



# Health Communication: The Responsibility of the Media in Nigeria

Okim-Alobi Oyama\*, Ngozi Okpara (PhD)

*School of Media and Communication, Pan-Atlantic University, Lagos, Nigeria*

\*Email: [mikeoyama88@yahoo.com](mailto:mikeoyama88@yahoo.com)

**Abstract:** The 2014 global Ebola outbreak received huge attention from the media as people were constantly informed. The Nigerian media was very active too, probably because billions were budgeted for the outbreak. Ironically, there are more diseases worse than Ebola that have been present, killing people daily, but do not get the kind of media attention that is needed to promote health education. Cancer, malaria, hypertension, diabetes, obesity and others, have killed more people than Ebola; children and women lie helplessly in hospitals and herbal homes, people feed unhealthily, fail to exercise properly and live nonchalant lifestyles that distort their health, yet the media especially in Nigeria ignore these diseases. This study therefore highlights the importance of health communication and emphasises the role the media must play in promoting health messages in Nigeria.

**KEYWORDS:** Ebola, Diseases, Health communication, Media, Nigeria, Public health, Responsibility

## INTRODUCTION

Bartlett et al. [1] stated that Ebola has garnered public interest mostly because of its low survival rate compared with most modern diseases. This is why the United Nations Children Emergency Fund (UNICEF) in 2014 budgeted \$12,533,400, \$9,290,775 and 9,452,775 to scale up communication campaigns (social mobilisation) with the communities in Guinea, Liberia and Sierra Leone respectively, between September 2014 to February 2015 [2]. The media was a great beneficiary of this budget for these communication campaigns; they worked tirelessly in the fight against Ebola. They played their part so well that in fact Obukoadata and Abuah [3] wonder what would be the extent of influence if other diseases in previous times received the same vigour with which the Ebola Viral Disease issues were addressed in the media-sphere in Nigeria even when these ailments have been around for a while, killed millions of people yearly and projected to kill more in 2020. For instance, Cancer is the second cause of death in developed nations and top three in developing countries. There are 24.6 million people living with cancer worldwide, resulting in 6.7 million deaths, and 10.9 million new cases recorded every year. WHO reports that 12.5% of all deaths can be traced to have been caused by cancer; and going by this trend, by 2020 there will be 16 million new cases diagnosed annually of which 70% of it will emanate in developing nations [4]. In light of these statistics, what role has the media played in creating awareness about cancer? What health messages about cancer do we find in our media organisations? These are the questions that arise in light of this discourse.

Okpala et al. (2002) in Jaffer et al. [5], stated that about 300,000 children are born with Sickle Cell Disease worldwide, including over 200,000 children in Africa, where 20 in every 1000 births and about 150,000 children are born with sickle cell in Nigeria yearly [6]. This means that half of the total number of children born with sickle cell disease yearly are from Nigeria. The World Health Organisation reports that 10% of patients in Jamaica die between 6 and 12 months old despite having considerable experience in the diagnosis and therapy

of the condition as well as the absence of malaria, and that this figure will be way higher in sub-Saharan Africa as a result of lack of knowledge about the disease, as well as inadequate scientific and technological facilities. By implication, because half of the total number of people born with sickle cell come from Nigeria, the mortality rate in Nigeria will be higher than any other country in the world. As serious as this disease is, a lot of people in Nigeria still know nothing about sickle cell and how to prevent it; while others are ignorant of their genotypes. In spite of this ignorance and the mortality rate, media organisations have not done enough to sensitise people about sickle cell.

In 2004, the WHO recorded 842,000 deaths from malaria, 531,000 deaths from heart diseases, 429,000 deaths from tuberculosis, 174,000 deaths from Diabetes, 38,000 deaths from cirrhosis of the liver, 1,456,000 deaths from lower respiratory infections and 1,036,000 from diarrhoeal diseases [7]. None of these diseases received the kind of media attention that the Ebola Viral Disease received in 2014, even when it recorded 11,325 deaths from 15,261 laboratory-confirmed cases in 28,652 suspected cases in West Africa [8].

If health communication is a preventive measure of communication, where health messages are disseminated using media technologies and organisations for the purpose of creating awareness about diseases and ailments; then journalists, reporters and their media organisations should treat other diseases which have statistically proven to be more devastating and frequently occur with high mortality rate than Ebola, with a lot of attention by ensuring that frequent health messages and health promotional campaigns are continuously disseminated in the media. If media organisations and their journalists could treat the reportage of other killer diseases with a little more importance, passion and with a purpose like it did during the 2014 Ebola outbreak in West Africa; then most of the cases of diseases and deaths recorded could be drastically reduced. In fact, Smith and Smith [9] in their study, revealed that out of a total of 1625 articles published from July 2014 to October 2014, the most common topic covered was on the Ebola cases in Nigeria which accounted for 17.5% , discrimination due to Ebola covered 10.8% and using salt and kolanut for the cure and prevention of Ebola occupied 5.2% of the total articles published in the period in four of the top Nigerian newspapers: *The Sun*, *Punch*, *Vanguard* and *The Nation*. But prior to the Ebola outbreak in 2014, Uwom & Oloyede [10] conclude that health issues have not been given prominence in the press, as their study shows that the front pages and backpages were occupied by other issues in politics, business, and crime and not health stories, and when health stories were reported, 82.7% of health stories were reported in less than half a page inside *The Guardian* and *The Punch* newspapers between 2010 and 2011 with the most reported health issue being HIV/AIDS, occupying 28.3% in both papers.

It is the duty and responsibility of the media to gather information from the environment (Surveillance function), interpret this information (Correlation function), and mobilise the people (Mobilisation function) against an issue, situation or a movement and even entertain them (Entertainment function). It seems the Nigerian media has done very little in their responsibilities to enlighten people and make them conscious of their health and the diseases around them. Sixsmith et al. [11], seem to believe that the media have chosen to give undue focus and attention to issues of politics, business and very little is done about health protection, prevention and treatment as well as health promotion and awareness. Even issues on food and nutrition that recommend what people should eat, what exercises they should do to avoid heart related diseases and obesity appears to have gotten very little focus from the media, and so it leads to the thought that the growth and development of health communication in Nigeria may be stunted, as media practitioners and organisations could be said to have treated health communication unimportantly.

This is why this paper examines secondary data and evaluates research works and academic papers to unravel the importance of health communication in individual and public health, while emphasising the need for media professionals to discharge their social duties, responsibilities and obligations as members of the society in ensuring that health communication in Nigeria is promoted and developed.

## **THEORETICAL FRAMEWORK**

### *Social responsibility theory*

The social responsibility theory was conceptualised, devoid of the inadequacies and abuse of the libertarian theory of the press. In 1947, Robert Hutchin was appointed to chair the Hutchin's Commission which reviewed the libertarian theory and made some recommendations for which the social responsibility theory was conceived. Ravi [12] believes that the social responsibility theory is an extension of the libertarian theory since the media recognises that it is their responsibility to resolve conflict through discussing and promoting public opinion, consumer action, private rights, and important social interests. The theory states that it is the moral obligation of the media to consider the general needs of the society when making decisions in journalism to produce the greatest good for the greater number of people. This connotes the utilitarian undertone.

McQuail [13] in a more detailed and conspicuous view, highlighted the basic assumptions and underpinnings of the social responsibility theory. He stated that media should accept and fulfil certain obligations to the society and should be met with high professional standards of accuracy, truth, objectivity, informativeness and balance. He continued that journalists and professionals should be accountable to the society as well as the employers and the market. In addition, the media should reflect and respect the diversity of the society and give room for pluralism as well as diverse points of view and rights of reply.

Taking this into perspective, it is therefore the responsibility and moral obligation of the media to keep the people informed and aware of their health and the effect of not living healthy. The media should create awareness about the food and nutrition of people, as well as feed them with truthful, accurate, objective and balanced information about the various diseases that people encounter daily and recommend ways to prevent these diseases.

The social responsibility theory will be the framework for which this discourse will be anchored on as it will evaluate, interrogate and x-ray the critical principles and assumptions of this discourse.

## **WHAT IS HEALTH COMMUNICATION?**

Health communication is a very broad term that means different things to different people. Scholars have defined and described health communication from different perspectives. This is because like most concepts, there is no universal definition but perspectives that define health communication.

In a broader and wider view, Sixsmith et al. [11], define health communication as the study and use of communication strategies to inform and influence individual and community decision that enhance health. It encompasses health promotion, health protection, disease prevention and treatment, and is pivotal to the overall achievement of the objectives and aims of public health.

However, Kreps [14], believes health communication examines the influence of human and mediated communication on health care delivery and the promotion of health. He thinks it is problem-based and identifies serious issues in communication that impedes the health care quality and promotion of health care as well as suggests accurate health communication interventions, policies and programs for improving the quality of healthcare practices. Health communication exist in various levels of communication. It can be intrapersonal, interpersonal or even mass communication (which is the focus). Therefore, health communication will be defined as the examination of strategies in communication to inform and influence individual and community decisions that enhance health.

The purpose of health communication is to change the behaviours of individuals and communities about issues pertaining to their health, healthcare delivery and policies. Airhihenbuwa [15] believes health communication is a social marketing strategy that aims to change the behaviour of people and promote acceptability of a health

campaign. This is why Guttman and Salmon [16], agree that health communication helps in raising awareness of risk from chronic diseases and new infections and helps with the promotion of recommended treatments. Since the objective is to evaluate health communication in mass communication, this paper adopts Kreps (2003) in Cocoran [17] which included health in the definition of communication and describes health communication as a resource that allows health messages, which may be risk prevention awareness to be used in the education and avoidance of ill health. Using the above definition as a working tool in this paper, health communication examines and evaluates all those strategies, techniques, and skills employed by media practitioners and their organisations in delivering quality health campaign messages aimed at creating awareness in order to change behaviours about people's health, nutrition and to prevent certain diseases and encourage healthy living.

For health communication to be effective, it has to provide people with adequate information that is needed to help raise awareness about health hazards and panaceas, provide the inspiration that is required to lessen these hazards, provide them with support especially for those in related predicaments, and also emphasise a habit, a behavioural change or a reorientation.

There are several methods in which health communication can be practiced or deployed. These methods include: media literacy, media advocacy, public relations, advertising, education entertainment, individual and group instruction, as well as partnership Development [18]. These methods are avenues and strategies by which health campaigns can be deployed for behavioural change, disease prevention and health education [27], and can be achieved with the right health campaign and a complete execution of the health communication process. This health communication process is a cyclical process that involves planning and strategy development, developing and pretesting concepts, messages and materials, implementing the program and assessing effectiveness, and making refinements. Each stage and step is very integral to the execution and implementation of the health communication campaign. Since it is a cyclical process, it is continuously revolving and the success of the next stage is dependent on the completion of the previous stage.

### **ELEMENTS OF AN EFFECTIVE HEALTH COMMUNICATION CAMPAIGN**

One of the most efficient ways to promote good health in the society is through employing good communication campaigns aimed at informing and educating the public about healthy habits and good health care [19]. A health communication campaign is a series of coordinated messages or other promotional efforts designed purposely to accomplish fixed goals and objectives.

The social responsibility theory of the media highlighted key professional principles the media must adhere to in order to fulfil its moral obligation. These principles make up the attributes for which the media must discharge their responsibility to the society. These principles today are considered the ethical codes of the media; they are the criteria that measure the effectiveness and efficiency of a media campaign or mass communication. However, because health communication is a unique type of communication aimed at emphasising and changing the behaviour of the public about their health, lifestyle and nutrition; health communication campaigns therefore need some specific elements that make it effective. This is because every campaign on health is unique, strategically applicable and executed for a particular disease or health idea and therefore it is not just a general communication campaign, it is very peculiar, with certain elements that can determine its efficacy[19].

Satcher et al. [20] suggested reputable outputs that can be used to measure the effectiveness of a health communication campaign. According to them, Accuracy, Availability, Consistency, Balance, Cultural Competence, Evidence base, Reach, Reliability, Repetition, Timeliness, and Understandability are few of the elements, that can be used to measure the effectiveness and efficiency of a health communication campaign. Every good communication campaign on health must meet the criteria; otherwise, it is another piece of information that is irrelevant to social marketing. These attributes are a guide for the journalist or media practitioner to use in executing an effective health communication campaign.

**THE ROLE OF THE MEDIA IN PROMOTING HEALTH COMMUNICATION** Because health communication is an integral aspect of social marketing and a communication aimed at changing the behaviours of individuals and communities about a certain habit, idea or disease; the media is very important because it provides the platform through which health messages and campaigns are promoted. Health communication is more about prevention than curation, it is therefore the moral obligation and responsibility of media practitioners and experienced communicators to ensure that health messages and campaigns are successfully executed and must reach the target audience.

It is one thing to know what to say, it is another thing to know how to say it. Health communication needs communicators who can interpret a piece of information and figure out how well to effectively deliver it across. In fact, Agba (2007) in Aghamelu [21] advises that the media should trace its way back to the concept of journalism in public interest in order to discharge their role properly especially in critical times.

Lasswell [22] highlighted three main functions of the media:

- Surveillance of the environment
- Correlation of different responses to the environment
- Transmission of social heritage

#### *Surveillance of the environment*

The primary function of the media is to gather information for the public. There are several things happening in the environment that people may not be aware of unless it is brought to the fore by the media. According to the Westley & Maclean's 1957 model of communication, there are several events, scattered everywhere in our immediate environment. If the media does not talk about it, the public may not know about it. In health communication, these events or information could be attributed to the numerous ailments and diseases that attack people every day. Some of these diseases are not even known because there is little or no information available on the media. This is why in the surveillance role of the media, it is the duty and responsibility of the media to create awareness and inform people on certain diseases that kill every day. But the fact that only few diseases make the headlines especially a relatively new one-off disease with a global prominence, questions the responsibility of the media to perform its surveillance function in health communication.

Of all deadly diseases with high casualties, it is the Ebola outbreak in 2014 that brought out the best in the local and international media. In fact, Nwanne [23] believes that the media urgently and creditably recognised their responsibility of performing their surveillance function by unearthing the dangers of the Ebola virus and its prevention. It is therefore the duty of the media to set the agenda for the society by educating the public about other deadly diseases that seriously threaten people's health.

#### *Correlating of different responses to the environment*

Cohen (1970) in Aghamelu [21] stated that news has gotten so complex that mere reportage is not good any more. What is required is for the journalist to add analysis to campaign news. This implies that the media must interpret campaigns about the health needs of the people, and the realization of a vibrant health system. The correlation of different responses to the environment emphasises the interpretational role of the media. It is not enough to have a surveillance of the environment and inform the people about their health, nutrition and several other diseases that endanger them, they also need to understand the implications of not adhering to the media campaigns on health issues. The media professionals must collaborate with communicators on how to deliver these health messages to the public. They must interpret these campaigns and messages in a way that the people or target audience must be able to understand and deduce the consequences of ignoring their health, and exhibiting at risk behaviours. Media need to do enough rather than allow cheque book journalism take over airtime and spaces. The media must as a responsibility to the society, ensure that airtime and spaces are

dedicated to health issues and invite medical professionals to simplify health messages which are sometimes complicated.

#### *Transmission of social heritage*

It is also an acknowledged fact that the mass media has a very important role to play in channelling health campaigns to serve the goal of national development. The media should begin to incorporate health messages in children programmes, cartoons, and videos, so children begin to value their health at a very tender age and grow with the right attitude towards their health. The media should make health messages a norm or a cultural tenet, collaborate with renowned traditional rulers who will act as opinion leaders in communicating health messages to their people effectively.

#### *Mobilisation*

McQuail [13] identified mobilisation as another integral role of the media. He said that the media help to mobilise people all over from the grassroots. In fact, Banducci and Semetko [24], claim that mobilisation is traditionally construed to be a political activity that encourages supporters to turn out. This may be true, but this thinking is myopic as it is not a total representation of what mobilisation is. Mobilisation is not just a political activity, it is any activity that warrants people, followers, supporters or the public to support a particular idea, policy or behavior. Mass mobilization can be grass-root based social movements which can be political, social, economic, environmental, etc. The duo believe that increasing the media coverage of a health communication campaign can likely sensitise the people and change their behaviours and attitudes toward their health.

The more visible the health campaign, the more likely the public are to perceive the health message and the need to change their behaviours. Since mobilisation is to bring people together, muster and influence them to take collective act in pursuit of a particular purpose; the media should perform their responsibility of mobilising the people against bad habits and promote frequent exercises, healthy eating habits and create awareness about diseases that have been around for a while, but never get adequate media attention.

#### *Entertainment*

Apart from informing, educating and interpreting media messages, the media also entertains.

It is a great source of entertainment to the people. The media can incorporate health messages in entertainment programmes. In fact, it can choose to run 'info-tainment programmes' (programmes that provide information and entertainment simultaneously to the people). While entertainment programmes are going on, health jingles and scroll messages could also be running so that the messages can reach the larger number of people that watch entertainment programmes. In addition, highly influential and respectable celebrities and artistes can be used for health advocacy and campaigns.

### **THE RESPONSIBILITY OF THE MEDIA (WHO IS THE MEDIA RESPONSIBLE TO?)**

Society expects mass communication to serve the people's interests. So, it is expected that health communication messages should not only inform and educate, but should also entertain the people. In recent times, the hopes of the society encompass the idea of creating a forum for discussion, serving as watchdog for the society, providing leadership to the community, helping to empower the society, educating the people about potential health risks, physical education and health literacy, and persistently advocating for the interests of the society. One of the very integral issues that arose from the Hutchin's Commission in the social responsibility theory was the conflicting question 'who is the journalist responsible to?' the media owners, the editors (gatekeepers) or the people for whom they are to inform, educate or entertain? Man can easily be manipulated by the media owners through the kind of information the media professionals make available to the people. The

emergence of big businesses in the area of media pose a threat to the freedom of information and freedom of the press, as media owners with big businesses can control the kind of information that the public gets. This is why health messages and campaigns on diseases and at-risks behaviours hardly get media attention in Nigeria unless there is a profit maximisation potential for the media like the Ebola outbreak had. It is for this reason that Journalists and other media practitioners must be morally responsible and obligated to serve the interest of the same society that gives and guarantees them the freedom of expression, and makes provisions for the laws that bring about a free press. The media must function as the trustees of the public and promote public interest. Therefore, it makes no sense that the media has reneged on their responsibility to carry out their surveillance, correlation, socialisation and entertainment functions about diseases that pose a health risk to the society. The media needs to perform their moral obligations and duties to the society by gathering information, creating awareness, advocating and educating the society they serve on the dangers and risks other very deadly day to day diseases pose to the people's health, instead of prioritising what issues get airtime or space over real-threatening diseases that have killed millions of people and put several other millions in a state of discomfort and sorrow.

### **ETHICAL ISSUES IN HEALTH COMMUNICATION**

Like every other field, there are ethical issues in health communication because the Media faces the dilemma of making choices daily. Journalists who communicate health information should not compromise ethical principles for commercial gains or purposes [25]. This is a critical issue in health communication because most journalists in Nigeria fall prey to communicating for commercial gains or purposes. For example, the 2014 Ebola outbreak had millions of dollars allocated to media and mobilisation campaigns; that is why it is no surprise that Nwanne [23], recorded that the media rose swiftly to its responsibilities and reported heavily on the Ebola crisis. It could have been that the media was actually performing its moral obligation to the society or the budget could have influenced their performance and reportage on the crisis. The media should pick the interest of the society over any commercial gain. They should be able to still create awareness on disease prevention and proper hygiene, embark on health campaigns and give useful health tips to the public without being told to do so. Most times other programmes or events that are paid for are given prominence over health messages. No wonder there are very little or no health messages on the media for diseases like typhoid, cancer, hypertension, obesity, sickle cell, diabetes, etc. in the Nigerian media. Most times health programmes on television are yanked off and replaced with sponsored political or business programmes.

Health communication is naturally normative and acculturative because it proposes and recommends norms about good health, acceptable and unacceptable health practices, and at-risks behaviours [26]. Therefore, there are ethical questions that arise in health communication or promotion. What if the goal of promoting or protecting the common good infringes on individual civil rights or shared values of minority groups? How far should one go in promoting health campaigns and creating awareness without stigmatising people or making them feel guilty for their non-compliant behaviours? What are the consequences of the social construction of health as an ultimate social good? Should one use fear or panic in health communication for behavioural change if they are unresponsive and dismissal at first? One of the ethical challenges in health communication is to examine and evaluate the legitimacy of socio-cultural constructions of blame and moral judgements that may be attributed to at-risk groups.

In addition to the ethical dilemmas, media practitioners should ensure that all health communication messages and campaigns should be in line with the ethical codes of journalism. The information should be accurate, truthful, objective and balanced. And in no time should these ethical principles be violated even when distorting the facts could achieve faster and more effective results on the target audience. This is because when the rules are bent, and the ethical codes suppressed in order to achieve a greater response in public health, it keeps open for ethical questions to be asked like "is it morally right to do so?" These are the ethical dilemmas the media professionals are confronted with daily because in journalism and health communication specifically, the

principle of pragmatism where the end justifies the means is not the idle way of communicating to the public about their health.

Fear, Guilt or Panic is another ethical issue that media practitioners are faced with in health communication and promotion. There is a tendency that the media can exaggerate the consequences of practicing at-risks behaviours and so often employ fear and panic in their campaigns to achieve their objectives. Most times the utilitarian perspective comes to play. Should the journalist amplify health information and use fear for the greater good of the society? Those who align with this school of thought will agree but the Universalists, will acclaim that what is wrong is wrong and therefore under no circumstances should the media practitioner use fear tactics to inform, educate and create awareness in health communication even if it is for the greater good of the greater number of people.

Guttman and Salmon [16] highlighted the following as ethical issues:

- Gender Equality (Objectifying women)
- Fear or panic tactics
- Protecting the vulnerable
- Truth and Accuracy
- Exaggerating and altering statistics
- Doctor-Patient Confidentiality (Disclose or not?)
- Stereotyping
- Responsibility
- Promoting the use of Contraceptives
- Labelling and stigmatisation

All these issues affect the journalistic decisions the media practitioner makes in communicating for health. He has to make choices on what kind of health campaign he is going to run and in whose interest. Nevertheless, ethical principles should be strictly adhered to in order to launch an effective health communication campaign.

### **WHAT THE MEDIA SHOULD DO (RECOMMENDATIONS)**

It is the responsibility of the media to implement the health communication process highlighted by Arkin & Doner [18] which includes:

- Planning and strategy development,
- Developing and pretesting concepts, messages and materials,
- Implementing the programme and assessing effectiveness
- Making refinements.

The media can apply this process in the conceptualisation and actualisation of the health campaign and do the following:

- Develop effective plans and strategies on how to promote health messages and create awareness for the people.
- Develop and pre-test concepts, messages and materials that will serve the interest of the society's health.
- Use the attributes of health communication messages and campaigns to develop programmes that create awareness, educate and advocate for the people.
- Media practitioners should collaborate with communicators (people who can disseminate media messages effectively) to mobilise the people to kick against deadly diseases and at-risks behaviours.
- Create a forum for discussions on health issues, nutrition, exercises and other health-related issues.
- Should help to set the agenda for the people by framing and priming health messages that emphasise the health of the people like it did with the Ebola virus. In fact, Nwanne [23], reveals that media organisations like The Punch newspaper, Vanguard newspaper, CNN, BBC, etc set the agenda during



the Ebola outbreak through framing and priming the stories about Ebola. He stated that newspapers and television stations made Ebola stories their headlines, while persistently airing and placing adverts. With this, the Ebola disease was on the lips of every body who had access to one form of the media not just in Nigeria but all over the world.

## CONCLUSION

Health communication is an integral aspect of communication that has garnered a lot of attention globally; cutting across intrapersonal, interpersonal, group or mass communication. Unfortunately, the Nigerian media has done little in this field as media practitioners often prioritise the contents in the media, with little or no attention being dedicated to health messages and campaigns. Since the media is responsible to the society, it should be able to create awareness and properly educate the public about their health, lifestyles and at-risk behaviours. The statistics on health-related deaths are alarming but could be minimal if the media accepts its moral obligation and responsibility to promote behavioural change and healthy living in Nigeria. So, rather than waiting for a crisis before acting, media should start now to set the agenda for a healthy Nigeria, after all it is a social institution and is solely responsible to the society.

## REFERENCES

1. Bartlett, J., Deviney, J., & Pudlowski, E. (2016). *Mathematical modelling of the 2014/2015 ebola epidemic in West Africa*. College Station: Siam.
2. UNICEF. (2015, June 30). *Ebola outbreak response in West Africa*. Retrieved from UNICEF: [http://www.unicef.org/appeals/files/2015\\_HAC\\_Ebola\\_MYR\\_Final.pdf](http://www.unicef.org/appeals/files/2015_HAC_Ebola_MYR_Final.pdf)
3. Obukoadata, P. O., & Abuah, F. A. (2014). Media surveillance function within the context of the ebola outbreak in Nigeria: Influences and perceptual frames. *International Journal of Scientific Research and Innovative Technology*, 53-66.
4. Akinkugbe, O., Lucas, A., Onyemelukwe, G., Yahaya, H., & Saka, M. (2010). *Noncommunicable diseases in Nigeria: The upcoming epidemics*. Abuja: Health Reform Foundation of Nigeria (HERFON).
5. Jaffer, D. E., Amrallah, F. K., Ali, K. M., & Abdulla, N. (2009). Adult sickle cell diseased patients' knowledge and attitude toward the preventive measures of sickle cell disease crisis. *International Journal of Nursing and Midwifery*, 10-18.
6. WHO. (2006). *Sickle cell anaemia: Report by the secretariat*. Geneva: World Health Organisation (WHO).
7. Center, M., Siegel, R., & Jemal, A. (2011). *Cancer in Africa*. Atlanta: America Cancer Society.
8. Center for Disease Control and Prevention. (2016). *2014 Ebola Outbreak in West Africa*. Atlanta: Center for Disease Control and Prevention.
9. Smith, S., & Smith, S. (2016). Media coverage of Ebola disease in four widely circulated Nigerian newspapers: Lessons from Nigeria. *Health Promotion Perspectives*, 92-95.
10. Uwom, U. O., & Oloyede, D. B. (2014). Newspaper coverage of health issues in Nigeria (A study of The Guardian and The Punch newspapers January 2010 to December 2011). *International Journal of African and Asian Studies*, 83-90.
11. Sixsmith, J., Doyle, P., D'Eath, M., & Barry, M. (2014). *Health communication and its role in the prevention and control of communicable diseases in Europe: Current evidence, practice and future developments*. Stockholm: ECDC.
12. Ravi, B. K. (2012). Media and social responsibility: A critical perspective with special reference to television. *Academic Research International*, 306-325.
13. McQuail, D. (2005). *Mass communication theory*. London: Sage.

14. Kreps, G. L. (2015). Health communication inquiry and health promotion: A state of the art review. *Journal of nature and science*, 1-12.
15. Airhihenbuwa, C. O. (2000). A critical assessment of theories/models used in health communication for HIV/AIDS. *Journal of Health Communication*, 5-15.
16. Guttman, N., & Salmon, C. T. (2004). Guilt, fear, stigma and knowledge gaps: Ethical issues in public health communication interventions. *Bioethics*, 531-552.
17. Cocoran, N. (2007). Theories and models in communicating health messages. *The Cocoran Journal*, 5-31.
18. Arkin, E. B., & Doner, L. (2004). *Making health communications programs work*. Bethesda: Diane Publishing.
19. Crawford, E. C., & Okigbo, C. C. (2014). Strategic communication campaigns. In C. C. Okigbo, *Strategic urban health communication* (pp. 11-20). New York: Springer Science and Business Media.
20. Satcher, D., Lurie, N., & Smolinski, M. S. (2000). *Health communication*. Washington: US Department of Health and Human Services.
21. Aghamelu, F. C. (2013). The role of the mass media in the Nigerian electoral process. *UNIZIK Journal of Arts and Humanities*, 154-172.
22. Lasswell, H. (1948). The structure and function of communication and society. *Institute for religious and social studies*, 203-243.
23. Nwanne, B. U. (2014). Media reportage of the Ebola crisis: Lessons from Nigeria. *Global Journal of Arts Humanities and Social Sciences*, 30-38.
24. Banducci, S., & Semetko, H. A. (2003). *Media, mobilisation and European elections*. Boston: Fifth Framework Research Programme.
25. Strasser, T., & Gallagher, J. (1994). The ethics of health communication. *World Health Forum*, 174-177.
26. Masse, R., & Williams-Jones, B. (2012). Ethical dilemma in health promotion practices. In I. Rootman, S. Dupiere, A. Pederson, & M. O'neal, *Health promotion in Canada* (pp. 241-253). Toronto: Canadian Scholars' Press Inc.
27. Raingruber, B. (2014). *Contemporary health promotion in nursing practice*. Sacramento: Jones & Bartlett Learning.