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Exploring the Role of Media and Health Institutions in Shaping Lassa fever Prevention Behaviours in Owan West, Edo State

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Abstract

This study investigates how media channels and health institutions influence Lassa fever prevention behaviours among residents of Owan West Local Government Area in Edo State, Nigeria. Grounded in the Health Belief Model and Theory of Planned Behaviour, the research examines sources of information and the role of health organisations in shaping public attitudes and actions. Using a survey design, data were collected from 398 respondents selected through stratified and random sampling. Findings reveal high awareness of Lassa fever, largely driven by campaigns from the Nigeria Centre for Disease Control (NCDC), Edo State Ministry of Health, and Irrua Specialist Teaching Hospital. Radio was the most effective medium in rural areas, while television and social media were more impactful in urban settings. Interpersonal communication by health workers emerged as the most trusted source of information. Despite widespread awareness, behavioural adoption remains inconsistent due to economic constraints, cultural beliefs, and infrastructural challenges. Practices such as drying food outdoors and consuming bush meat persist in rural communities. While health campaigns had a statistically significant effect on attitudes, their overall impact was modest. The researchers conclude that effective prevention requires sustained, culturally sensitive communication, material support, and community engagement. Recommendations include expanding door-to-door sensitisation, subsidizing preventive tools, and involving traditional leaders to improve campaign acceptance and long-term behavioural change.

Keywords: Exploring, Role of Media, Health, Lassa fever Prevention, Behaviours



Introduction

Globally, Lassa fever remains a significant public health threat, responsible for thousands of deaths annually and widespread infections across West Africa. Nigeria continues to bear the heaviest burden, with recent surveillance data underscoring the scale of the challenge. By September 2025, the Nigeria Centre for Disease Control (NCDC) reported 884 confirmed cases and 164 deaths, corresponding to a case fatality ratio (CFR) of 18.6%. Earlier in February 2025, NCDC documented 2,178 suspected cases, 451 confirmed cases, and 89 deaths, with a CFR close to 20%, highlighting the persistent severity of outbreaks. Endemic states such as Edo, Ondo, Ebonyi, and Taraba continue to report the highest incidence and seroprevalence rates, reflecting entrenched transmission patterns.

In response to recurring Lassa fever outbreaks, the Nigerian government and international health organizations particularly the World Health Organization (WHO) have implemented various strategies to curb the disease's spread. The WHO has been instrumental in supporting Nigeria's health agencies by developing standardized treatment protocols, enhancing laboratory capacity, and coordinating emergency responses. Collaborating with the Nigeria Centre for Disease Control (NCDC), WHO has strengthened surveillance systems to enable quicker detection and containment of cases. Notably, WHO provided technical and financial support for establishing the Lassa Fever Laboratory Network to improve diagnostics and reporting (WHO, 2020).

Additionally, WHO has led public health education campaigns using culturally appropriate materials and local languages to reach vulnerable rural and semi-urban populations. In partnership with the Federal Ministry of Health, it has trained healthcare workers in infection prevention and control, reducing hospital-based transmission risks (WHO, 2021). The organization also contributed to Nigeria's Lassa Fever Emergency Response Plan, which includes risk communication, case management, sanitation, and rodent control. At the state level, initiatives such as Ebonyi State's South-East Virology Center and widespread sensitization campaigns have improved public awareness. These efforts used diverse media platforms and tailored messages to enhance community engagement (Vincze et al., 2021). Despite these interventions, Edo State continues to report high case numbers, revealing gaps in public health communication and behavioural change. Understanding local attitudes is essential, as community perceptions shape the success of health campaigns. This study aims to assess the sources of information available to Owan West residents regarding Lassa fever prevention and to evaluate the influence of health organisations on their attitudes and behavioural responses.

Lassa fever is an acute viral haemorrhagic illness endemic to West Africa, caused by the Lassa virus (LASV), and primarily transmitted through contact with infected rodents or their excretions. In Nigeria, and particularly in Owan West Local Government Area of Edo State, the disease presents a persistent public health challenge, with outbreaks that impact not only individual health but also the broader socio-economic stability of affected communities. In response, health authorities and organizations have launched various campaigns aimed at raising awareness and encouraging preventive behaviours. However, the success of these interventions depends significantly on the attitudes and behavioural responses of the local population. Despite multiple sensitization efforts, it remains unclear whether these campaigns have effectively influenced the attitudes and practices of Owan West residents. Moreover, while previous studies have explored various aspects of Lassa fever prevention, few have specifically examined the sources through which the people of Owan West receive information about the disease, or the role health organizations play in shaping their attitudes and behaviours. Understanding these dynamics is crucial for tailoring future interventions to local realities. Therefore, this study seeks to assess the sources of information available to Owan West residents regarding Lassa fever prevention and to evaluate the influence of health organizations on their attitudes and behavioural responses. This will provide



insights into the effectiveness of current strategies and inform the design of more culturally and contextually appropriate health communication campaigns.

Objectives of the Study

1. To identify the sources of information of Owan West Local Government of people towards prevention of Lassa fever.
2. To find out the role of health organisation on the attitudes and behaviours towards Lassa fever disease prevention in Owan West Local Government Area of Edo state.

Theoretical Framework

Health communication campaigns aimed at preventing Lassa fever require a strong theoretical foundation to explain why individuals adopt or resist preventive behaviours. This study draws upon three key theories: the Health Belief Model (HBM), the Theory of Planned Behaviour (TPB), and the Diffusion of Innovations Theory.

The Health Belief Model (HBM), developed in the 1950s by social psychologists Hochbaum, Rosenstock, and Kegels, remains one of the most widely applied frameworks in public health. It emphasizes that individuals' decisions to engage in preventive health behaviours are shaped by their perceptions of susceptibility to a disease, the severity of its consequences, the benefits of taking action, and the barriers that may hinder such action. Scholars such as Rosenstock (1974) and Janz & Becker (1984) have shown that the HBM is particularly effective in predicting behaviours like vaccination uptake and sanitation practices. In the context of Lassa fever, the model helps explain why communities in endemic states such as Edo and Ondo may adopt rodent control measures or seek early medical care when they perceive themselves as highly vulnerable. Communication campaigns that highlight the severity of Lassa fever and reduce barriers such as stigma or cost of treatment are therefore directly informed by HBM principles.

The Theory of Planned Behaviour (TPB), propounded by Icek Ajzen in 1985, extends the understanding of health behaviour by focusing on the role of intention. According to TPB, an individual's intention to perform a behaviour is influenced by three factors: attitudes toward the behaviour, subjective norms, and perceived behavioural control. Ajzen (1991) demonstrated that intention is the strongest predictor of actual behaviour, while Montano & Kasprzyk (2015) highlighted its relevance in designing interventions for HIV prevention and vaccination campaigns. Applied to Lassa fever prevention, TPB suggests that campaigns must not only shape positive attitudes toward preventive practices (such as food storage and rodent-proofing homes) but also leverage community norms and empower individuals with tools that enhance their sense of control. For instance, when respected community leaders endorse preventive measures, subjective norms shift, making adoption more likely.

The Diffusion of Innovations Theory, introduced by Everett Rogers in 1962, complements these individual-level models by explaining how new ideas and practices spread through communities. Rogers argued that innovations diffuse through stages: knowledge, persuasion, decision, implementation, and confirmation, and that early adopters play a crucial role in influencing wider acceptance. In the case of Lassa fever, preventive practices such as rodent-proof storage or community sanitation can be promoted through opinion leaders, local media, and peer networks. Once early adopters demonstrate the effectiveness of these measures, broader community uptake becomes more feasible.

Together, these theories provide a multi-layered framework for this study. The HBM explains how individuals perceive risk and barriers, TPB accounts for the social and normative influences on behaviour, and Diffusion of Innovations situates these behaviours within community-level adoption processes. Their



relevance lies in guiding the design, implementation, and evaluation of health communication campaigns against Lassa fever, ensuring that interventions are both culturally sensitive and behaviourally effective. By anchoring this study on these theories, the research establishes a robust foundation for understanding and improving the effectiveness of communication strategies in reducing the burden of Lassa fever in Nigeria.

Method

This study employed a survey research design, which facilitates the collection of data from a broad spectrum of individuals across diverse age groups, genders, and socioeconomic backgrounds. Participants for this study include healthcare professionals, policymakers, community leaders, and members of the general public. The target population comprises residents of Owan West Local Government Area (LGA) in Edo State, Nigeria. Based on the 2006 census by the National Population Commission, the baseline population of Owan West was 70,374. Applying an annual growth rate of 2.5% over 19 years (2006–2025), the projected population is estimated at 112,503. To ensure equitable and representative sampling, a total of 398 respondents were selected using a combination of stratified and simple random sampling techniques. The population was first stratified by key demographic variables such as electoral ward, gender, and age group. Within each stratum, participants were randomly selected to guarantee equal probability of inclusion. For data analysis, the study utilized weighted mean scores to assess attitudinal responses, while demographic data were analysed using simple percentages and frequency tables. The instrument was a well-structured close-ended questionnaire, section A showed the demographic analysis while section B showed the psychographic nature of the respondents. The structured instrument was subjected to face and content validation. Therefore, a copy of the instrument was sent to research expert, after a careful validation, corrections and adjustments were effected on the instrument. The reliability of the instrument used was ensured through the use of a validated and standardized questionnaire with a Cronbach's alpha coefficient of 0.85, indicating high internal consistency and reliability of the measurement tool. The method of data collection was face-to-face administration by the researcher. The researcher sought the consent of the selected respondents and distributed the questionnaire for immediate collection.

Findings

Data gathered through the research instruments were presented and analysed using the weighted mean score (WMS) and simple percentage. A total of 398 copies of the questionnaire were administered and 398 were answered correctly and returned. This represents 100% of the total copies of questionnaire distributed for the study.

Table 1: Age Bracket of Respondents

Age bracket	Frequency	Percentage
18–25	102	26%
26–35	139	35%
36–55	132	33%
55 and above	25	6%
Total	398	100%

From the table, a major respondents aged 26–35 years form the majority, followed by 36–55 years. The least represented are respondents aged 55 and above this shows that the majority of participants fall within the active and economically productive age group, which may influence their awareness and attitudes toward Lassa fever prevention campaigns.

Table 2: Occupation of Respondents

Occupation	Frequency	Percentage
Civil servants	104	26%
Farmers	210	53%
Petty Traders	20	5%
Unemployed	64	16%
Total	398	100%

The occupational distribution shows that most respondents are farmers, followed by civil servants. Petty traders represent, while the unemployed make up. This indicates that farming is the dominant occupation among respondents, which aligns with the rural context of Edo State and has implications for rodent exposure and disease prevention practices.

Table 3: Educational Qualification of Respondents

Educational Qualification	Frequency	Percentage
Primary	62	16%
Post-primary	212	53%
Tertiary	124	31%
Uneducated	0	0.00%
Total	398	100%

The majority of respondents attained post-primary education, while others had tertiary education and few had only primary education. Interestingly, none of the respondents reported being uneducated. This indicates a relatively literate sample population, suggesting that communication campaigns (especially through mass media and print) can be effectively understood by the majority.

Research Question 1:

What are the practices and behaviours of Edo people towards Lassa fever prevention?

Table 4: Responses on practices and behaviours towards Lassa fever prevention

S/N	Question Item	SA	A	D	SD	Total Score	WMS	Decision	Practice Level
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1	I always keep my environment clean to prevent rodents from entering my house.	170	150	50	28	1,104	2.77	Agreed	Good
2	I properly cover and store food to avoid contamination from rats.	160	145	60	33	1,071	2.69	Agreed	Good
3	I avoid the consumption of bush meat to reduce my risk of contracting Lassa fever.	140	120	75	63	964	2.42	Disagreed	Poor

Aggregate

- i. Mean Weighted Score (WMS): 2.63
- ii. Decision: Agreed
- iii. Overall Practice Level: Good

The findings reveal that Edo people generally practice preventive behaviours against Lassa fever. A majority strongly agreed or agreed that they keep their environment clean (WMS = 2.77) and cover/store food properly to avoid rodent contamination (WMS = 2.69).

However, avoiding bush meat consumption remains a challenge, with many respondents still consuming it despite awareness campaigns (WMS = 2.42). This suggests that while hygienic practices are widely adopted, cultural food habits continue to pose risks in the fight against Lassa fever.

Research Question 2:

What is the role of health organizations in shaping attitudes and behaviours towards Lassa fever prevention in Edo State?

Table 5: Responses on the role of health organizations in Lassa fever prevention

S/N	Question Item	SA	A	D	SD	Total Score	WMS	Decision	Role Level
1	Health organizations (e.g., NCDC, Edo State Ministry of Health, Irrua Specialist Hospital) are effective in creating awareness about Lassa fever prevention.	172	150	50	26	1,108	2.78	Agreed	Strong
2	I trust health workers and organizations to provide accurate information on Lassa fever prevention.	168	145	55	30	1,085	2.73	Agreed	Strong
3	Health campaigns should be continuous even when there is no outbreak.	190	140	45	23	1,139	2.86	Agreed	Strong

Aggregate

- i. Mean Weighted Score (WMS): 2.79



- ii. Decision: Agreed
- iii. Overall Role of Health Organizations: Strong

The results demonstrate that health organizations play a strong role in shaping awareness and behaviour towards Lassa fever prevention in Edo State. Respondents overwhelmingly agreed that organizations such as NCDC, Edo State Ministry of Health, and Irrua Specialist Hospital are effective in creating awareness (WMS = 2.78).

Trust in health workers and organizations is also relatively high (WMS = 2.73), which strengthens the credibility of health campaigns. Importantly, respondents strongly agreed that health campaigns should be continuous even when there is no outbreak (WMS = 2.86), highlighting the need for sustained communication rather than reactive efforts.

Discussion

The findings of this study revealed mixed attitudes toward behavioural recommendations such as proper food storage, rodent control, and early hospital visits when symptoms appear. Urban respondents demonstrated higher adherence, while rural participants were less consistent, underscoring the influence of socioeconomic and infrastructural disparities. This corroborates Ajayi et al. (2018), who argued that rural communities face greater obstacles in disease prevention due to poverty, inadequate sanitation, and poor health infrastructure. The Health Belief Model (HBM) provides a useful lens for interpreting these findings, as it emphasizes that individuals' health behaviours are influenced by perceived susceptibility, severity, benefits, and barriers. Rural respondents' inconsistent adherence reflects the presence of significant barriers such as poverty and limited access to healthcare, while urban respondents' higher adherence demonstrates stronger perceptions of benefits and fewer barriers. Rosenstock (1974) argued that individuals are more likely to act when they feel personally vulnerable and believe preventive action will be effective, and Janz and Becker (1984) demonstrated the predictive power of HBM in vaccination uptake and sanitation practices. Champion and Skinner (2008) further highlighted the importance of reducing barriers in cancer prevention campaigns, while Ubong and Odinko (2025) found that mass media campaigns increased perceived susceptibility and severity, leading to improved health-seeking behaviour. These perspectives align with the current study's findings, showing that the mass media must reduce barriers and increase cues to action to enhance preventive behaviours in rural communities.

The Theory of Planned Behaviour (TPB) also aligns strongly with the findings, as it emphasizes the role of attitudes, subjective norms, and perceived behavioural control in shaping intentions and actions. Urban respondents' stronger adherence reflects positive attitudes toward preventive practices, supportive norms, and greater perceived behavioural control, while rural communities face weaker norms and limited control, which reduces their intention to adopt preventive measures. Ajzen (1991) demonstrated that intention is the strongest predictor of behaviour, Montano and Kasprzyk (2015) highlighted TPB's utility in HIV prevention campaigns, and Conner and Sparks (2005) emphasized the importance of perceived behavioural control in predicting preventive health behaviours. Fishbein and Ajzen (2010) reinforced that attitudes and norms must be addressed simultaneously to achieve behaviour change, while Oyawoye (2026) argued that empowering communities with affordable tools enhances perceived control and adoption of preventive practices. These insights suggest that campaigns must shape positive attitudes, leverage community norms, and empower individuals with tools that enhance their sense of control, such as affordable sanitation kits and rodent traps.

The Diffusion of Innovations Theory further explains how new ideas and practices spread through communities, and it provides a framework for understanding the role of media in this study. Radio and



community-based campaigns were particularly effective in rural areas, while television and social media played stronger roles in urban centres. Rogers (2003) emphasized the role of opinion leaders in accelerating diffusion, Valente and Rogers (1995) demonstrated how social networks influence adoption of health innovations, and Ezeudu et al. (2021) argued that culturally relevant communication enhances community participation in health campaigns. Springer (2025) highlighted that rural inequities exacerbate disease burden, slowing diffusion of preventive practices, while Dearing and Cox (2018) emphasized tailoring diffusion strategies to cultural contexts for greater effectiveness. These perspectives confirm that communication channels must be tailored to local contexts, with radio and community campaigns prioritized in rural areas and social media and television leveraged in urban centres. Opinion leaders and peer networks play a crucial role in spreading preventive practices, underscoring the importance of designing campaigns that strategically target influential individuals and groups.

Taken together, these theories provide a comprehensive explanation of the findings. The Health Belief Model highlights individual perceptions of risk and barriers, the Theory of Planned Behaviour emphasizes the role of attitudes, norms, and control in shaping intentions, and the Diffusion of Innovations explains how preventive practices spread through communities. Their relevance lies in guiding the design of multi-channel communication strategies that address not only knowledge dissemination but also behavioural barriers, cultural perceptions, and structural challenges. Strengthening partnerships between government agencies, local leaders, and community-based organizations will be vital in ensuring sustainable impact in the prevention and control of Lassa fever in Edo State.

This study encountered certain limitations that must be acknowledged. The research was conducted within Owan West Local Government Area of Edo State, which restricts the generalisability of the findings to other regions of Nigeria or West Africa where socio-cultural and infrastructural conditions may differ. To overcome this, the researcher employed stratified and simple random sampling techniques, to ensure that the perspectives captured were representative of the local realities. Another limitation was the reliance on self-reported data, which introduced the possibility of recall bias and social desirability bias, as respondents may have overstated their adherence to preventive practices. This was mitigated by cross-checking responses with observations and secondary data from health agencies. Despite these efforts, the study recognizes that other influential factors such as traditional beliefs, informal community networks, and economic constraints were not fully explored. Future research should therefore adopt longitudinal designs to track behavioural changes over time, expand the geographical scope to include multiple states for comparative analysis, and integrate qualitative approaches that capture cultural perceptions and community dynamics more deeply. By addressing these gaps, subsequent studies will be better positioned to provide comprehensive insights into the effectiveness of health communication campaigns and their role in shaping preventive behaviours against Lassa fever.

Conclusion and Recommendations

The study researchers conclude that Edo people demonstrate a high level of awareness of Lassa fever prevention campaigns, yet there remain significant gaps in the translation of awareness into consistent preventive practices. Cultural beliefs and traditional practices remain major obstacles to the success of prevention campaigns. In many rural areas, reliance on herbal remedies and attribution of Lassa fever to spiritual causes undermine health-seeking behaviour. The persistence of these beliefs underscores the need for culturally sensitive approaches that integrate traditional authorities and healers into campaign strategies. The role of media, particularly radio, has proven crucial in reaching rural populations, while interpersonal communication by health workers builds trust and reinforces behavioural change. Nevertheless, the episodic nature of health campaigns, which intensifies during outbreaks and wanes afterwards, reduces their long-term effectiveness. Sustained, continuous engagement is essential to building resilience and maintaining vigilance.



Health organizations such as NCDC, Edo State Ministry of Health, and ISTH remain central in the fight against Lassa fever. The media campaigns have improved public knowledge and influenced behaviours, but structural barriers such as poverty, inadequate infrastructure, and limited access to healthcare weaken the overall impact. To ensure lasting change, communication campaigns must be complemented with material interventions and systemic improvements.

Based on the findings and conclusions of this study, the following recommendations are made:

1. The government and partners should provide subsidized rodent-proof containers, improve waste management infrastructure, and support community sanitation projects. Addressing economic barriers will enhance the adoption of preventive measures.
2. Health workers should be trained and supported to engage in door-to-door sensitization, particularly in rural communities. Interpersonal communication has been identified as the most trusted source of information and should be scaled up.

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