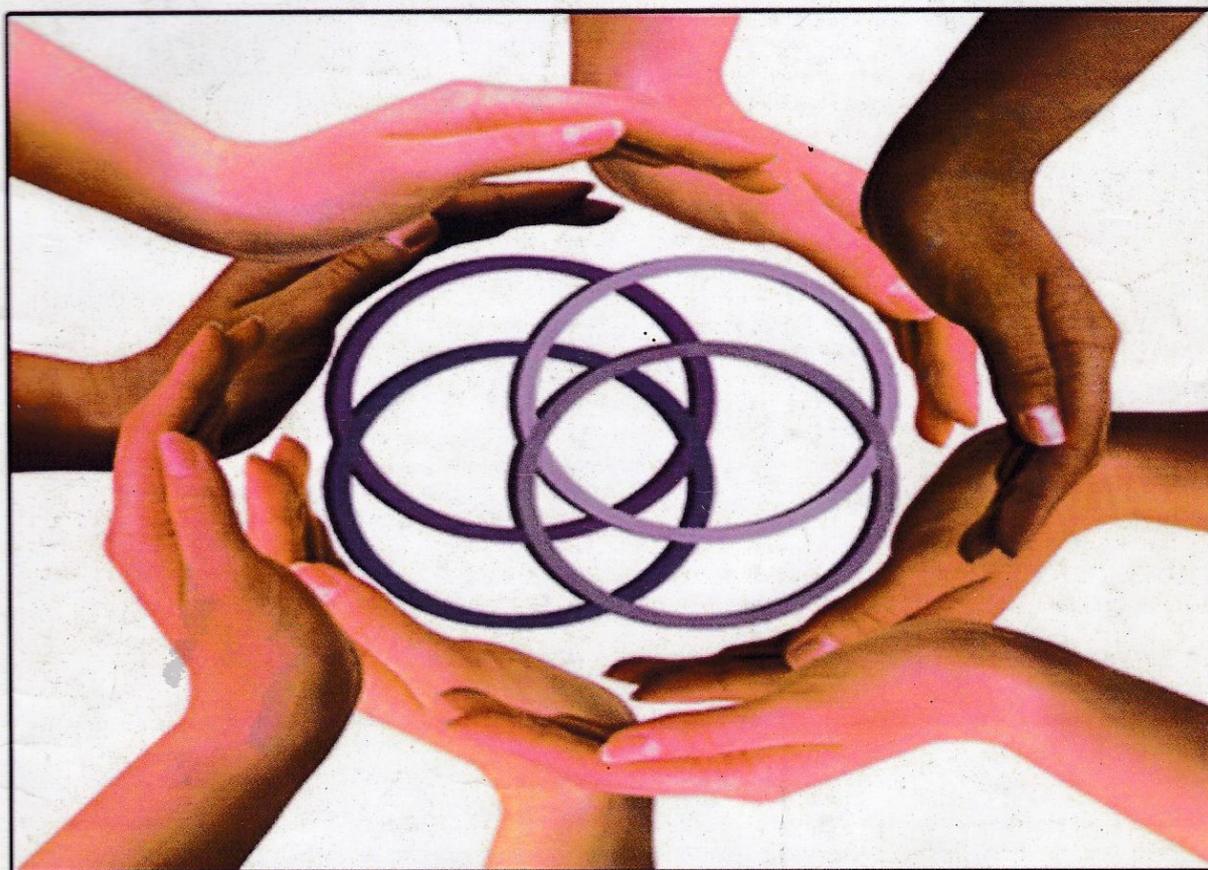


ISSN 2347-9493 (Print)

ISSN 2347-5374 (Online)

Volume-3:Issue-3A (May-Jun, 2015)

# Scholars Journal of Arts, Humanities and Social Sciences (SJAHSS)



## SAS Publishers

An International Publisher for Academic and Scientific Resources

## **The Nigerian Media and Ebola Virus Disease**

**Mbuk Mboho, Uwem Akpan, Nsikan Senam\***

Department of Communication Arts, University of Uyo, Nigeria

### **\*Corresponding Author:**

Nsikan Senam

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

---

**Abstract:** The focus of this paper is the examination of the critical role of the Nigerian media in the wake of the outbreak of Ebola Virus Disease (EVD). In this regard, past occurrences in Zaire, Democratic Republic of Congo, Uganda and the present spread across the West African sub-region have been given some critical review. In all these, the role of the Nigerian media remains in focus. Consequently, the analysis of their functions is based on the Social Responsibility and Agenda Setting theories. Besides, the social-cultural factors that may appear to challenge the successful efforts of the media are also discussed. Finally, the Ebola Virus Disease and its implications for the Nigerian economy, the family, the community and the health professionals justify the conclusion that: to contain the spread of EVD, the media must report objectively and accurately so as to show leadership to the people by demonstrating their deep understanding of the virus.

**Keywords:** Economy, Containment, Agenda-setting, Culture, Responsibility, Primates

---

### **INTRODUCTION**

From the East to the West, and from North to the South, nay all parts of the world, Ebola Virus Disease (EVD) represents a phenomenon that has challenged the highs and the lows of this planet, including political, economic and medical wise men of the world today. The effort to contain the spread of the EVD, in some instances and in some countries, has created panic that has raised the political temperature, perhaps more than the disease itself.

All of a sudden, countries and organisations are taking steps, many of them pre-emptive, to deal with the scourge of the disease. Some of the steps, just as the EVD, have international dimensions and consequences. Countries have closed borders against citizens of countries heavily afflicted by the disease; countries are being stigmatized, entry is being denied persons coming from the EVD endemic countries; the helplessness of many countries – in terms of political will, medical capacity and economic elasticity is being exposed and has become an issue of global discussion. At a glance, the phrase “Ebola Virus Disease” has supplanted even the traditional hot spots of the world as the leading content in today’s world media, so much so that even countries not yet afflicted by the virus are as concerned as those that are already reeling under the crushing weight of the EVD.

The media seem to be having a field day with scoops and exclusives – some of them a figment of imagination. To the media, the bad news of EVD is

good news – it has helped to sell the media to the audience. And the Nigerian media are not exempted.

### **WHAT IS EBOLA VIRUS DISEASE?**

The Ebola Virus Disease (EVD) first hit the world in 1976 in the present Democratic Republic of Congo. For want of name, the virus was named after the Congolese River, Ebola. Since then, the virus has affected countries further east, including Uganda and Sudan. The Ebola hemorrhagic fever - originally designated “Zaire Ebola Virus” – is a viral illness of which the initial symptoms can include a sudden fever, intense weakness, muscle pain and a sore throat, according to the World Health Organization (WHO). At subsequent stages of infection, the symptoms include vomiting, diarrhoea, loss of appetite, joint and body pain, bleeding from the eye, nose and ear [1,2,3].

### **WHAT DO WE KNOW ABOUT EBOLA?**

Fruit bats are believed to be the major carriers of EVD. Indeed, certain species of bat found in West and Central Africa are thought to be the natural reservoir of Ebola, although they do not show symptoms [3]. Other animals such as antelopes, porcupines, monkeys and gorillas whose meat is a prized delicacy in much of West Africa are also sources of Ebola.

The disease infects humans through close contact with infected animals. It then spreads between humans by direct contact with infected blood, bodily fluids or organs, or indirectly through contact with

contaminated environments. Even funerals of EVD victims can be a risk, if mourners have direct contact with the body of the deceased. The incubation period can last from two days to three weeks (21 days) and diagnosis is difficult. Reports say the human disease has so far been mostly limited to Africa, although one strain has cropped up in the Philippines [3].

Ebola outbreaks occur primarily in remote villages in Central and West Africa, near tropical rainforests. This is not surprising though. The vectors live in these habitats and their meat is highly cherished and consumed by those who depend on the provisions of the forest, particularly the bush meat, for sustenance.

The present outbreak of Ebola is unusual because it started in Guinea, a country that has never before been affected. It started in March 2011 in Nzerekore, a remote area of South-eastern Guinea, and spread to the capital, Conakry, to Liberia and Sierra Leone and then to Nigeria. It was a Liberian American, Patrick Sawyer, who flew to Nigeria on a business trip on July 20, 2014, and collapsed on arrival at the Murtala Mohammed Airport, Lagos. He died five days after, in Lagos. That set off the chain of infections and deaths in Nigeria: seven deaths were recorded, including Patrick Sawyer. Internationally, the World Health Organisation (WHO) has put the number of deaths from EVD at about 5000. The figure continues to rise every day, rather than decrease, suggesting that the disease is yet to be contained in spite of co-ordinated global efforts.

Different countries have intensified efforts towards early diagnosis of the disease among their citizens, and this is pivotal and critical. Hence so many persons suspected to have the virus have been classified as PUI – Person Under Investigation. According to the Centre for Disease Control and Prevention (2014), a PUI is a person who has both consistent symptoms and risk factors as follows:

1. Clinical criteria, which include fever of greater than 38.6 degrees Celsius or 101.5 degrees Fahrenheit, and additional symptoms such as severe headache, muscle pain, vomiting, diarrhoea, abdominal pain or unexplained haemorrhage.
2. Epidemiologic risk factors within the previous 21 days before the onset of symptoms, such as contact with blood or other body fluids or human remains of a patient known to have or suspected to have EVD; residence in – or travel to - an area where EVD transmission is active; or direct handling of bats, rodents, or primates from disease – endemic areas.

Contacts with an EVD case have different levels of exposure risk. The high risk exposure includes

any of the following, according to the Centre for Disease Control and Prevention (2014):

1. Percutaneous e.g. the needle stick, or mucous membrane exposure to body fluids of EVD patient.
2. Direct care or exposure to body fluids of an EVD patient without appropriate personal protective equipment (PPE).
3. Laboratory worker processing body fluids of confirmed EVD patients without appropriate PPE or standard bio safety precautions.
4. Participation in funeral rites which include direct exposure to human remains in a geographic area where outbreak is occurring without appropriate PPE.

The low risk exposure includes any of the following:

1. Household member or other casual contact with an EVD patient.
2. Providing patient care or casual contact without high risk.
3. Exposure to EVD patients in health care facilities in EVD outbreak affected countries.

A casual contact is defined as:

- a) Being within approximately three feet (one metre) or within the room or care area for a prolonged period of time (healthcare personnel, household members) while not wearing recommended personal protective equipment.
- b) Having direct brief contact (e.g. shaking hands) with an EVD case while not wearing recommended personal protective equipment. At this time, brief interactions, such as walking by a person or moving through a hospital, do not constitute casual contact.

The above suggests that the transmission of EVD is beyond borders – from Guinea, it spread to Liberia and Sierra Leone and to Nigeria and the United States of America and to other countries. And as the case of the Late Patrick Sawyer has demonstrated, it need not be transmitted through land borders – air and sea travels are as important as the crossing of land borders by persons affected with the disease.

There is something else that should not escape our attention here. The current outbreak started in Guinea – a country that had never experienced the EVD. The high mobility of the primates, particularly fruit bats, means that most countries in the tropical rainforests are endangered. The primates can cross from one country to the other without inhibitions. Nigeria is even further endangered by the growing national and local efforts to encourage and maintain National parks where most of these primates regard as their natural

habitats. Of truth, we have many national parks across the country.

It is also important to note that the outbreak of Ebola Virus has come at a great cost to Nigeria as a country. Resources are being diverted from other sectors in order to contain the disease. The Federal Government has earmarked 11 million US dollars in this regard. Individuals and organisations have also pledged funds and personnel. Dangote Foundation donated one hundred and fifty million naira. These and other actions are important because, even when persons infected appear to have recovered, they are infectious as long as their blood and secretions, including semen, contain the virus – in some cases, up to seven weeks after they might have recovered [4].

To contain the spread, many countries have taken a variety of steps. In Guinea, the sale and consumption of bats, believed to be the major carrier of Ebola, have been banned. The sale and consumption of other forms of bush meat has been banned too. In Liberia, bodies of EVD victims are to be cremated. In many of the affected countries, handshakes, hugging and kissing have been banned. Former victims, particularly men, in Liberia are discouraged from sex as their secretion can still contain Ebola Virus, seven weeks after treatment. In Nigeria, government has banned the movement of corpses from one community to another. Suspected cases were quarantined, while tracing of contacts with infected persons, difficult as it were, was vigorously done. The principle is simple: while no vaccine or permanent cure is yet to be found, the less the number of people infected, the earlier the EVD would be contained.

#### **WHY IS THIS PAPER IMPORTANT?**

Since the outbreak of EVD in Nigeria on July 20, 2014, panic appears to have gripped many Nigerians, although there are still many who go about their daily routines with surprising but admirable equanimity. Every day, Nigerians await some information or the other, positive or negative, on Ebola from the government, both state and federal as well as organisations such as the World Health Organisation (WHO) and voluntary organisations e.g. Doctors without Borders. Members of the public are sincerely interested in updating themselves on the Ebola issue. Their reliance is on the mass media which are expected to give some accurate maps or pictures of the world which lies beyond the immediate experience of the audience members.

Hence what and how the media report the EVD is very critical to how members of the public may understand the Ebola issue, their level of appreciation of the inherent dangers, the media's ability or willingness to mobilize the populace to confront the Ebola monster and how the international community judges the

Nigerian nation in this hour of alarm. It is therefore necessary that the media professionals be "initiated" into the Ebola movement by first encouraging them to take more than a passing interest in the EVD. This paper aims at further enriching the media professionals or even bringing to their memory, in a rather not complicated manner, what EVD is all about and to encourage the media professionals to see themselves as partners in the current efforts to contain the EVD. The paper also intends to re-energise the Nigerian media to take up their functions of agenda setting but with a sense of social responsibility to the Nigerian nation. The discourse also highlights the socio-cultural factors which enhance the spread of the EVD, as well as the impact of the EVD on the economy. In all these, the critical role of the media remains the focus.

#### **THE CHARACTERISTICS AND FUNCTIONS OF THE NIGERIAN MEDIA**

Fortunately, Nigeria is blessed with a vibrant media industry which boasts of multiplicity of media outlets and diversity of voices occasioned by diversity of ownership. While the print media industry has traditionally been dominated by private proprietors (with government finding it rather difficult to compete and survive there), the government has traditionally dominated the electronic media, having been so from the inception of broadcasting in 1932. The opening up of the electromagnetic spectrum in 1992 through the National Broadcasting Commission Act (as amended) has not decreased government's investment in the broadcast media industry, but has admitted new entrants – private persons into the electromagnetic space.

The situation thus promotes a mix between government and private ownership, and creates the room for competition and diversity of voices. It places the Nigerian media industry high and above its counterparts in many African countries and, of course, other developing nations. It gives room for the Nigerian media not to view an event or issue from just a pinhole, but from divergent viewpoints reflecting their divergent professional and proprietary orientations.

The media perform many functional roles. Although the level of performance may vary from society to society because of the internal environment, the functions are the same in general, and are embedded in their daily operations. The functions are enhanced by the characteristics of the media – they can reach out to the masses and their message goes far beyond the immediate proximity of the sender. By mass, we mean that the audience members are anonymous, unorganised, are unknown to each other, do not communicate with each other; are made up of different groups; they are not a mob and they are not a crowd.

Another major characteristic of the mass media that can enhance their mobilizing effort in this critical

period is gate-keeping – the process of transferring or relaying information from one individual to another through a mass medium. Thus, the mass media can limit, expand and re-organise or interpret facts as may suit the media or national interest.

The characteristic of feedback places the media in a position that audience members can re-act to the message that was or is being communicated by the media.

With these characteristics, the media are very functional in *information dissemination*. McQuail [5], Attallah and Shade [6], Watson and Hill [7] and Watson [8] describe it as *surveillance* – the process of providing information about events and conditions in society and the world, by indicating relations of power, facilitating innovation, adaptation and progress.

In the present circumstances of EVD where many may not understand the issues involved or where fiction has been introduced, the *correlation* function is very vital. Here the media explain and interpret news events through columns, editorials, commentaries, documentaries etc.

A similarly important function of the media is *mobilization*. This refers to the mass media's campaign for societal objectives – and in the current situation, the objective of containing the EVD. Here, as many media as possible can be used to achieve a persuasive or informational purpose.

The *education* function of the media sometimes makes the media to be ahead of the formal school in the provision of learning. Teaching in a less painful way, the mass media do educate their audience on all facts of the EVD and other health threats to the nation. The media need to teach people on the basics of avoiding or controlling the spread of the Ebola disease.

The Ebola Virus may unwittingly polarize Nigerians along the lines of persons in areas affected, those not affected and the government. Relatives of victims in Lagos had accused government of neglecting their loved ones isolated on the suspicion of infection with the disease. This is when the media function of *integration* is very important. The media can create “ties of union”, and also cause members of the audience to develop “parasocial relationships” with government and medical personalities who are constantly on the air to discuss EVD [9]. By causing members of the audience to gain insight into the circumstances of others; by identifying with others and gaining a sense of belonging; by enabling one to connect with family, friends and society, the mass media can provide the basis for the integration of the populace for the war on EVD.

In the course of achieving the aforementioned functions, the mass media must *entertain* the populace. They must provide amusement as a means of relaxation. This function provides the needed diversion for the audience and helps in reducing political, social and economic tensions that may arise from the outbreak of EVD.

#### **THE EBOLA VIRUS AND THE FUNCTIONAL ROLE OF THE MEDIA: THE SOCIAL RESPONSIBILITY AND AGENDA-SETTING THEORIES**

The Ebola Virus outbreak is not only a challenge to the political authorities and medical professionals in Nigeria, it is also a challenge to media professionals, who as mediators between the issues of Ebola Virus and the populace, are functionally relevant in the drive to contain the spread of the virus. *By mediation* we are referring to the fact that the mass media often lie between the receivers and the experience that is outside their direct perception [5]. As receivers we know relatively very little from our perceptions of the experience which lies outside our immediate purview. In mediating – interpreting, shaping, selecting, editing, emphasizing, and de-emphasizing according to the perceptions, expectations and previous experience of those involved in reporting -, the media and their professionals should be guided by the tenets of the social responsibility theory formulated by S. Siebert, T. Peterson and W. Schramm. McQuail [10], Ojobor [11] and Anaeto, Onabajo and Osifeso [12], have further expatiated on the assumptions of the theory. Thus, the media have rights, privileges and should fulfil obligations to the society; they should uphold accuracy, professionalism, objectivity and balance; the media should be responsible enough to avoid things that may incite the public. The media professionals should be accountable to the society, and not the employers or the market.

The Ebola situation in Nigeria demands from the media the exhibition of the highest level of responsibility. Dangerous as the EVD is, the media have the responsibility to allay the fears of Nigerians and do not pander to market forces of using sensationalism to cause panic in the society. Unfortunately, some of the media professionals have not considered it a duty to sift facts from rumours in the current drive to arrest Ebola. Yet social responsibility demands from the media an obligation to uphold accuracy and professionalism in the discharge of their duties.

The agenda – setting theory, on the other hand, credits the media with the power to affect the perception of the audience. Agenda-setting function of the media was first highlighted by McCombs and Shaw [13]. According to these American researchers, “audiences not only learn about public issues and other matters

through the media, they also learn how much importance to attach to an issue or topic from the emphasis the mass media place upon it". The basic idea, according to McQuail and Windahl [13], "is that amongst a given range of issues or topics, those which get more media attention will grow in their familiarity and perceived importance over a period of time and those which get less will decline correspondingly". Agenda-setting is attention-giving, a process of display and attention gaining.

The relevance of agenda-setting in these circumstances is that the Nigerian media are capable of influencing discussions on the EVD – they can keep it on the front burner as well as dictate the direction of discourse. As the media choose to emphasize the dangers as well as preventive measures for the EVD, it is likely that policy makers will also choose and emphasize these issues. The media can also cause the audience to be involved in issues of EVD. The setting of agenda by the mass media implies that people look up to them for cues on expected behaviour as the EVD scourge rages on. They want the media to assist them; therefore the media should take up this duty to assist them to determine the 'reality' about the EVD, so that people could fully comprehend what the EVD is all about.

The above two theories considered together make both latent and manifest demands on the media to step up their enlightenment of the public on EVD without raising the level of fear already experienced by the populace on the disease. In doing this, the media should strive not to be dysfunctional – that is to say, their attempt to disseminate, explain, interpret, emphasize or de-emphasize issues on EVD should not foster panic, create instability or promote anxiety. These, most times, are unintended, latent and, therefore, unacknowledged but are embedded in the process of mass media use or application.

To achieve the prospects of the theories above:

- i. It is pertinent for media professionals to first educate themselves and understand Ebola in all its ramifications. The journalists should be acquainted with high risk and low risk exposure levels, the clinical presentations of each level as well as public health actions expected at each level. They should also understand the concepts associated with the disease such as fever and other symptoms, conditional release, controlled movement, self-monitor, consultation and persons under investigation, PUI etc. [14].
- ii. The media should dispel rumours and misinformation on Ebola. For example, mammals that are not primates of Ebola should not be lumped with primates such as fruit bats, monkeys, porcupines, gorillas etc. Similarly,

the fiction surrounding salt and bitter kola as cures for EVD should be continually dispelled while watching out for fresh rumours [15].

- iii. The media should assist in contacts-tracing. This is critical in curtailing the spread of the epidemic. The story of a nurse who ran away and refused to be quarantined after contact with the Late Patrick Sawyer and subsequently spreading the virus in Enugu, South East Nigeria, emphasizes the need for adequate contacts-tracing. It should not be left to the government alone. Reports once said that the husband and children of the Nigerian nurse who died from EVD were on the run, and not all those who have come in contact with the infected may ever be traced [16]. The media should deploy their investigative powers to assist in contacts-tracing, a vital process in controlling the spread of the virus.
- iv. As part of their social responsibility and setting of agenda, the media should keep on the front burner the need for general cleanliness and safe food-handling among the people. Food borne illness which arises from food borne disease occurs when one eats or drinks something contaminated with any number of disease – causing bacteria, viruses or parasites. And it results in diarrhoea, vomiting and fever, which can be serious if prolonged, and can lead to dehydration [1]. Regular washing of hands and the use of sanitizers should be emphasized.
- v. Stigmatization of Ebola victims should be of concern to the media. Stigmatization makes it difficult for people with symptoms of the illness to come to the open for treatment, while families of dead victims are likely to bury such bodies without recourse to the guidelines on the disposal of corpses. The media should explain the necessity to de-stigmatize victims or families of victims of EVD.

There is also the international dimension of stigmatization which places some burden on the Nigerian media to assist in de-stigmatizing the country and correcting wrong impressions of some foreign countries on Nigeria as a result of the Ebola disease. Recent actions by foreign countries tend to suggest that Ebola is endemic in Nigeria, which is not so. While the Ebola Virus Disease lasted in Nigeria, many countries adopted mean, discriminatory policies towards Nigerians. Cameroun banned flights from and closed borders with Nigeria; Nigeria's Youth Olympic team to China was not allowed to compete; Kenya required that Nigerians must be quarantined for 30 days before being allowed to enter the country, and as a result, did not allow Nigeria's Squash Racket team to compete in the country. The instances were indeed many.

This, therefore, challenges the Nigerian media to show patriotism by enlightening the world that though EVD might have been in Nigeria, the cases were isolated and had been contained, and that the World Health Organisation had declared Nigeria Ebola-free. Unfortunately, some countries hardly acknowledge this feat by Nigeria and continue to label the country as Ebola-infested. This heart-warming achievement should be highlighted globally. The saying is true that no one will blow our trumpet for us; therefore our media need to highlight our achievements while acknowledging our failures. The test drug for the treatment of EVD produced by a Nigerian scientist may have been described as “pesticide” by the United States and the WHO, but the gallantry and ingenuity of the scientist should not be lost on the Nigerian media. The politics of medicine – who invents, who gets the credit – should also not be lost on the Nigerian media. They need to set the agenda for discussion, and they need to show commitment to the success of current efforts by the Nigerian authorities to rein in the Ebola Virus.

Scoops – if they really are – and sensationalism should be balanced against national interest in the face of the increasing negative international actions against Nigeria as a result of EVD. The training and sending of personnel to fight the Ebola Virus in the West African sub-region is a demonstration of the commitment of the Nigerian government. This deserves global applause, which the Nigerian media should spearhead.

#### **THE MEDIA AND SOCIO-CULTURAL FACTORS IN THE SPREAD OF EVD**

Nigeria as a nation has very many sub-cultures which reflect the diverse ethnic and religious groups in the country. These sub-cultures play a role in the transmission or containment of outbreak of EVD. Again, the media must stand up, not to condemn the cultures of the various peoples of Nigeria, but to point out some aspects that may be dysfunctional by standing in the way of the efforts to nip the EVD.

- i. Burial rites in some communities in Nigeria may enhance the spread of Ebola Virus. The washing of corpses, the affectionate touching of the corpses by their loved ones, the movement of corpses by professional pallbearers and undertakers and the superstitious and inhuman practice of compelling widows to drink the water used in washing the corpses of their husbands to ascertain their innocence in their death constitute a dangerous factor in the spread of the EVD.
- ii. The eating of bush meat is a cultural factor that can help in spreading Ebola Virus. In some communities, bush meat with alcohol is a delicacy that many persons cherish. The entrails which may not be hygienically prepared constitute a special delicacy to some. And it is

contact with some primates which kick-started the outbreak of EVD.

- iii. The shaking of hands on meeting people is a universal culture. And for Nigerians, hugging is also widely practised. Yet handshake and hug promote contacts between persons, and these may include persons with EVD. Appeals by government for less handshake and hug are hardly heeded, because the culture has been entrenched. The media should help educate Nigerians that handshakes and hugs are not the only ways of showing affection or to welcome people. The containment of EVD is more important than social gestures.
- iv. In many Nigerian communities, superstition is steeped. It is their way of living. Their deep belief in superstition has once again come to the fore in the current efforts against EVD. To many Nigerians Ebola does not exist; if it does, it is the work of evil spirits. For this reason, they believe that incantations, and not the measures dolled out by government, that can take away the virus. There is the further belief that being the handwork of evil spirits, the virus can only infect those that the gods want to inflict with the disease. The consequence is that people do not heed the precautionary measures prescribed by health authorities for the control of the spread of EVD. They seem to take the stance that what will happen must happen. There is also some religious connection to this. Some self-styled prophets and religious bodies see EVD as spiritual, hence needing spiritual cure which is usually located in “religious assignments” such as prayers, fasting and engagement in some metaphysical acts. Recently, a prominent religious leader in Nigeria announced that he knew the source of EVD and that, perhaps, entails that he knows the cure! Who knows! Despite this, it is safe for Nigerians to deal with the outbreak physically and medically, rather than take a spiritual journey that leads to no way. The media have a duty to dispel the superstitions being created about EVD, so that people could take simple precautionary measures to avoid contacting and spreading the disease.
- v. The tendency towards public meeting in different communities is also a factor in the spread of EVD. The less of these physical contacts, the more likely EVD would be controlled. The media also share in the duty to enlighten Nigerians, particularly at the rural level that many public meetings are not desirable at this period of national health emergency. The country must survive first.
- vi. The gender factor in Nigeria in the spread of EVD is critical and should not be overlooked. Nigeria is a male-dominated society, and the man tends to engage in actions with impunity.

Medical experts have stated that even after someone has been cleared of Ebola, his secretions including semen, may still contain vestiges of the disease for up to seven weeks. The men have dismissed this fact as an attempt to curtail their God-given sexual abilities. This trend of thought is dangerous, and the men should be enlightened to accept the fact that temporary cessation of sexual activity for the sake of EVD does not detract from their maleness.

- vii. Infrequent hand washing could be a factor in the spread of EVD. In spite of national and global effort to encourage hand washing, many do not still take it seriously. The consequence is the spread of ailments which could ordinarily have been averted. Interestingly, the WHO emphasizes frequent hand washing as one of the measures to prevent EVD infection. The media must take the campaign for hand washing to a higher level than before, given the current EVD challenge.

#### **EBOLA VIRUS AND ITS IMPLICATIONS FOR THE NIGERIAN ECONOMY**

The Ebola Virus, like other epidemics and disasters, takes an economic toll on the people. It affects the family, the community and the nation as a whole. In the words of the Minister of Finance of the Republic of Liberia, Anara Konneh, "the virus exacts a horrific toll on those it infects and the people who care for them" [4].

The epidemic is terrible, but it is not one that is spiralling out of control, yet when the outbreak ends, the nations affected will face huge financial consequences. For many Nigerians, the real fear is that Ebola has claimed, not their lives, but their livelihoods. While Ebola lasted, families were quarantined, borders were closed, and flights were restricted. If the biological threat the virus poses has often been exaggerated, the economic risk has, if anything, been underplayed.

At the family level, loved ones, some of them bread winners, were lost, leaving the family to start a new life of fending for themselves. Who knows how long they can sustain themselves before help comes from government and humanitarian organizations. Besides, some families have lost their means of livelihood, especially those who sustenance depends on the sale and consumption of killed animals as bush meat. Already, bush meat sellers across the country are bemoaning their new found fate as people flee from eating bush meat. This situation triggers a chain of negative effects on the economy and people's ability to meet their obligations to the family. The cycle of woes is endless, and may stay that way for sometime to come.

At the community level, the community's human resources are depleted and weakened. A

diseased person is not a functional person. Since public meetings are being discouraged, some communities have been unable to discharge communal duties which thrive on pooling human resources together. And where the individuals, families and communities are stigmatized, business links at the present and in the near future are threatened, with an even greater potential for total isolation. Restrictions on public gathering have the side effect of halting much day-to-day economic and communal life. The closure of centres of business, such as markets, along borders where farm produce, clothing and household goods are sold, is unavoidable. But it may hit such community hard.

The financial toll on government is also great. The \$11m provided by government takes resources away from other critical areas of need. If the epidemic continues for long, it could be predicted that more resources will be diverted from other areas to fight the scourge. And for a country that has faced many challenges from bad leadership and corruption at all levels to the recent Boko Haram insurgency, the EVD presents a greater evil threatening to dampen investment flow into the country.

#### **CONCLUSION**

This work has firmly established the nexus between the media professionals in Nigeria in their roles as gatekeepers and agenda-setters, and society's expectations of them in the task to keep the country free from Ebola, despite the prevalence of the cultural factors. Although the Ebola Virus does not spread as easily as people think, no one is ready to take chances; and the fear of EVD continues. The fight against the disease in Nigeria is all inclusive, with the Nigerian media at the forefront. No one can deny that the Nigerian media have been quick from the block since the epidemic broke out in Nigeria. This is evident in the flurry of news items, commentaries, analysis etc. that have been published in the media since Ebola was reported in Nigeria. Of truth no medium worth its name has been left out.

What has indeed happened is the usual rivalry for media to stay ahead of competition. This is indeed healthy for the country, particularly as the multiplicity of channels is matched by diversity of voices. When this epidemic is reined in, the Nigerian media would surely be singled out for honours in enlightening the nation on Ebola and bringing to the attention frame of Nigerians the entirety of issues about Ebola.

Yet it is inescapable (or is it natural?) that the urge to stay ahead of the competition can lead to sensationalism, half truths and misinformation. Of course this has happened, but the scale is not enough to vitiate the tremendous role that the media have so far played in the crisis. To further enhance their capacity to report objectively and accurately, the media should

further educated themselves on all that is possible to know about Ebola. That way, they will show leadership to the people by demonstrating their deep understanding of the virus. This should be done with a high sense of patriotism and social responsibility to the Nigerian Nation. In all, Nigerian media should be guided in their offering by making Nigerians to abide by this principle: Avoid the virus; don't spread the virus.

#### REFERENCES

1. Web MD; Ebola virus infection. Available from <http://www.webmd.com/a-to-z-guides/ebola-fever-virus-infection>. Accessed August 14, 2014.
2. Freshgist.com; Ebola in Nigeria: how to protect yourself and family. Available from <http://www.freshgist.com.ng/ebola-nigeria-protect-family>. Accessed August 11, 2014.
3. BBC News Africa; Ebola outbreak: Nigeria declares national emergency. Available from <http://www.bbc.com/news/world-africa-28715930>. Accessed August 12, 2014.
4. Konneh, Amara; The Ebola virus that saps Liberia's economic recovery. Available from <http://www.ft.com/cms/s/0/9e2a2b0a-1d59-11e4-b927-00144feabdc0.html/#axzz2A5sRI8E0>. Accessed August 11, 2014.
5. McQuail, Denis; *McQuail's Mass Communication Theory*. London: Sage Publications, 2010.
6. Attalah P, Leslie S; *Mediascapes: New Patterns in Canadian Communication*. Ontario: Thomson Nelson, 2006.
7. James W, Hill A; *Dictionary of Media and Communication Studies*. London: Hodder Arnold, 2006.
8. James W; *Media Communication: An Introduction to Theory and Process*. New York: Palgrave Macmillan, 2003.
9. DeVito, Joseph; *Communicology*. New York: Harper and Row, 2006.
10. McQuail, Denis; *Mass Communication Theory: An Introduction*. London: Sage Publications, 1987.
11. Ojobor JI; *Mass Communication Theories*. In: C. Okunna (ed). *Teaching Mass Communication: A Multi-dimensional Approach*. Enugu: New Generation Books, 2002.
12. Anaeto S, Olufemi O, James O; *Models and theories of communication*. Maryland: African Renaissance Books Incorporated, 2008.
13. McQuail D, Windahl S; *Communication Models for the Study of Mass Communication*. Essex: Longman, 2001.
14. Centre for Disease Control and Prevention; Ebola Virus disease information for clinicians in US healthcare settings. Available from <http://www.cdc.gov/vhf/ebola/hcp/clinician-information-us-healthcare-setting.html>. Accessed August 11, 2014.
15. Aliyu A, Marie-Therese N; Ebola: two dead, 20 others hospitalised over excessive salt consumption. Available from [www.vanguardngr.com/2014/08/ebola-two-die-drinking-salt-water-jos](http://www.vanguardngr.com/2014/08/ebola-two-die-drinking-salt-water-jos). Accessed August 14, 2014.
16. Business Day Ebola; Family of dead Nigerian nurse on the run. Available from <http://businessdayonline.com/2014/08/ebola-family-of-dead-nurse-on-the-run>. Accessed August 13, 2014.