

Mass media reporting of Zika virus in Nigeria: a viewpoint

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Abstract

The mass media is known to hold a crucial place in health promotion and campaigns. The mass media includes magazines, newspapers, radio and television. One merit of utilizing the mass media for health promotion is that they have a tendency to reach vast numbers of individuals. The mass media can help in the prevention and control of Zika in Nigeria. This paper examines the realities and myths in the mass media reporting of the outbreak of the Zika Virus. The materials for this paper were gathered through review of reports of National newspapers and magazines, Nigerian radios and televisions broadcasts of Zika outbreak, grey literature from healthcare bodies, and literature search of relevant articles in PUBMED, Google Scholar and Cochrane database. The media was seen as a veritable instrument used in informing people about the spread of Zika, however, many of the reports were fraught with myths about the virus. This generated false alarms and panic regarding Zika among people. More efforts are required by the Nigerian media to transmit more accurately and swiftly, information about infectious diseases such as Zika to the Nigerian public and endeavor to dispel myths regarding Zika outbreak through collaboration with relevant national health bodies responsible for disease outbreak reportage.

Keywords: Zika virus, mass media, realities, myths

I. Introduction

Educators have continued to show increased research interests and commitment toward disease outbreaks and how educational perspectives might help to advance the course of action toward disease prevention and control. Educators in the field of mass media and health communication are not left out in such research interests and commitment. This paper considers the realities and myths in the mass media reporting of the outbreak of Zika virus. The media is a veritable instrument for tracking the spread of global epidemics, sensitising the public, and possibly for controlling its spread. The contemporary experience of Zika virus started in Latin America and spread across different sub-regions in Africa, Asia, Europe, the Americas, and Oceania.¹⁻⁴ Early outbreaks of the virus were first recorded in Yap, the Federated States of Micronesia.⁴ There, the spread of the virus was rapid and devastating, causing a high percentage of the population to be affected.⁴ Zika virus is a growing public health problem and has affected many countries including Nigeria. The mass media is known to hold a crucial place in health promotion and campaigns. The mass media covers the magazines, newspapers,

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radio and television. One merit of utilizing the mass media for health promotion is that they have a tendency to get to vast number of individuals. Thus, this paper explores the mass media coverage of Zika outbreak in Nigeria.

II. Method

The materials for this paper were gathered through review of reports of National newspapers and magazines, Nigerian radios and televisions broadcasts of Zika outbreak, grey literature from healthcare bodies (Nigeria Centre for Disease Control –NCDC, World Health Organization – WHO, and Centre for Disease Control and Prevention – CDC), literature search of relevant articles in PUBMED, Google Scholar and Cochrane database. Search terms included media, mass media, Zika virus, Zika virus in Nigeria, and Nigeria Zika outbreak.

III. Results and Discussion

The Nigerian mass media have been very helpful in making information about Zika virus outbreak, its mode of transmission, prevention strategies and fatality rates available to the Nigerian citizens in different parts of the country. But the mass media reports of the fatality rates of Zika seem to contradict that of the NCDC. From review, such contradictions and uncertainty about the actual fatality rates might heighten anxiety and distress among people. The media reporting of the outbreak of Zika virus projected fear. For instance, because of the prevalence of microcephaly sickness during the 2015 outbreak of the virus, media-inspired tweets falsely noted that Zika vaccine causes microcephaly.⁵ Consequently, this information propagated reports of high level Zika fatality.^{6,7} Through the spread of incorrect information, the media raised false alarms that generated panic, aroused public consciousness against Zika pandemics, and generated positive apprehension and fear that led to unnecessary health behaviours.^{8,9}

However, the most effective means of combating Zika is prevention. People can take appropriate precautions that protect them from being infected. This is because research findings have shown that there is no yet effective vaccine or drug available to treat Zika.¹⁰ Febrile rhesus macaque monkey and *Aedes africanus* mosquitoes are Zika virus incubators while it is transmitted primarily by the female *Aedes aegypti* mosquito.^{11,12} As represented by the media, many people share different opinions concerning the origin, transmission, effects, and treatment of Zika virus. Most media outlets claim that Zika virus is a synthetic product manufactured by British biotech company, Oxitec, and/or Rockefeller bioterrorists with intent to kill millions of people.¹³ This assertion is false in that Zika virus is not a synthetic product. Research reports and experiences show that Zika virus patients do suffer symptoms like mild fever, conjunctivitis, headache, joint pain, muscle pain, and rash.⁹ Furthermore, antagonists have failed to pay proper attention to “the correlation between the incidence of Zika and the area of release of genetically modified *Aedes aegypti* mosquitoes engineered for male sterility.”¹⁴

The Oxitec’s genetically modified mosquitoes were not released in the same place as the outbreak of Zika virus in Rio Grande deNorte, Brazil.^{13,15} The nearest Oxitec release site in Juazeiro, Bahia in northeast Brazil is nearly 400 miles away from Rio Grande deNorte and nearly 550 miles away from the coastal areas

most affected by the virus.¹⁵ Mosquitoes do not live long enough to travel distances much greater than 58 meters. Oxitec was developed to decrease the general mosquito population and actually reduced it by about 90%.¹⁵

There is also a popular opinion among antagonists that Zika virus simply doesn't exist. However, there were reported cases of Zika virus in 72 countries and/or territories.¹⁶⁻¹⁸ From October 2013 to April 2015, there were more than 8,750 reported cases with 383 of such cases established using PCR and an estimated 32,000 clinical consultations. Between 2015 and 2016, there were 138 patients with three deaths and 2,975 suspected cases of Zika virus infection in Brazil alone.¹⁶⁻¹⁸ Others included the United States (3,358 cases); Cabo Verde (7,081); Colombia (239 cases); El Salvador (2,106 cases); Mexico (3 cases); and many others in Colombia, Guatemala, Paraguay, Panama, Honduras, Bolivia, Republic of Venezuela, Puerto Rico, Finland, Ecuador, etc.¹⁶⁻¹⁹ There is ample information about the origin and instances of the virus. There are recorded cases of the infection across major continents of the world, and its roots have been traced to 1947 in the Ugandan Zika Forest.¹⁷⁻²⁰ Therefore, it is highly misleading to claim that Zika virus does not exist.

IV. Conclusion and Recommendation

The media reporting of the outbreak of Zika virus raised false alarms, which generated panic among the people with general amplification of public uncertainty against Zika outbreak. The media also communicated myths like Zika virus was synthetically manufactured by to kill millions of people; Zika virus does not exist. Nigerian mass media have been very helpful in making information about Zika virus. But the mass media reports of the fatality rates of Zika seem to contradict that of the NCDC. Such contradictions and uncertainty about the actual fatality rates might heighten anxiety and distress among the people. Therefore, more efforts are required by the Nigerian media to transmit more accurately and swiftly, information about infectious diseases such as Zika to the Nigerian public and endeavor to dispel myths regarding Zika outbreak through collaboration with relevant national health bodies responsible for disease outbreak reportage.

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