. Qualitative data from interviews were presented in a narrative manner in tables.

4.1 Data Presentation

Table 1: Questionnaire Distribution and Return Rate

Item	Frequency		Item	Frequency	Percentage
No. Returned	378		Analysable	374	97.4%
No. not returned	6		Mortality Rate	10	2.6%
Poorly filled	4		**Total**	**384**	**100%**
Total	**384**				

The researcher divided this section into two distinct data parts (demographic and psychographic). The demographic data contained the sex, age, marital status, occupation, and educational level of respondents. While the psychographic elicited respondents' attitude of respondents towards Lassa fever media campaigns in relation to the risk factors, prevention, treatment and practice.

4.3 Testing of Hypotheses

All these linear and relationship-based hypotheses formulated for this study were tested with quantitative data collected through questionnaire as presented on relevant chart were analyzed using the *Statistical Package for the Social Sciences* (SPSS)

Hypotheses One

H_2: There is significant relationship between the level of knowledge of Lassa fever risk factors, prevention, treatment and practice, and the attitude towards Lassa fever media campaigns on the risk factors, prevention, treatment and practice.

H_O: There is no significant relationship between the level of knowledge of Lassa fever risk factors, prevention, treatment and practice, and the attitude towards Lassa fever media campaigns on the risk factors, prevention, treatment and practice.

TESTED DATA: Quantitative research data collected from question in the questionnaire was used in testing Hypothesis one.

Table 2: Descriptive Statistics

	N	Mean	Std. Deviation	Minimum	Maximum
Respondent's attribution of their knowledge level about the risk factors, prevention, treatment of Lassa fever disease and their current health behavior on broadcast media campaigns (Que. 18)	374	124.6	.11	1	3

Chi-Square Test

Table 3: Respondent's attribution of their knowledge level about the risk factors, prevention, treatment of Lassa fever disease and their current health behavior on broadcast media campaigns

	Observed N	Expected N	Residual
Yes	360	124.6	235.4
No	9	124.6	-115.6
Can't Say	5	124.6	-119.6
Total	374		

Table 4: Test Statistics

			Respondent's attribution of their knowledge level about the risk factors, prevention, treatment of Lassa fever disease and their current health behavior on broadcast media campaigns (Que. 18)
Chi-Square(a)			326.091
df			2
Asymp. Sig.			.000
Monte Carlo Sig.	Sig.		.000(b)
	95% Confidence Interval	Lower Bound	.000
		Upper Bound	.000

Decision Rule for the Hypothesis –

At 5% level of significance and at 2 degrees of freedom, the chi-square table value is 0.103, while the chi-square calculated value is 326.09. Since the chi-square computed value is greater than the chi-square table value, that is 326.09> 0.103, the null hypothesis (**H_0**) is rejected. Therefore, we accept alternate hypothesis (H_1), and based on the inference from the test statistics, conclude that there is significant relationship between the level of knowledge

of Lassa fever risk factors, prevention, treatment and practice, and the attitude towards Lassa fever media campaigns on the risk factors, prevention, treatment and practice.

Hypotheses Two

H_3: There is significant relationship between the attitude towards Lassa fever media campaigns on the risk factors, prevention, treatment and practice, and the practice on the risk factors, prevention and treatment due to their attitude towards Lassa fever and their awareness of its campaigns.

H_O: There is no significant relationship between the attitude towards Lassa fever media campaigns on the risk factors, prevention, treatment and practice, and the practice on the risk factors, prevention and treatment due to their attitude towards Lassa fever and their awareness of its campaigns.

TABLE 5

Descriptive Statistics

	N	Mean	Std. Deviation	Minimum	Maximum
Based on Question 19, If Respondents will attribute their behavior about the risk factors, prevention and treatment to their knowledge of media campaigns on Lassa fever (Que. 20)	374	93.5	9.6	1	4

Chi-Square Test

Table 6: Respondents' attribution of their behavior about the risk factors, prevention and treatment to their knowledge of media campaigns on Lassa fever

	Observed N	Expected N	Residual
Of course,	293	93.5	199.5
Somehow	58	93.5	-35.5
Not at All	7	93.5	-86.5
Not Applicable	16	93.5	-77.5
Total	374		

Test Statistics

			If Respondents will attribute their behavior about the risk factors, prevention and treatment to their knowledge of media campaigns on Lassa fever (Que. 20)
Chi-Square(a)			168.824
df			3
Asymp. Sig.			.000
Monte Carlo Sig.	Sig.		.000(b)
	95% Confidence Interval	Lower Bound	.000
		Upper Bound	.000

Decision Rule for The Hypothesis – TABLE 6

At 5% level of significance and at 3 degrees of freedom, the chi-square table value is 0.352, while the chi-square calculated value is 168.82.

Since the chi-square computed value is greater than the chi-square table value, that is 168.82 > 0.352, the null hypothesis (**H_0**) is rejected. Therefore, we accept alternative hypothesis (H_1), and conclude that there is significant relationship between the attitude towards Lassa fever media campaigns on the risk factors, prevention, treatment and practice, and the practice on the risk factors, prevention and treatment due to their attitude towards Lassa fever and their awareness of its campaigns.

4.4 Discussion of Results

The result of the study shows that out of the 374 respondents, 360 representing 96.3% of them attributed their knowledge level about the risk factors, prevention, treatment of Lassa fever disease and their current health behavior on broadcast media campaigns. While 9 or 2.4% of them differed, 5 or 1.3% of the respondents were undecided.

At 5% level of significance and at 2 degrees of freedom, the chi-square table value is 0.103, while the chi-square calculated value is 326.09. Since the chi-square computed value is greater than the chi-square table value, that is 326.09> 0.103, the null hypothesis (**H_0**) is rejected. Therefore, we accept alternate hypothesis (H_1), and based on the inference from the test statistics, conclude that there is significant relationship between the level of knowledge of Lassa fever risk factors, prevention, treatment and practice, and the attitude towards Lassa fever media campaigns on the risk factors, prevention, treatment and practice.

At 5% level of significance and at 3 degrees of freedom, the chi-square table value is 0.352, while the chi-square calculated value is 168.82. Since the chi-square computed value is greater than the chi-square table value, that is 168.82 > 0.352, the null hypothesis (**H_0**) is rejected. Therefore, we accept alternative hypothesis (H_1), and conclude that there is significant relationship between the attitude towards Lassa fever media campaigns on the

risk factors, prevention, treatment and practice, and the practice on the risk factors, prevention and treatment due to their attitude towards Lassa fever and their awareness of its campaigns.

This finding has strong empirical support in the study conducted by Ezugwu (2014) on *The Influence of Breast Cancer Broadcast Media Campaigns on the Health Behaviour of Women in South East Nigeria*, Ezugwu (2014). It was discovered that the broadcast media influenced the health behavior of the women positively as it concerns breast cancer, risks, testing, prevention and practice.

Conclusion:

Based on the findings of the study, it can be concluded that there is a significant relationship between the level of knowledge of Lassa fever risk factors, prevention, treatment, and practice, and the attitude towards Lassa fever media campaigns on the risk factors, prevention, treatment, and practice. The study also revealed that broadcast media campaigns were the most effective means of disseminating information about Lassa fever to the residents of Enugu State. The study highlights the importance of health communication in promoting healthy behaviors and reducing the incidence of Lassa fever in Nigeria.

Recommendations:

1. The government should invest more in health communication campaigns to increase awareness of Lassa fever and other infectious diseases.

2. Health communication campaigns should be tailored to the specific needs of different communities to ensure maximum impact.

3. The use of social media platforms should be explored as a means of disseminating health information to a wider audience.

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