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SCHOOL OF PUBLIC HEALTH

COLLEGE OF HEALTH SCIENCES

UNIVERSITY OF GHANA

PERCEPTIONS OF UNIVERSITY OF GHANA STUDENTS ABOUT THE MEDIA'S ROLE IN EDUCATING THE PUBLIC ABOUT THE EBOLA VIRUS DISEASE

BY

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DECLARATION

I declare that with the exception of references to other people's work which have been duly acknowledged, this work is my own work. This has been submitted neither in part nor whole anywhere for any degree.

…… ……..

ADIKI PUPLAMPU **DATE**

STUDENT

…..…… ……...

DR. PHYLLIS DAKO-GYEKE **DATE**

SUPERVISOR

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DEDICATION

This study is dedicated to Adjeley and the other amazing individuals who make up my support system- I would write your names but, there is not enough space to fit you all in.

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ACKNOWLEDGEMENT

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INTEGRI PROCEDAMUS

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ABBREVIATIONS

ABBREVIATION	MEANING
EVD	Ebola Virus Disease
EBOVs	Ebola Viruses
EHF	Ebola Haemorrhagic Fever
FGD	Focus Group Discussion
JCR	Junior Common Room
KAP	Knowledge Attitudes and Practices
LGAs	Local Government Areas
MOHs	Ministries of Health
PHEIC	Public Health Emergency of International Concern
PPE	Personal Protection Equipment
SARS	Severe Acute Respiratory Syndrome
UK	United Kingdom
URL	Uniform Resource Locator
USA	United States of America

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ABSTRACT

Introduction: The Ebola Virus Disease (EVD) epidemic of 2014, which occurred in West Africa, is reported to be the longest and most severe outbreak of Ebola since the discovery of the disease in 1976. The outbreak was first reported in Guinea but, by the time the World Health Organisation (WHO) declared the epidemic over, the disease had affected five other countries on the African continent-Sierra Leone, Liberia, Nigeria, Senegal and Mali. It was also reported in the United States of America (USA), the United Kingdom (UK), Spain and Italy. Extensive media attention on the disease, during the outbreak helped prevent a greater global catastrophe. In recognition of the media's power to transform attitudes, the Ghanaian media were recruited in the national campaign to educate Ghanaians about the Ebola Virus Disease and prevent it from entering the country.

Objective: The study sought to examine the media's involvement in the fight against Ebola through the perceptions of students of the University of Ghana.

Methodology: This was a cross-sectional qualitative study in which six focus group discussions were conducted among Ghanaian students of the University of Ghana. The study was conducted on the Legon campus of the University. Discussions were recorded, transcribed verbatim and data was analysed using various themes generated from the discussions and coded manually using the thematic frame work analysis.

Results: The study found students to be knowledgeable about Ebola with most of them first hearing about the disease through the media. Students' access news and information from a mix of traditional and new media sources of which social media, was the most favoured. They commended the media highly for informing and educating them about Ebola but, they were displeased with the fear created around the disease by both local and foreign media.

Conclusion: Media messages on Ebola during the 2014 West Africa outbreak impacted the student population of the University of Ghana positively, in spite of the fearful and sometimes confusing nature of the Ebola reports put out by the media.

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CHAPTER ONE

1.0 INTRODUCTION

1.1 Background

In March 2014, the World Health Organisation(WHO) confirmed that, reports of a strange disease which had first killed a 2-year old boy in the West African country of Guinea in December 2013, was indeed the Ebola Virus Disease (EVD)(Gatherer, 2014).The confirmation of the reemergence of the dreaded Ebola Virus Disease was made through the mass media, which took up the responsibility of informing the world (through constant reports) about the progression and impact of the disease. By way of these reports, the media was exercising its role in society as educator and informer and in this instance, as educator and informer about the Ebola Virus Disease. In countries affected by the disease as well as those that did not report any cases of Ebola, media education campaigns were implemented by governments, local authorities and global bodies such as the World Health Organisation (WHO). This was to create public awareness about the disease in order to slow its spread and ultimately to eradicate it(WHO, 2014).

Ebola Virus Disease which was previously called Ebola Haemorrhagic Fever (EHF) is an uncommon fatal disease which is triggered when a person becomes infected with one of the Ebola virus species. The Ebola virus, which belongs to the *Filoviridae* family of viruses, can cause humans as well as monkeys, gorillas, and chimpanzees to become ill. The natural host of the virus is unknown(www.cdc.gov) however, researchers believe bats harbour the Ebola virus which they say, is carried by animals(www.cdc.gov; World Health Organization, 2015c).

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Ebola was first discovered in 1976 near the Ebola River in the Republic of Congo (www.cdc.gov), which at the time was called Zaire. Over twenty occasional outbreaks of the disease have been reported in Equatorial Africa since 1976. (www.cdc.gov; Rio, Mehta, Lyon, & Guarner, 2014).Ebola is transmitted through direct contact with the blood or body fluids of a person who has the disease or has died from it. The disease can also be spread through contact with objects that have been contaminated with body fluids of a person who has Ebola or the body of a person who has died from the disease. Another way through which Ebola can be spread, is through contact with fruit bats or primates that have been infected with the Ebola virus(WHO, 2014;www.cdc.gov). The disease can also be spread through sexual contact with semen from a man who has survived Ebola(Christie et al., 2015; Mate et al., 2015b; Rogstad & Tunbridge, 2015).

The 2014 West African outbreak of Ebola is the longest lasting as well as most severe outbreak since the Ebola virus was first discovered in 1976.This most recent outbreak of Ebola recorded a greater number of cases and deaths, than have been recorded in all other Ebola outbreaks (www.who.int). As at March 30th 2016, the confirmed, probable and suspected cases of Ebola reported in the ten affected countries of Guinea, Sierra Leone, Liberia, Nigeria, USA, Senegal, Mali, UK, Spain and Italy was 28,646. Deaths were 11,323(World Health Organization, 2016) with Guinea, Liberia and Sierra Leone, being the countries most severely affected by the disease. By June 10th 2016, 11, 310 deaths had been reported in Guinea, Liberia and Sierra Leone out of a total of 28,616 confirmed, probable and suspected cases of Ebola(WHO, 2016c).

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1.2 Problem Statement

The World Health Organization (WHO) declared Ebola Virus Disease a "Public Health Emergency of International Concern (PHEIC)" and urged the international community to help stop the disease from spreading (Chippaux, 2014; www.who.int). That declaration proved the enormity of Ebola Virus Disease to the world. For this reason, even though there have not been any reported cases of Ebola in Ghana (Oleribe et al., 2015), it is important that the Ghanaian populace be alert to and aware of the symptoms of the disease.

The media are recognised as important tools for creating awareness of happenings in society (Dwivedi & Pandey, 2013). They were employed in campaigns aimed at fighting Ebola globally as well as in Ghana("National Preparedness and Response Plan for the Prevention and Control of Ebola Viral Disease," 2014) especially at the peak of the outbreak in 2014. Apart from the national campaigns, campus based campaigns were also organized to highlight Ebola on university campuses across Ghana (www.ghanaonlinenews.com;www.graphic.com.gh).These campaigns served as sources of information on Ebola for the students who also benefited from the national campaigns on Ebola.

The media have however been both commended and condemned for the manner in which they reported the disease, with the western media especially, accused of creating fear and panic with their reportage (Towers et al., 2015).The praise and condemnation was extended to the Ghanaian media(www.ghanaweb.com), where strong media reportage about Ebola is said to have created an atmosphere of fear in the country(www.myjoyonline.com;thechronicle.com.gh;www.ghana.gov.gh;www.ghanana tion.com).

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A study of the perceptions of University of Ghana students on the media's role in educating the public about Ebola would be an appropriate measure of the media's effectiveness in educating the Ghanaian public about disease epidemics. If students perceive the media to have adequately informed them about Ebola, then the media's use in Ebola awareness campaigns would be justified, as would their inclusion in future disease awareness campaigns. If on the other hand, students find the media to have failed in informing them about Ebola, there would be a need for a national redesign and reorientation of media use in health communication, education and promotion campaigns.

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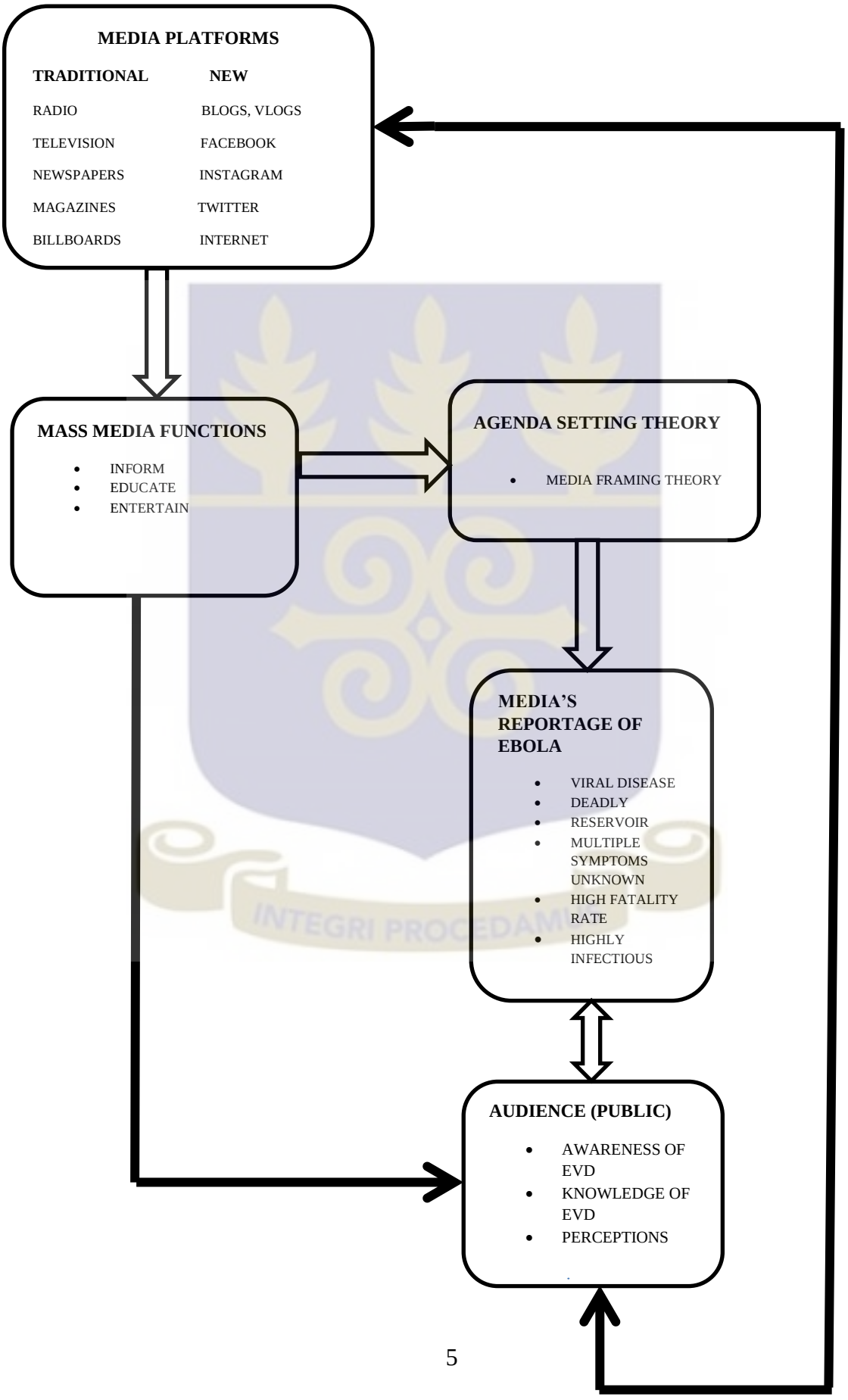
Figure 1: Conceptualising Perceptions of University of Ghana Students about the Media's Role in Educating the Public about the Ebola Virus Disease.



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Narrative of the Conceptualisation of University of Ghana Students' Perceptions about the Media's Role in Educating the Public about the Ebola Virus Disease.

The mass media are all channels used to simultaneously communicate to a large number of people. They include radio, television, newspapers, magazines, billboards, films, recordings, books, the internet and smart media(Abdullah, 2014).The mass media are known traditionally, to be responsible for educating, entertaining and informing society, with the information function considered as the media's core function. The information function is also known as the surveillance function and by informing the public about the Ebola Virus Disease the media was performing its surveillance function- a useful function to society especially, during instances of disease control and prevention(Obukoadata & Abuah, 2014).

The media's many functions in society have been observed and theorized by scholars. One of the many media theories that exist is, the Agenda Setting Theory. It posits a media which rather than tell people what to think, stresses on what people should think about(McCombs & Shaw, 1972).The surveillance role the media played during the 2014 West African outbreak of the Ebola Virus Disease was hinged on the Agenda Setting Theory in that, the media gave prominence to Ebola in effect, telling people to think about the disease. Media surveillance can however result in undesirable consequences such as panic if not well managed(Obukoadata & Abuah, 2014).

The audience is the most important part of the communication process; without an audience, there would be no media. During the 2014 West African outbreak of Ebola, the public who were the media's audience were targeted with information on Ebola in the hopes of reducing the risks of infection and slowing down or completely halting the spread of the disease. The manners in which audiences perceive media messages are a reflection of the manners in which the media present their messages.

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1.3 Justification of Study

During the 2014 West African Ebola outbreak, public campaigns including advertisers' announcements with information on EVD such as mode of spread, signs, symptoms and prevention were placed in both state and private newspapers. Radio and television announcements were also made about Ebola. Apart from the announcements, various discussions were held on the three traditional media of radio, television and newspapers about EVD. New media such as the internet were not left out of the campaigns-though mainly unofficial, they also carried and spread a lot of information about Ebola.

The mass media campaigns were targeted at the Ghanaian populace which includes students of the University of Ghana. An insight into the manner in which they perceive the media's role in educating the public about Ebola, will serve as a measure of the media's effectiveness in educating the public about disease epidemics. This information could influence national policy on the employment of the mass media in future disease control and prevention campaigns nationwide. Conclusions of this study could also help generate guidelines for the media on how to, as well as how not to communicate health.

1.4 Research Questions:

- Did the media provide the public adequate information about Ebola Virus Disease?
- Did the public understand the messages put out by the media about Ebola Virus Disease?
- Which media channels were accessed by the public for information about Ebola Virus Disease?

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1.5 Objectives of the Study

General:

To assess perceptions about the media's role in educating the public about Ebola Virus Disease.

Specific:

1. To explore students' knowledge about the Ebola Virus Disease
2. To assess the contribution of the media in educating students on the Ebola Virus Disease.
3. To identify media platforms used to provide students information on the Ebola Virus Disease.
4. To examine students perceptions about the media's reportage on the Ebola Virus Disease.

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CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

This chapter examines works related to Ebola Virus Disease, and works related to the mass media's roles and functions in society. The chapter also examines public perception of the mass media's ability to execute its education and information function in society in relation to the Ebola Virus Disease, which is the subject of this study, as well as other disease epidemics. This chapter further examines one mass media theory; the Agenda Setting Theory and its extension the Media Framing Theory which provides a theoretical framework for the study.

2.2 Ebola Virus Disease

Ebola Virus Disease formerly known as Ebola Haemorrhagic Fever (EHF) and also referred to as Ebola is a severe, often incurable illness in humans(www.cdc.gov; World Health Organization, 2015a). It is caused by Ebola filovirus(Shrivastava, Shrivastava, & Ramasamy, 2015)which is transmitted to people from wild animals. The disease spreads among human beings through person to person contact. The case fatality rate of the 2014 West African EVD epidemic has been reported to be 70%(Adongo et al., 2016).

Ebola Virus Disease first broke out simultaneously in two villages in Central Africa-Nzara in Sudan, and Yambuku in the Democratic Republic of Congo (then known as Zaire) in 1976. The disease takes its name from the Ebola River, which is sited near the villages where the disease was first reported(Shrivastava et al., 2015). Four hundred and thirty-one people lost their lives during the first outbreak in 1976.

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Ebola was reported again in Sudan in 1979; three years after the first outbreak. The disease then disappeared for 15 years after which large outbreaks appeared in 1995 in Zaire with 250 deaths, 2001–2002 in Uganda with 224 deaths, 2002–2003 in Congo with 128 deaths, and 2007 in Congo with 187 deaths(Zhang & Wang, 2014). From 1976 to December 2012 a total of 23 outbreaks or isolated cases of Ebola have been reported; during these events a total of 2,388 Ebola cases including 1,590 deaths were reported (Formenty, 2014).

Since its detection in 1976, Ebola Virus Disease (EVD) has occurred primarily in sub-Saharan Africa(Rio, Mehta, Marshall Lyon, & Guarner, 2014): Sudan (1976, 1979, 2004), Democratic Republic of Congo (DRC) (1976, 1977, 1995, 2007, 2008), Gabon (1994, 1996, 2001, 2002), Uganda (2000, 2007, 2011, 2012), and Republic of the Congo (2001, 2002, 2003, 2005) and Cote d'Ivoire (1994) (Formenty, 2014). However, studies have reported Ebola in monkeys in Indonesia, in various bat species in China, as well as in fruit bats in Bangladesh. Also, a different strain of filovirus has been identified in dead bats in caves in Spain. Reston which is a strain of filovirus was confirmed on samples collected from domestic pigs from three farms in Shanghai, China during February to September 2011 (Formenty, 2014). Reston was first discovered in laboratories in Reston, Virginia, in the United States of America (USA) in 1989 after quarantined, crab-eating macaque monkeys originating from the Philippines, became ill and died after being imported into the USA for research(Mali, Mali, Bodake, & Vaclovas, 2016). Also in 2008, a virus identified in pigs was found to be very similar to the virus identified in the monkeys imported from the Philippines into the USA for research in 1989(Mali et al., 2016).

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Fruit bats are believed to harbour Ebola viruses (EBOVs) which when transmitted to humans and nonhuman primates, can cause haemorrhagic fevers with high death rates(Hayman et al., 2012)estimated to be around 50%. Mortality rates for previous outbreaks have varied from 25% to 90%, and those outbreaks have been relatively short-lived (WHO, 2014). The case fatality rate of the 2014 West African Ebola epidemic has been reported to be 70% (Adongo et al., 2016).

The incubation period of Ebola ranges from between 2 to 21 days (WHO, 2014), and this causes symptoms of the disease to vary from person to person. However, researchers have noticed that people infected with the virus display symptoms of the disease within 8 to 10 days of being infected(Adongo et al., 2016). Signs of infection with the Ebola virus include sudden fever, chills, myalgia, and malaise, followed by flu-like symptoms such as nasal discharge, cough, and shortness of breath; gastrointestinal symptom including diarrhea, nausea, vomiting, and abdominal pain. The latter stages of Ebola infection is characterised by bleeding (del Rio et al., 2014).

Ebola is caused by Ebola virus which belongs to the *Filoviridae* family of viruses. There are three types of *Filoviridae*: Cueva Virus, Marburg Virus, and Ebola Virus. Five species of the Ebola virus have been identified: Zaire, Bundibugyo, Sudan, Reston and Taï Forest. Of the five, Zaire Ebola Virus, Bundibugyo Ebola Virus and Sudan Ebola Virus, have been linked with large outbreaks in Africa. The virus which caused the 2014 West African outbreak belongs to the Zaire species(World Health Organization, 2015b).

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The Ebola Virus is transmitted to humans through close contact with various body fluids of infected primate species or fruit bats, found ill or dead in the rainforest. Subsequently, Ebola can spread from man-to-man through direct contact (broken skin or mucous membranes) with different body fluids of infected people, and with surfaces and materials contaminated with these fluids.

Burial rites such as occur in Africa, in which people touch the deceased persons also spread the disease. Human beings can also be infected by Ebola when they consume food and animal products that are not properly cooked(Adongo et al., 2016; Shrivastava et al., 2015), and also through sexual contact with an infected person or with a person who has recovered from Ebola(Christie et al., 2015; Mate et al., 2015a; Rogstad & Tunbridge, 2015).

The Ebola virus can be prevented or controlled by the adoption of a wide range of interventions namely, standardized case management, surveillance and contact tracing for 21 days, a good laboratory support, safe burial of the deceased, maintaining good personal hygiene and environmental sanitation, and social mobilization in the form of community engagement by creating awareness about risk factors for Ebola infection and the protective measures that individuals should take (use of personal protective equipments (PPE) while taking care of ill patients, regular handwashing, consuming thoroughly cooked food, etc.) to minimize human transmission and ultimately, administration of an effective vaccine to the population at risk can deliver encouraging results, nevertheless no vaccine is available currently(Shrivastava et al., 2015).

On 23 March 2014, the World Health Organization (WHO) issued its first communiqué on a new outbreak of Ebola Virus Disease (EVD), which began in December 2013 in the Republic of Guinea, located on the Atlantic coast of West Africa. Guinea is the first

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country in this geographical region to report an EVD outbreak with more than one case (Gatherer, 2014). The West African outbreak, the 25th known outbreak of Ebola unlike any of the previous epidemics (Farrar & Piot, 2014), quickly spread to involve neighbouring Liberia and then Sierra Leone. Between March 2014 and 2015 the disease spread between countries on the African continent as well as countries outside the African continent- from Guinea across land borders to Sierra Leone and Liberia (World Health Organization, 2015a), to three other West African countries; Nigeria, Mali and Senegal. Outside Africa, the disease spread to the United Kingdom the United States of America, Spain and Italy ("Timeline of Ebola virus disease progress in West Africa," 2015).

The 2014 epidemic of EVD is reported as the longest lasting as well as the most fatal of all Ebola epidemics. It also occurred for the first time outside the Central African rainforest (Chippaux, 2014). In addition, the outbreak spread so rapidly, that on August 8th 2014, the World Health Organization (WHO declared it a "Public Health Emergency of International Concern (PHEIC)" and urged the international community help stop it from spreading (Chippaux, 2014).

As at January 5, 2015, there were more than 20,000 confirmed, probable, and suspected cases of EVD in Guinea, Liberia, and Sierra Leone. Eight thousand of that number resulted in deaths(Barron & Leung, 2015), and by March 30th 2016, the confirmed, probable and suspected cases of Ebola reported in the ten countries affected by the disease (Guinea, Sierra Leone, Liberia, Nigeria USA, Senegal, Mali, UK, Spain and Italy) was 28,646. Deaths were 11,323(World Health Organization, 2016).

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Guinea, Liberia and Sierra Leone; the three countries most devastated by Ebola had reported a total of 28,616 of the disease by June 10, 2016 with Eleven thousand three hundred and ten deaths(WHO, 2016c).

Ghana has not reported any case of Ebola inspite of her proximity to the affected West African countries, as well as the risk she faced from the high volume of trade and other activities between her and the affected countries(Adongo et al., 2016; Oleribe et al., 2015). Ghana's Ministry of Health developed a national EVD preparedness and response plan in August 2014 to deal with any EVD outbreak(Adongo et al., 2016;"National Preparedness and Response Plan for the Prevention and Control of Ebola Viral Disease," 2014). The plan was organised around five thematic areas: Planning and Coordination; Surveillance, Situation Monitoring and Assessment; Case Management; Social Mobilization and Risk Communication; and Logistics, Security and Financial resources.

EVD response teams were also established at national, regional and district levels and health workers across the country, were also trained to manage the disease. National and regional EVD treatment centres were also set up all over the country and Personnel Protection Equipment (PPE) supplied to health facilities. Screening exercises were undertaken at various entry and exit points in Ghana as a means of keeping the the disease out of the country and also to ensure early detection of EVD among international travellers. Health education and community mobilization efforts were also increased as a measure to contain an outbreak in the country(Adongo et al., 2016).

In the latter months of 2015 when the disease was thought to have waned, the case was reported of Scottish nurse Pauline Cafferkey, who contracted Ebola while working in Sierra Leone, recovered from the disease after treatment in the United Kingdom in

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January 2015 and was admitted to hospital on Friday, October 9, 2015 for an "unusual late complication" of Ebola(Wise, 2015), raising concerns about the re-emergence of the disease.

Also, after Liberia had been declared free of the disease on September 3 2015, three new cases of the disease were confirmed in the country in October 2015(World Health Organization, 2015b), Liberia had once before been declared Ebola free on May 9th2015(www.bbc.com; WHO, 2016b). On 29 December 2015, the WHO declared the end of human-to-human transmission of Ebola virus in The Republic of Guinea (www.bbc.com; World Health Organization, 2015a), forty-two days after the last person confirmed to have Ebola Virus Disease tested negative for the second time in the country(www.afro.who.int).The West African region as a whole was cleared of Ebola when Liberia was pronounced Ebola-free on Thursday, January 14 2016 by the WHO. The date of the declaration marked the first time that Guinea, Liberia and Sierra Leone reported zero cases for at least 42 consecutive days, since the genesis of the epidemic in 2014(edition.cnn.com; www.independent.co.uk; www.who.int).

Hours after the declaration, officials confirmed a death from Ebola in Sierra Leone (www.bbc.com). A second case was reported in the same country on January 21 2016, seven days after the WHO had announced that Ebola had ended in West Africa (edition.cnn.com). Sierra Leone, had earlier on November 7 2015, been declared free of the Ebola virus.

The Public Health Emergency of International Concern (PHEIC) related to Ebola in West Africa was lifted on 29 March 2016(WHO, 2016c)however, the WHO has warned that more flare ups are anticipated in Guinea, Liberia and Sierra Leone(www.bbc.com) and some scientists believe the virus will never go away.

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They are certain that if cases do not get to zero, Ebola could become endemic - part of the fabric of diseases present in countries at a low level (www.bbc.com).

Ebola further devastates with reports of health issues in persons who survived the disease(WHO, 2016a). The medical problems include mental health issues, ocular problems, auditory tinnitus and hearing loss, abdominal pain, headaches, erectile dysfunction, testicular pain, dyspareunia, pelvic pain and menorrhagia(Varkey et al., 2015; WHO, 2016a). The Ebola virus is also being found to thrive especially in the semen of male survivors(Mate et al., 2015a; Sprecher, 2015; WHO, 2016a), proving that the virus could be reintroduced after it has been eliminated(WHO, 2016a).

The Ebola virus can also survive for as long as a year in parts of the human body that the immune systems has difficulty reaching such as the inside of the eye, the brain and spinal cord, testes and the mammary glands(WHO, 2016a). A rare case of EVD relapse has been reported and sexual transmission of the virus also thought to be rare, has also been reported(Mate et al., 2015a; Sprecher, 2015). The Ebola virus has also been detected in vaginal fluid of a woman 33 days after the onset of symptoms(Mate et al., 2015; Sprecher, 2015) and also in breast milk up to 16 months after symptoms were noticed(WHO, 2016a).

In August, 2014, the World Health Organisation called for accelerated development of Ebola vaccines as part of the Ebola Response Roadmap. In October, 2014, the organisation again stressed the urgent need to develop Ebola vaccines to protect the health of the public (Osterholm, Moore, Ostrowsky, Kimball-Baker, & Farrar, 2015). At this time however, there are no vaccines to protect against EVD licensed for use in humans(Shrivastava et al., 2015; World Health Organization, 2015d).

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2.3 Mass Media and its Functions

The mass media are all channels used to communicate simultaneously with many people(Abdullah, 2014). They include radio, television, newspapers, magazines, billboards, films, recordings, books, the internet and smart media (Abdullah, 2014). Mass communications experts, Roger Wimmer and Joseph Dominick(Abdullah, 2014), see smart media as including smart phones, smart television and tablets. According to them, smart television, smart phones and tablets are essentially computers and as stand-alone devices, each can function as an individual mass medium. For example, using smart media, an individual or organisation can communicate instantaneously with over hundreds of thousands of people by means of tweets, text messages, social media posts and email(Abdullah, 2014).

Smart media can access the internet and in addition, perform the role of all other mass media-a person can watch television and movies, listen to the radio and recordings (pod casts), read a book, magazine or newspaper, using a smart media device. In short, smart media represent yet another form of mass communication(Abdullah, 2014).

The mass media are known traditionally, to be responsible for educating, entertaining and informing society, with the information function considered as the media's core function. As stated by(Obukoadata & Abuah, 2014), 'The media play vital roles in society and one of those roles, is to keep the public (audience) informed about happenings in the world around them'. The information function of the media is especially necessary in instances like public health epidemics, where the audience are informed and educated about a disease(Cecaro & Ramsamy, 2015). The two emphasised that the media have a responsibility to society to execute their roles properly.

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The media also performs a more detailed function of surveillance, commonly called the news and information role of the media(Dominick, 2012). In 1948 Harold Lasswell acknowledged the surveillance function of the media as useful to society especially, during instances of disease control and prevention (Obukoadata & Abuah, 2014).

Following data analysis of a study which investigated media surveillance during the Ebola outbreak in Nigeria in 2014, Obukoadata & Abuah (2014) recognised three ways through which surveillance campaigns can influence society. First, it could result in undesirable consequences such as panic if not well managed; second, it could provide sufficient support for disease management (as seen in the EVD incidence in Nigeria, if properly managed); and third, separate effective and well thought-out surveillance campaigns will connect positively in controlling and preventing diseases such as EVD to and be able to enhance health education, health promotion and health literacy.

In Nwanne's (2014) perspective, the media perform a vital role of ensuring the wellbeing of members of a society. He was therefore not surprised that both local and international media took up the responsibility of informing people about the horrors of Ebola.

Dominick (2012), views of digital platforms as well social media as having made the media impressive in the surveillance functioning but, not without concerns. On the dysfunctional side, media surveillance can create unnecessary anxiety(Nwanne, 2014), and for this reason, during the outbreak of the EVD in Nigeria, the role and efficiency of the media in performing her surveillance function came under scrutiny (Nwanne, 2014).

In order to alert the Ghanaian population to symptoms of Ebola, the media in Ghana were employed in campaigns aimed at fighting the disease locally("National Preparedness and Response Plan for the Prevention and Control of Ebola Viral Disease," 2014)especially during the peak of the outbreak in 2014. Numerous educational

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campaigns were organised to create awareness of Ebola countrywide (WHO, 2014). Campus based campaigns were also organised to highlight Ebola on university campuses across the country (www.ghanaonlinenews.com; www.graphic.com.gh). These campaigns served as sources of information on Ebola for the students who benefited doubly from national campaigns and campus based campaigns on Ebola.

2.4 Agenda Setting Theory

The media's many functions in society have been observed and theorized by scholars and one of the many media theories that exist is, the agenda setting theory. The theory suggests that "the public agenda or what kinds of things people discuss, think and worry about is powerfully shaped and directed by what the news media choose to publicize" (McCombs, 2002; McCombs, 2005; Scheufele; & Tewksbury, 2007). It stresses that audience assessment of issues, is determined by the extent of exposure the media give those issues. In other words, the amount of air time a story receives either on radio or television as well as where that same story is located on newspaper pages, determines whether or not the audience view the story as significant(McCombs, 2002).

The agenda setting theory was first reported in the *Public Opinion Quarterly* in 1972 by Maxwell McCombs and Donald Shaw, after a systematic study of the agenda setting hypothesis.

The two investigated American presidential campaigns in 1968, 1972 and 1976(Baran & Davis, 2003; Severin & Tankard, 2010; www.utwente.nl). McCombs and Shaw focused on two elements during their investigation in 1968: awareness and information. They questioned 100 residents in Chapel Hill, North Carolina about what they thought were the most important issues of the 1968 election. The two men compared the residents' answers to what was being touted as important issues by the media.

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They concluded that the mass media had a great bearing on issues considered by voters to be important during the 1968 presidential election campaign in the USA(McCombs & Shaw 1972; Severin & Tankard, 2010; www.utwente.nl). The findings supported an agenda setting effect-strong associations between the emphases placed on different campaign issues by the media and the judgments of voters regarding the importance of various campaign topics(Severin & Tankard, 2010, p.220).

The concept of media agenda setting is linked to Walter Lippmann who in 1922, argued that " people respond to 'pictures' in their heads (placed there and reinforced by the media) (McCombs, 2002). Agenda-setting is the creation of public awareness and concern of salient issues by the news media (www.utwente.nl). It rests on two basic assumptions; First, that the media screens and shapes reality instead of simply reflecting it (www.communicationstudies.com). The second assumption states that the more attention the media gives to certain issues, the more likely the public will be to label those issues as important issues. This assumption is reflected in the famous and frequently quoted explanation of the agenda setting theory made by Bernard Cohen:

> "*It may not be successful much of the time in telling people what to think, but it is stunningly successful in telling its readers what to think about."*
>
> (Severin & Tankard, 2010, p. 222)

The agenda setting theory is based on the human brain's ability to retrieve memories and other information when required (www.communicationstudies.com). Issues gain credence in peoples' minds, the more they are highlighted by the media and the result is that, the highlighted issues will be mentioned by people as the most important.

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Media Framing Theory

Obukoadata & Abuah (2014) argue that, the media's agenda-setting power transcends emphasising specific issues. It also affects audience perception of issues. In a similar view, Scheufele & Tewksbury (2007) see agenda setting as describing and examining how media reportage affects both what the public thinks about and how the public thinks about it. This extended function of agenda setting observes specific aspects of issues and how they influence public opinion. It is known as framing (Scheufele & Tewksbury, 2007).

Framing is based on the assumption that how issues are characterized in news reports can have an influence on how they are understood by audiences (Scheufele & Tewksbury, 2007). James Tankard defines a media frame as,

> "*The central organising idea for news content that supplies a context and suggests what the issue is, through the use of selection, emphasis, exclusion and elaboration".*

In developing framing typology during their research on media coverage of public health epidemics, Shih et al, (2008) noted that the media pay greatest attention to issues that are most easily dramatized through emphasis of crisis, individual events in the past or future, and conflicts. The two, stress that framing is a necessary tool journalists and other communicators employ to reduce the complexity of an issue. Shih et al, (2008) are however unsure whether the manner in which a disease outbreak is framed in the media is based on how different the disease is compared to others, or if framing follows set standards of journalism.

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2.5 Media Coverage of Ebola

The mass media are also noted as being very influential in shaping discourse about health (Hayes et al., 2007). It is for these reasons that they are seen to be important to public health. This was the case during the 2014 West African Ebola outbreak; the media were employed in the fight against the disease, in the hopes that that people would receive accurate health information which would in turn change their negative attitudes towards health and encourage them to adopt healthy behaviours (Catalán-matamoros, 2010).

According to Millear (2015), the 2014 emergence of Ebola Virus Disease in West Africa lead to the articulation of Ebola's "outbreak narrative" She points to a precursor narrative first solidified in the early 1990s by works such as Richard Preston's best-selling novel *The Hot Zone* (1994) and Wolfgang Petersen's film *Outbreak* (1995). Graphic, compelling descriptions of the virus, its movement, and its catastrophic impacts contributed to the public understanding of Ebola, building the foundation of Ebola's original outbreak narrative (Millear, 2015;Ungar, 1998). Ungar (1998), on the other hand identifies a 'Hollywood Factor' – a creation of sudden onsets of novel diseases in the US and the media attention given to those diseases embodied in the book, *The Hot Zone,* and the associated movie *Outbreak,* exposed the public to many more emerging diseases than was available to them in the news. *Outbreak;* A short version of Richard Preston's story of Ebola Reston was published in October 1992 with later editions at the top of or, near the top of the New York Times best sellers list throughout 1994. The paperback version was number one for 20 weeks and excerpts from the book have appeared in a number of women's magazines (Ungar, 1998). Also, television specials since 1994 have included *Virus,* Stephen King's *The Stand*, a mini-series about a deadly global 'super flu', and the documentary, *The Plague Monkeys,* which gave

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detailed coverage to past Ebola outbreaks. Also, an episode of popular medical drama, ER, was entirely devoted to Ebola (Ungar, 1998).

Millear (2015) is of the view that the media in covering the 2014 West African epidemic, illuminated the fears and misconceptions presented by the original narrative and for this, they have been condemned (Towers et al., 2015) even though their coverage of the disease was prolific (Lancet, 2014). The western media especially, are said to have created an atmosphere of fear with their reportage of Ebola (Towers et al., 2015). In an editorial titled *the medium and the message of Ebola* published in the lancet on November 8, 2014, media reports of the 2014 West Africa Ebola epidemic was said to be sometimes narrow and unbalanced. The report states that "*disproportionate airtime was given to the nine confirmed American cases of Ebola compared with the massive human crisis as they unfolded in Liberia, Guinea, and Sierra Leone"*. It names reliable news outlets such as; CNN and BBC among the guilty saying that CNN helped worsen national panic with their nonstop reports of Ebola.

In the case of the UK, the Lancet editorial stated that tabloid reporting which has often been poorly informed by science and unhelpful coverage contributed to public confusion and misinformation. The report also acknowledged that some news and information sources such as the US Centres for Disease Control and Prevention, and the BBC's WhatsApp Ebola service, gave out accurate information on Ebola. It concluded however that overall, the media during the 2014 Ebola outbreak, confused people about the risks and causes of Ebola(Lancet, 2014).

Inaccurate media reports can raise false hopes as well as create fear (Ransohoff & Ransohoff, 2001). An example in case is the Ebola clinical trial that was to have been carried out in the Hohoe municipality in the Volta Region of Ghana. On May 21st 2014,

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Starrfmonline.com a private radio station based in the Ghanaian capital Accra, reported on the proposed trial with the following headline. *"Ebola vaccine trial hits Hohoe; GH¢200, phones for participants"* The first paragraph of the story is as follows, *Fear has gripped students of the Hohoe Midwifery Training College in the Volta region following a decision to use them as 'Guinea Pigs' for an upcoming Ebola vaccine trial in Ghana.* Unguided reportage of how the program was to be carried out in the media created fear and panic which led to public and parliamentary debates which eventually led to the abortion of the project (www.graphic.com.gh.)

Social media played a large role in public opinion on EVD (Nagpal, Karimianpour, Mukhija, & Mohan, 2015). The Lancet analysis of social media traffic at the peak of the outbreak in 2014, showed imbalance of Ebola reports on social media-During October 2014, there were 21, 037. 331 tweets about Ebola in the USA compared with 13,480 about Ebola in Guinea, Liberia, and Sierra Leone combined. Yet, there were around 5000 deaths and 14,000 cases in West Africa. Clear evidence that the epidemic was intense in the above mentioned countries(Lancet, 2014). A Lancet Twitter chat held during the outbreak however, proved the positive power of social media to inform - Infectious disease experts participated in the chat #LancetEbola which was approached with twelve broad questions during an hour-long discussion. Three hundred and eight thousand eight hundred and eighteen (308, 818) impressions were made.

Local media provided benefits for some countries in Africa in fighting Ebola(Yusuf, Yahaya& Qabil, 2015). In a commentary on the media's role in portraying Ebola in and outside of Africa, Yusuf, et al (2015) noted that extensive coverage of Ebola by state and private owned local TV and radio stations as well as social media raised awareness levels of Ebola among people who did not have access to internet, electricity or satellite in Africa.

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Yusuf, et al (2015) in acknowledging contributions made by both traditional mass media and social media to curbing EVD, stated "*However, the duo (of traditional and new media in this case social media) has successfully contributed to successes recorded in less or non-hit countries in the region such as Nigeria, Senegal, Ghana and Mali."* Nwanne (2014) also recognised the media's positive contribution to creating awareness of Ebola in Nigeria when he said that reportage on the local scene about EVD was plentiful with most Ebola stories making the headlines.

The general public turns to the media, social networks and internet information sites in order to gain information about the epidemic caused by Ebola. For this reason, it is vital that the media reports Ebola information correctly to avoid creating panic (Cecaro & Ramsamy, 2015). Cecaro & Ramsamy (2015), further recognise the concern among global health experts over the popularity of Ebola. They believe this could cause people from Sierra Leone, Guinea and Liberia to be stigmatised. This was the case in the US where it was reported that Africans, especially west Africans living in that country were discriminated against(www.aljazeera.com)- Liberians in Minnesota were told to leave work after sneezing or coughing(www.time.com). Also, two Senegalese-American brothers sustained severe injuries after they were assaulted at a New York City school by classmates who yelled "Ebola" at them (www.time.com).

According to Rübsamen et al (2015), Misperceptions of risk can lead to inappropriate reactions during epidemics such as stigmatization of those who are perceived as possible sources of infection (Rübsamen et al., 2015) this was the case in Ghana. Under the headline *"Ebola Scare in Sunyani",* The Ghana News Agency reported online on September 19, 2014 that patients at the Sunyani Municipal Hospital had ran for their lives as a 70-year-old man arrived at the hospital with bloodstains in his clothes-

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bleeding being one of the signs of the Ebola Virus Disease (EVD). The man was bleeding as a result of a different ailment and not Ebola as was suspected.

On November 19, 2014, two months after this report, myjoyonline.com reported in a news story headlined *'Ebola Scare kills two'* that, two people had died at the Tema General Hospital and the 37 Military Hospitals, two major hospitals in Ghana, after health officials allegedly refused to attend to them due to fear that they had Ebola(www.myjoyonline.com).

Could the media's construct of fear in relation to the Ebola Virus Disease, have been caused by the very nature of the disease? Ebola conjures fear; palpable fear and panic, which took over particularly in countries in the West African sub-region during the 2014 outbreak of the disease. This fear derived mainly from paucity of factual knowledge about Ebola, and is reinforced by current lack of a vaccine to stifle the disease, or treatment for this illness with a mortality rate of up to 90% (Umeora, Emma-echiegu, Umeora, & Ajayi, 2014).

2.6 Mass Media Platforms for Accessing Information about Ebola

During disease epidemics, The mass media enable communication with and between different classes and groups of people which leads to reducing risks associated with the disease (Hooker, Leask, & King, 2015). This the media does by publicising the disease- a step crucial to influencing people's behavior and health-seeking attitudes (Diedong, 2013).

Various studies have been conducted the world over to measure people's awareness and knowledge levels about the Ebola Virus Disease. These studies have been conducted in countries that have reported cases of the disease as well as in countries that have so far

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not reported any cases of the disease. In Guinea, Sierra Leone and Liberia- the three countries hardest hit by 2014 West Africa Ebola outbreak, most studies conducted were on public knowledge, attitudes, practices and behaviours relating to Ebola. The studies concentrated on these as a way ofevaluating public readiness to adopt behaviours which stop the spread of disease. It is premised on appropriate knowledge, perception and adequate information (Gidigo et al., 2015). Many of these studies were undertaken during the peak of the outbreak in 2014 and they were conducted among the general populations of those countries and also among health workers who were at the forefront in the fight against Ebola.

A preliminary report on a study assessing the public's knowledge, attitudes, practices, and behaviours relating to Ebola Virus Disease (EVD) prevention and medical care conducted in Sierra Leone, on 12th September 2014 (Ebola KAP Report, 2014), showed radio to be the main source of information on EVD for 88% of respondents, followed by religious venues (42%), megaphone announcements (21%) and television (21%). Community meetings followed with 12.4%, Newspaper/ flyers/ Brochures/ other print media, 8% and Mobile phone/ Text messages, 0.5%.

Majority of the study's 1,413 respondents (85%), preferred to receive EVD information through radio. The order of preference was followed by house visits (28%), television (21%), religious venues (18%), megaphone/public announcements (13%), and mobile phones / text messages (11%). The least preferred channels for receiving information on Ebola were: community meetings (10%) and print sources (9%) (Ebola KAP Report, 2014).

In Liberia, a Knowledge, Attitudes and Practice (KAP) study was conducted to gauge the success of social mobilization efforts to educate the general public on key Ebola

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prevention messages in the country (Ministry of Health Liberia, 2015). The study was conducted to among other things, determine the awareness levels on EVD specifically on causes, symptoms, prevention, treatment, curability and to determine credible sources of messages and information on EVD. Findings pointed to the key role played by radio stations as the first and most widespread source of continuing information on Ebola for the majority of participants. Overall, 93% of respondents out of 224 stated that they first learned about Ebola through radio(Ministry of Health Liberia, 2015).

Ebola was reported for the first time in Nigeria in in July, 2014. At the time the Nigerian public's knowledge, perception and adequacy of information on EVD were not known (Gidigo et al., 2015) so, two similar studies were conducted in the commercial city of Lagos, to evaluate the public's readiness to adopt disease preventive behavior.

The first study was conducted on public knowledge, perception and source of information on Ebola Virus Disease in Lagos in Nigeria. It reported that out of a population of 5,322 sampled from 12 Local Government Areas (LGAs) in Lagos, television and radio were the most common sources of information on Ebola Virus Disease. Generally, 69% and 55% of respondents mentioned television and radio, respectively, as their sources of information on EVD. Twelve percent and 9% of respondents got information on EVD through the internet and social media respectively and 16% of respondents had heard of the website, www.ebolaalert.com. Twelve point three percent got the correct URL (Gidigo et al., 2015).

The second study also conducted in Lagos state, examined and compared knowledge, attitudes and practices on the Ebola Virus Disease, among healthcare workers and the general population. It was found that majority (8-10) of healthcare workers interviewed, said they got information on Ebola from the news media. For the general population,

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television (69% and 76%) served as the main source of information on: radio was a close second (55% and 58%) (Centre for Public Policy Alternatives, 2014). Both studies showed a high preference for the traditional media (radio and television) as information sources for Ebola.

Between November 2014 and February 2015, an anonymous short cross-sectional survey was conducted among Australian pilgrims returning home from Hajj in October 2014, to assess their knowledge about Ebola, its mode of transmission, and participants compliance to preventive measures during Hajj (Alqahtani et al., 2015). One hundred and fifty Australian pilgrims were interviewed on their understanding of Ebola when they returned from Hajj 2014. Most (89%, 134/150) knew of the epidemic before - travelling and 60% (80/134) of those knew Ebola transmits through body fluids. Mass media was the main information source on Ebola Virus Disease (78%) (Alqahtani et al., 2015).

Although all the studies mentioned above examined other aspects of knowledge, attitudes and practices related to Ebola Virus Disease, they share a common thread in rating the media highly as a source of information on EVD. In all the studies, participants had high levels of knowledge and awareness of Ebola which according to Gesser-Edelsburg, Shir-raz, Hayek, & Lev (2015), may be a result of an abundance of news media. The findings prove that the mass media are a leading source of health information for the public and they can also influence people's beliefs, attitudes and behaviours towards health (Gesser-Edelsburg, Shir-raz, Hayek, & Lev, 2015).

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2.7 Audience Perception of Media

In a 2003 study of media effects on students attending a university in southern Ontario, during the severe acute respiratory syndrome (SARS) outbreak, assessment of access and usage of 5 forms of mass media communication showed that 89% of students interviewed used the Internet, 88% television, 77% radio, 56% newspapers, and 28%, magazines. The daily use of television, radio, and internet was categorized as previously reported and participants were grouped into light (less than 2 hours a day), medium (2–4 hours a day) or heavy users (more than 4 hours a day). Most students were light users of all 3 media types; however, Internet users were found to be more heavy users than the other 2 groups combined (Bergeron, Sanchez, & Study, 2005).

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CHAPTER THREE

3.0 METHODOLOGY

3.1 Introduction

This chapter describes the research methods and design used in the study, the setting and context under which the study was conducted as well as the target population of the study. The various steps for collecting data for the study, as well ethical considerations that were observed for the study, are also described in this chapter.

3.2 Study Design

The study was a cross-sectional qualitative research. The investigator in cross-sectional study selects an entire population or a part of it then collects data from individuals in the selected group to help answer research questions(Olsen, Marie, & George, 2004). A cross-sectional study is so named because, the information gathered represents what is going on at one particular point in time; a snapshot (Olsen et al., 2004). Cross sectional studies allow for conclusions to be drawn about phenomena across wide populations.

Focus group discussions were adopted as the data collection strategy of the study. The cross sectional study design was best suited for the study which aimed to assess the overall role of the media in educating the Ghanaian public on the Ebola virus disease through the perceptions of University of Ghana students.

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3.3 Study Area

The study was conducted on the main campus of the University of Ghana, located in Legon in Accra, the capital city of Ghana. The university was established on August 1, 1948 as the University College of the Gold Coast for the purpose of providing for and promoting university education, learning and research. The institution known today, as the University of Ghana, was established by an act of parliament on October 1, 1961. This was after the council of the University College of the Gold Coast, made a request to the government of Ghana for legislation to constitute the university college into a university, with the power to award its own degrees (www.ictd.ug.edu.gh; www.ug.edu.gh). Ghana's first president, Dr. Kwame Nkrumah, was the first chancellor of the university.

The university has three campuses; Legon, the main campus, Accra city campus and Korle-Bu campus and has a current student population of 37,940 representing a male-female ratio of about 3:2. The University of Ghana is the oldest and largest of the seven public universities in Ghana. It has four colleges; College of Health Sciences, College of Basic and Applied Sciences, College of Humanities and College of Education(www.ictd.ug.edu.gh), and offers both regular and distant programmes as well as diploma, sandwich, undergraduate as well as graduate courses.

Halls of Residence

The University of Ghana has sixteen halls of residence. The first five halls (Legon Hall, Akuafo Hall, Commonwealth Hall, Volta Hall and Mensah Sarbah Hall) of residence built in the school are known as the traditional Halls (www.ictd.ug.edu.gh)

Legon Hall: Legon Hall, the premier hall of residence of the University of Ghana was established in 1952.It is made up of the main hall and annexes.

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Akuafo Hall: The second hall of residence, Akuafo Hall was officially opened in 1956, to commemorate the financial contributions farmers of Ghana made to found the university. Like Legon Hall, Akuafo is made up of a main hall and annexes.

Commonwealth Hall: Commonwealth Hall which was called the third hall when it opened in March, 1957, was officially christened Commonwealth Hall to commemorate Ghana's admission into the Commonwealth of Nations after she gained independence. It is, so far, the only all-male hall of the University of Ghana.

Volta Hall: The fourth hall of the University, Volta Hall was commissioned in 1960. It is an all-female hall which consists of a main hall and annex.

Mensah Sarbah Hall: Mensah Sarbah Hall was officially commissioned in 1963 as the fifth hall of residence in recognition of famous Ghanaian jurist, writer and statesman, John Mensah Sarbah's contribution to jurisprudence of Ghana's legal system. Mensah Sarbah Hall was the first mixed gender hall of residence of the university-an egalitarian initiative that has since been replicated in other halls.

Valco Trust Hostels: (Phase I and II) - The hostel is reserved exclusively for postgraduate students of the university. This hall consists of two three-storey blocks for both male and female students.

Jubilee Hall: Jubilee Hall located on the southern end of the campus, was built to commemorate the university's golden jubilee celebration in 1998. It was funded mainly by alumni of the university. The hall consists of four multi-purpose blocks containing single study bedrooms, self-contained flats and double rooms. Facilities in the hall include common rooms, libraries and restaurants. There are also rooms suitable for disabled students.

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International Student Hostels (Phase I and II): Popularly known as ISH 1 and ISH 2, the International Students Hostels share the same land space and management with Jubilee Hall. The two four-story buildings are mainly occupied by foreign students. The first phase was commissioned in June 1999 and the second in January 2006.

Jean Nelson Hall: The hall was established in 2011 and named after the first Ghanaian Vice-Chancellor of the University of Ghana, Jean Nelson Aka.

Alexander Kwapong Hall: Alexander Kwapong Hall was also established in 2011. It is named after Professor Alexander Kwapong, a former Pro Vice Chancellor of the University of Ghana.

Hilla Limann Hall: This hall was inaugurated in July 2010, and named after Dr. Hilla Limann, a former President of the Republic of Ghana.

Elizabeth Sey Hall: This hall was also inaugurated in July 2010. It is named after the first female graduate of the University of Ghana.

Africa Union Hall: This hall, formerly called Pentagon was built by the Social Security and National Insurance Trust (SSNIT).

James Topp Nelson Yankah Hall: This hall is also known as 'TF' because it was built by TF Properties Limited, a subsidiary of the Teachers Fund of the Ghana National Association of Teachers (GNAT).

The United Nations Hall: This hall formerly called Bani Hostel, was initially a private hostel and was later turned into a hall after the tenancy agreement with the university had elapsed.

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Evandy Hall: This hall used to be privately owned and was known as Evandy Hostel. It was renamed Evandy Hall, after the tenancy agreement with the university elapsed and ownership transferred to university authorities.

Each hall of residence consists of junior members (students) and senior members (academic and administrative staff). The university campus was the most appropriate site for the study because; it has a mix of undergraduate and graduate students whose views the researcher sought to explore concerning the Ghanaian media and how it handled the 2014 West African Ebola outbreak. .

3.4 Study Population

The study population was graduate and undergraduate students of the University of Ghana, who were resident on the main campus of the university, at the time of the study. Participation in the study was not restricted by age. A student qualified to take part in the focus group discussion as long as that student was an undergraduate or graduate student of the University of Ghana, was resident on the Legon campus of the university and was also enrolled in the university's regular programmes of study. A student also had to be a Ghanaian national to take part in the study.

Inclusion Criteria

Only resident undergraduate and graduate Ghanaian students were selected to participate in the FGDs. Participants who were undergraduate students were in levels, 100, 200, 300, and 400 while participant graduate students were in level 600.

3.5 Sampling Techniques and Sample Size Procedure

Purposive sampling was used to select participants for the Focus Group Discussions (FGDs). Purposive sampling focuses on particular characteristics of a population that the

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researcher is interested in and which allow the researcher to answer his or her research questions. With purposive sampling, the sample being studied is not representative of the population; rather, it is the researcher's choice. Units are selected because they have characteristics that are of particular interest to the researcher (dissertation.laerd.com).

In order to get a fair mix of students to participate in the focus group discussions, participants were selected from the halls of residence situated on the main campus of the University of Ghana.

The selections were made from,

a. Alexander Kwapong Hall
b. Commonwealth Hall
c. James Topp Nelson Yankah Hall
d. Jubilee Hall
e. Valco Hostel (Phase 1)
f. Volta Hall

Participating halls of residence were selected to reflect the spread and location of the halls all over the campus; from halls in the centre of the "main campus" to the southern and northern boundaries of the university- Alexander Kwapong and Jubilee Halls on the southern tip, James Topp Nelson Yankah Hall (TF) on the northern end, and Valco, Volta and Commonwealth Halls centred on the main campus. Information on participants such as sex, age and levels of study, was sought from hall tutors and Junior Common Room (JCR) executives of the halls where the discussions were held.

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3.6 Data Collection Techniques

Focus group discussions were conducted in the selected halls of residence to assess the perceptions of students on the education function of the Ghanaian media in relation to the Ebola Virus Disease. According to Powell & Single(1996) as a research technique, the focus group employs guided, interactional discussion as a means of generating "the rich details of complex experiences and the reasoning behind an individual's actions, beliefs, perceptions and attitudes". The "focus" underpinning the discussions is anything that engages the focus group in a collective activity such as examining a single health education message or simply debating a particular set of questions"(Powell & Single, 1996, p.499). Focus group discussions enable a researcher to obtain detailed information about participants' personal feelings as well as their collective feelings, perceptions and opinions about a phenomenon. They also provide a wide range of information and give both the researcher and participants 'opportunities to seek clarification of issues. When compared to individual interviews, focus group discussions are faster and more cost effective.

Letters detailing the study were handed out to students and those interested in participating in the study were asked to text their names to a number provided in the letter. Students were then screened to ensure that they met the criteria for participating in the study. That is, they were Ghanaian nationals and were enrolled in the university's regular undergraduate or graduate courses of study. After participants were selected a total of six (6) Focus Group Discussions were conducted, with a membership of between eight (8) and twelve (12) participants for each discussion, to ascertain each participant's perceptions of the media's role in educating the public about the Ebola virus disease.

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Participants were grouped homogeneously based on gender in the all-female and the all-male halls of residence. Groupings for the FGDs in the other four halls of residence were mixed as those halls are of mixed sexes. The level of study for participants in the graduate hall was level 600. In the other five halls, study levels ranged from 100 to 600. The mixed sex groupings did not inhibit participants from expressing their views. It was also appropriate because, the topic discussed was not of a sensitive nature.

A focus group discussion guide was developed to help chart the course of the conversation and derive adequate information from participants. The guide explored participants' awareness and knowledge of Ebola as well as information sources for EVD. The thematic areas in the FGD guide included knowledge and awareness of Ebola Virus Disease, sources of information about Ebola as well as participants perceptions of the media's information and education function of the media in Ghanaian society in relation to the Ebola Virus Disease.

The study was cited in an institution of higher learning in a country which has English as her official language. For this reason, the language of the focus group discussions was English. The focus group discussion guide was also designed in English. The discussions were conducted in common rooms and television rooms of the respective halls of residence included in this study. The common rooms and televisions rooms allowed the discussions to be conducted without any interference- doors were shut to keep out noise and non-participating students.

A period of five days was used to collect data starting from May 2nd 2016 and ending on May 6th 2016. Participants were invited to be part of the FGDs with letters which clearly spelt out the purpose of the study. In spite of this, before each FGD, the purpose of the study was explained to participants who then signed a consent form as a show of their

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willingness to partake in the study. The discussions were moderated by the researcher who was assisted by a note taker. To avoid recall bias, the proceedings were also recorded electronically on a portable recorder as well as on a laptop computer. The duration of each discussion was at most one hour. During the focus group discussions, participants were seated in semi-circles with the moderator seated in the centre of the semicircle. The seating arrangements gave the moderator a clear view of all participants and allowed for eye contact when necessary. This enabled the moderator to encourage silent participants to speak during the discussions.

3.7 Quality Control

A Focus group interview guide was written based on the objectives of the study. The guide was reviewed by the academic supervisor of the study to ensure good quality research. The guide was pre-tested in a pilot study conducted in one of the halls of residence on the main campus of the university. The pre-test revealed omissions of important demographic variables from the FGD guide. The omitted variables were included in the focus group discussion guide which was used for the final focus group discussions.

3.8 Data Management

Data that was gathered from the focus group discussions was transcribed, typed out and stored on files on a personal computer. The data was protected by a password to prevent unauthorised access to it. Transcripts of the focus group discussions were also kept on a password secured personal computer. They will be destroyed after the study has been completed, and the thesis submitted to the relevant academic body.

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3.9 Data Analysis

Data from audio recordings of the FGDs were played back and typed out verbatim and codes assigned to participants. The Data was transcribed in English and was analysed manually, immediately after the discussions, using the thematic framework analysis. With the use of thematic analysis, a researcher identifies, analyses and reports patterns in data, allowing for a detailed description of the data.

Codes or labels were assigned to general themes, which were constructed by the researcher in relation to the research questions as well as the objectives of the study. Further analysis drew sub themes out of the general themes constructed from answers given by participants to questions during the FGDs.

To ensure that the themes which were developed out of the discussions had common threads, two people; the moderator and the note taker coded the data collected independently. Their results were compared and themes and sub themes discussed. The final written report includes quotes from participants.

3.10 Ethical Considerations

Ethical approval

A proposal of the study was presented to the Ethical Review Committee of the Ghana Health Service for approval and the study commenced only after the principal researcher was given the all clear to conduct the research.

Informed Consent

Upon approval of the study and before the study commenced, consent was sought from participants. Consent was in the form of a written document which clearly explained the

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purpose of the study. Participants signed the document in agreement to take part in the study.

Participants were also assured on the consent document that all information that they gave during the study would be treated as confidential and would be destroyed at the end of the study.

Right to Withdrawal

Participation in the study was voluntary and participants were informed that, they were at liberty to withdraw from the study if they so wished and at any time during the study. Participants were not coerced to take part in the study. Participants did not stand to gain financially from participating in the study. They were however given mobile call time credit after each FGD, as compensation for their time.

Risks and Benefits

Participants were made aware that the information they provided during the FGDs did not put them at any risk. It neither cost them financially. Rather, it will help appraise the media's information and education function in society especially, in relation to the Ebola Virus Disease. The information could also influence national policy on mass media use in future disease prevention campaigns.

Confidentiality and Privacy

The information that participants provided was treated with utmost confidentiality and anonymity and was stored on password protected laptop computers to keep unauthorised people from accessing the data.

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CHAPTER FOUR

RESULTS

4.0 Introduction

This chapter focuses on the findings of the study. It is structured according to the objectives of the research and explained under the following sub-headings: Demographic characteristics of participants, Participants' knowledge about the Ebola Virus Disease, Media's contribution to educating and informing the public about the Ebola Virus Disease, and the Media platforms used to educate and inform the public about Ebola, and participants perceptions about the media's reportage on the Ebola virus disease.

4.1 Demographic Characteristics of Participants

A total of 62 students participated in this study as shown in table 4.1. Participants consisted mainly (45) of undergraduate students; of that number, students in their third year of study formed the majority. Most of the participants, who were male, fell within the 20-29 age brackets. Four of them were within the 30-37year range. An overwhelming number (58) of the participants were Christians. One out of the 62 participants was married and another was separated from his wife.

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Table 4.1: Demographic Characteristics of Focus Group Discussion Participants. (N=62)

Characteristics of Participants	Frequency (#)
Sex:	
Male	39
Female	23
Age:	
18-19	10
20-29	48
30-37	4
Level in Programme of Study:	
100	13
200	7
300	19
400	6
600	17
Marital Status:	
Married	1
Separated	1
Single	60
Ethnic Background:	
Akan	37
Bimoba	1
Dagarti	1
Ewe	6
Ga-Dangbe	10
Guan	4
Gur	1
Hausa	1
Waala	1
Religion:	
Christian	58
Freemason	1
Muslim	1
No Religion	2

Source: Field Work, 2016.

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4.2 Knowledge of Ebola Virus Disease

Major themes that emerged under knowledge about the Ebola Virus Disease included descriptions of the disease, source and content of information about Ebola and knowledge about causative agents, symptoms as well as preventive measures. The discussions revealed that all participants of the focus group discussions, had knowledge of the Ebola Virus Disease. Some of the participants gave simple descriptions of Ebola.

> *"I know that Ebola is a killer disease"* **(R2 Volta Hall)**

> *"I know it is air-borne; the disease is air-borne and highly contagious."* ***(R10 Alexander Kwapong Hall)***

Other participants' descriptions of Ebola focused on the origin of the disease. They noted that it originates from Africa.

> *"I know Ebola to have originated from South Sudan and also from the republic of Congo in 1976 and then it actually takes its name from the Ebola River. In 2014 it hit back in West Africa; we had about 28,000 reported cases and about 11,300 deaths occurring and I also learnt that for the many times it occurred, that which occurred in was the highest time ever and the most tragic."* ***(R1 Jubilee Hall)***

Participants were able to explain to varying degrees, the signs and symptoms, modes of transmission as well as the causative agents of Ebola with some going further to speak about the preventive measures that can be adopted against the disease.

> *"I think it came across as a disease that had simple symptoms like headache, flu and then later on it can lead to bleeding or vomiting blood. It is easily transferable and it kills faster than almighty deadly AIDS."*
>
> ***(R5 Volta Hall)***

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"The person wouldn't feel well generally. There will be headache and probably some skin rashes and vomiting and bleeding at unusual places."

(R7 James Topp Nelson Yankah Hall)

"Normally Ebola patient's temperature goes abnormally high."

(R9 Volta Hall)

Some knew what causes Ebola…

"Ebola virus which is believed to emanate from animals in the wild."

(R1 Valco Trust Hostel)

Participants also displayed an understanding of how Ebola can be transmitted

*"Someone can contract Ebola by touching the body fluids of an already infected person or touching the contaminated materials which have been already touched by the infected person or eating infected bats which have the virus or any other bacteria." (**R5 Commonwealth Hall**)*

*"I learnt that you can get it from the semen of the infected person, even if the man has recovered from the Ebola disease." (**R5 Valco Trust Hostel**)*

On the preventive measures against Ebola, participants stated the following

"Avoiding coming into direct contact with infected person."

(R2 Jubilee Hall)

*"We should wash our hands regularly" (**R4 Commonwealth Hall**)*

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"We should handle dead people who have contracted the Ebola virus with care as in burying them with gloves on our hands. We shouldn't just touch animals like bats when they are dead; maybe they might have contracted the Ebola virus." ***(R8 Commonwealth Hall)***

4.2.1 Source of Knowledge and Information on Ebola Virus Disease

The media emerged as the main source of information and knowledge about Ebola Virus Disease among participants. The study found participants' descriptions of Ebola, to be direct reflections of media reports about the disease, which they were exposed to.

"Through the media education, newspaper." ***(R6 Jubilee Hall)***

"I was watching television one day, I was watching TV3 news and they said there was a virus in Sierra Leone that was killing people."

(R4 Alexander Kwapong Hall)

"I heard about it when it first came out here (Africa) and it was through the media. It was through the evening news and newspapers and some radio stations. That's how I got to know it" ***(R9 Jubilee Hall)***

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Fear Appeal

The study revealed that initial reports of the Ebola Virus Disease evoked fear in majority of participants. Fear focused on areas such as the ability to kill instantly and the unpreparedness of the health sector to control the disease

> *"When I first heard of Ebola I was very terrified because when you watch on TV you realise that the media was producing quite a huge number of people losing their lives due to the virus." (**R1 Commonwealth Hall**)*
>
> *"When I heard of it first I was scared and I was wondering if Ghana will be able to combat the disease because at that time we were having issues with the health sector, the lack of equipment and so I was wondering that if it ever comes to Ghana how will we be able to survive it?"(**R3 Jubilee Hall**)*
>
> *"My first encounter was on the internet, it came across as a disease that was deadlier than HIV and for it to be captioned like that I got scared. What disease could be wicked to humanity than HIV? And so I got interested and I learnt it caused a lot of calamities in other West African countries."*
>
> *(**R5 Volta Hall**)*

Ebola as Punishment from God

A few other participants were also of the view, that God unleashed the disease especially, as punishment for Africans' wicked ways.

> *"I felt happy and I felt sad at the same time. Happy because I thought it was God's way of punishing our careless behavioural patterns as Africans; some of us are bad. I also thought about the probability of it coming into my country**." (R8 Alexander Kwapong Hall)***

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*"My first reaction was, 'oh my God is this how you intend to destroy the world?"(**R3 Volta Hall)***

Current Reactions to Ebola

In contrast to the fear widely expressed by participants when they first heard about Ebola, participants' collective reaction to current media reports about the disease, is relief. Relief especially that Ebola did not occur in Ghana. The narratives below express participant's views.

"For me I think I have lost consciousness of it and I am a bit relieved because hopefully we didn't get any Ebola cases in Ghana and for now it looks like it is on the low now and it is never going to come back again."
(R2 Alexander Kwapong Hall)

"*When I hear of Ebola now, I no longer feel afraid. I actually feel that it doesn't exist anymore because I see a lot of efforts were made in trying to remedy the situation and also in Ghana I didn't hear of any case officially."*
(R9 Valco Trust Hostel)

Others were uncertain about a resurgence of Ebola

"Even though it looks like a thing of the past I feel like anything can happen at any time because from research on Ebola, I got to know that Ebola occurred somewhere before it happened in 2014 thereabouts. That means that it is possible it can happen again and so I am always careful about what I do and how I get into contact with people because you will never know who might have it and be bringing it or starting it here in Ghana."

(R8 James Topp Nelson Yankah Hall)

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4.3 Media's Contribution to Educating and Informing the Public about Ebola Virus Disease

The themes which emerged under the media's contribution to educating and informing the public about the Ebola Virus Disease, included traditional and new media as news and information platforms, media preference, access to the internet as a determinant of media preference for accessing news and information on Ebola and other matters.

Media Sources Often Accessed by Study Participants for News and Information

The study's participant's access news and other information from a mix of traditional and new media platforms out of which social media was the most favoured

> *"I use Facebook, I use radio, and I use TV."(**R1 Valco Trust Hostel**)*

> *"I normally use the internet and apart from the television I use the radio to get information but when the outbreak came I usually used the internet to get more information on the virus."(**R1 Commonwealth Hall**)*

Participants turn to social media for news and other information while they are on campus because; they have easy access to the internet. This changes when they return home on vacation, with many of them turning to traditional media platforms for news and information.

> *"When you are at home you normally don't get WIFI but when you are on campus you get WIFI and it is free of charge and so you are able to access it. At home you just have to listen to the radio, television and read the newspaper." (**R4 Alexander Kwapong Hall**)*

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Sources of EVD Information

Respondents largely agreed that the media platforms they access regularly for news and information are the same media platforms from which they gained information on the Ebola Virus Disease.

> *"I think they are the same because basically we kept seeing them on TV, every morning you wake up and you see it online and you hear it on the radio."* ***(R6 Valco Trust Hostels)***

Media's Performance in Educating Students about Ebola

The general consensus among respondents was that the media had performed a vital role in society by keeping the public informed about the Ebola Virus Disease during the 2014 West African outbreak.

> *"I think the media performed an excellent work in terms of providing us information on Ebola because I quite remember that during that era every morning, afternoon, evening it is all about Ebola on television, on radio, wherever you go, internet, wherever and so we became so much conscious about the spread out."****(R2 Commonwealth Hall)***

> *"They did amazingly well. Despite the challenges that came with it, they did absolutely well; everyone was on guard, every single person. Even a 5 year old child had some knowledge of the disease and A 90 year old woman could talk about it; they had the information that everyone needed to hear to protect themselves from contracting the disease."* ***(R5 Volta Hall)***

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4.4 Students' Perceptions about the Media's Reportage on Ebola Virus Disease

Students' perceptions about the media's reportage on the Ebola Virus Disease unearthed themes of representation of Ebola Virus Disease by both local and foreign media, Modes of presenting the Ebola message, Language of the Ebola message, Message comprehension and Relevance of the Ebola message in the media.

Participants both commended and condemned the media for the manner in which they presented Ebola to the public.

> *"I think they did well but the thing is they made it more terrifying."*
>
> ***(R4 Alexander Kwapong Hall)***
>
> *"The media did well in the creation of awareness and then education on how to prevent contracting the virus was also on point but then the issue I had was the fear they created and also the value of the reported cases and the suspected cases they were giving. I think on few occasions I was getting different values. It was getting us a little edgy and confused at the same time."**(R5 Jubilee Hall)***
>
> *"I think they did well. I think the media did well in educating us but, I think they also caused panic because at some point I heard that it was in Ghana when later on we found out that it wasn't actually in Ghana."*
>
> ***(R9 Jubilee Hall)***

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Construct of Fear

Participants especially blamed some local language media houses for creating fear with their coverage of Ebola.

> *"With the radio stations, the English radio stations did well. They carried the news with some professionalism but the Twi speaking stations, some of them, it was terrible and instead of them helping us to know what to do, they were just putting fear in us" (**R10 James Topp Nelson Yankah Hall**)*

> *"I think the very local ones; the ones that do the local dialect news didn't do as much because in reporting or giving out information they rather caused fear and panic. They did football commentary with this very serious virus or disease. They make it sound as though hell was dropping on Ghana but for the other English ones like Joy FM, Citi FM and those ones, they were quite okay." (**R6 Valco Trust Hostels**)*

The Western Media and Ebola

Participants' narratives displayed displeasure with the Western media for portraying Africa negatively during the 2014 Ebola outbreak**.**

> *"From the international media platforms like BBC, CNN and the others, I think they unfairly targeted West Africa in that reportage. It has been the perception out there that BBC, CNN would always have a quite unfair opinion about Africa in general and I think during the Ebola outbreak it was quite clear on how they made the whole thing look like the whole of West Africa was in a mess, those kinds of reports that came in. I think in as much as they were educating people, they were also painting West Africa to be very black" (**R1 Jubilee Hall)***

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"I heard it on BBC or Al Jazeera, one of them, I can't remember where exactly but they quoted it as West African disease but I am thinking that if happened in the US or something they will report that a new world disease has cut across their continent but since it is Africa, they have made it as if we caused it and we are evil." (***R8 Alexander Kwapong Hall***)

Message Comprehension

The message of Ebola, according to participants was simple and easy to understand across varying media platforms.

"The message was very, very simplified for everyone to grasp it and I think for the TV stations they did very well because there is a saying that 'talk to me and I will know but show me and I will remember' and some of the images were quite gory but it is supposed to remind you constantly that this is a deadly disease." ***(R5 Valco Trust Hostel)***

"I think their target and how they reached out was okay because there were visuals, there were audio visuals, there were news and awareness programs in different languages and they always had this kind of target. If they were speaking to children they had the right vocabulary and if they were speaking to illiterates they had the right things to say so it was quite educative in all aspects." ***(R8 Volta Hall)***

Language of the Message

Majority of the students first heard about Ebola in English. The multilingual nature of Ghana also meant that participants also heard about Ebola in the various local languages spoken in the country.

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Participants' narratives in preceding paragraphs, show overall displeasure with the fearful manner in which the local language media presented Ebola. They were nonetheless seen as valuable in the fight against Ebola because, they offered a large percentage of the Ghanaian populace access to information about Ebola.

> *"Ghana, majority of our population cannot understand the English language so; it makes it quite easier when you have translated the information in the local dialect or in a dialect that the average Ghanaian can understand, so if you make it a focus of just using English you only have a minute amount of the population just getting the information."*
>
> ***(R1 Jubilee Hall)***
>
> *"For me, expressing the disease in the Twi language carried weight and people understood it much better than they did in English"*
>
> ***(R5 Commonwealth Hall)***

Relevance of the Ebola Message

Participants were almost unanimous in agreement over the relevance of the Ebola message in the media, in spite of the WHO declaring the Ebola epidemic over in West Africa.

> *"They (the media) can't do otherwise because with the aftermath of it, (Ebola), Liberia was declared Ebola-free and they were jubilating and now it has come back again. There is a need for continuous education on it so that we cannot be taken unaware." (**R1 Valco Trust Hostel**)*

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*"I think it is just right that we keep educating people so that even those who never experienced it will know what Ebola is and take steps towards keeping ourselves safe." (**R1 Jubilee Hall**)*

"The media would have to talk about it, so that as a country we hold ourselves in readiness for such eventualities. So, I think if the media should continue to talk about it, so that we improve our facilities in order to be ready for any eventuality." **(R9 Commonwealth Hall)**

"I think the media should still conscientise people about it because you do not know when this thing (Ebola) will sneak in gently and begin to affect us so, there should still be that conscientisation process going on in the minds of people constantly reminding them of the need to protect themselves so that should it sneak in, it wouldn't be a worrisome situation."

(R5 Valco Trust Hostel)

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CHAPTER FIVE

5.0 DISCUSSION

5.1 Introduction

This chapter discusses the major findings of this study. The discussion will be presented according to the objectives of the study which include participants' knowledge of the Ebola Virus Disease, Media platforms used to provide information on the Ebola Virus disease, the Media's Contribution to Educating the Public about Ebola and Students Perceptions about the Media's Reportage of the Ebola Virus Disease. These discussions will be done in the context of previous works of literature.

5.2 Students' Knowledge about the Ebola Virus Disease

The study found that all students of the University of Ghana who participated in the focus group discussions, had knowledge of the Ebola Virus Disease. Student's depth of knowledge of Ebola varied with some giving simple descriptions of the disease while others gave more complex descriptions of the disease which included disease origin, host organisms, causative factors, symptoms, modes of transmission as well as therapies. A few of the students also mentioned that Ebola can be transmitted through sex via the semen of a male who had survived the disease, displaying knowledge of the after effects of the disease.

Various studies have been conducted all over the world to measure people's awareness and knowledge of Ebola in countries which reported cases of the disease, as well as those that did not. Five such studies- two of which were conducted in Nigeria (Gidigo et al., 2015);(Center for Public Policy Alternatives, 2014), one in Liberia (Ministry of Health Liberia, 2015), another in Sierra Leone (Ebola KAP Report, 2014) and a fifth in

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Australia (Alqahtani et al., 2015), examined various aspects of knowledge, attitudes and practices related to Ebola Virus Disease.

In all the studies referenced above, the public had high levels of knowledge and awareness of Ebola which may, according to Gesser-Edelsburg, Shir-raz, Hayek, & Lev (2015), be a result of an abundance of news media.

5.3 Media Platforms Used To Provide Information On The Ebola Virus Disease.

Students regularly accessed news and information from a mix of traditional and new media platforms made up of social media, radio and television. These findings as revealed by the study confirm media analysts claims, that the mass media are the biggest educators and entertainers, and they also wield a great deal of influence upon citizens of every age in modern societies (Maniou, 2013).

The media was the most popular source of information on Ebola out of four sources named by students. The other sources named where, word of mouth, posters and religious venues. The media's popularity among students is a reflection of research conducted by Gesser-Edelsburg, Shir-raz, Hayek, & Lev (2015), which examined the Israeli public's knowledge of Ebola after the initial stages of the 2014 West African outbreak. It proved the media to be a leading source of health information for the public. The findings are also supported by Cecaro & Ramsamy's (2015) assertion that the media, social networks and internet information sites are tapped into by the general population to gain as much information about the epidemic caused by Ebola.

The findings are further supported by Yusuf, et al. (2015) who acknowledge the contributions made by both traditional mass media and new mass media (social media) to curbing the 2014 West African Ebola outbreak. They stated that the duo (of

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traditional and new media in this case social media) has successfully contributed to successes recorded in less or non-hit countries in the region such as Nigeria, Senegal, Ghana and Mali.

For majority of the students, social media served as their first source of information about Ebola attesting to the large role social media played in public opinion on Ebola Virus Disease (Nagpal et al., 2015). Social media made it to the top of the students' media preference list especially while they are on campus because of easy access to the internet on the university campus. A study conducted during the SARS outbreak in 2003, to measure the effects of the media on Southern Ontario University students also found the internet to be the most accessed and used form of mass communication out of four others (television, radio, newspapers and magazines) studied. Eighty-nine percent of respondents said they used the internet (Bergeron et al., 2005).

5.4 Students Perceptions about the Media's Reportage on the Ebola Virus Disease.

Students generally perceived the media as having done an impressive job of keeping the public informed and educated about the Ebola Virus Disease but, they also condemned them for creating fear and panic in their portrayal of the disease to the public.

Local language media, specifically the Akan speaking media, were the guiltiest in the eyes of students for creating fear with their reportage of Ebola. The Western Media including BBC and CNN were also accused by students of painting the whole of Africa black with the Ebola brush. This supports the claims of an editorial titled the *Medium and the message of Ebola* published in the Lancet on November 8, 2014, which found reports on Ebola from well-known news outlets such as the BBC and CNN to be narrow and unbalanced and contributing to the sense of unnecessary panic. The Lancet editorial

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also stated that tabloid reporting in the United Kingdom, was often poorly informed by science and unhelpful coverage contributed to public confusion and misinformation.

In informing the public about the Ebola Virus disease the media was executing its surveillance function also known as the news and information function. A function seen as instructive in disease control and prevention in society (Obukoadata & Abuah, 2014). In a study examining the media surveillance function within the context of the Ebola outbreak in Nigeria in 2014, Obukoadata & Abuah (2014) recognised, that media surveillance could result in negative consequences such as panic if not well managed; supporting students expressions of fear.

Students agreed however that in spite of the local media's fearful presentation of Ebola. It also gave a large population of Ghanaians access to news and information about Ebola. The benefits of local media were highlighted in a commentary on the media's role in portraying Ebola in and outside of Africa by Yusuf, et al (2015) - They noted that wide coverage by local television, radio stations and social media raised the level of awareness of common people with no access to internet, electricity or satellite in Africa.

Students' current reaction to media reports about Ebola consists of relief and indifference. Their relief is due in part to the reduced prominence of Ebola in the media; a development opposite to the agenda setting theory. The theory posits that "the public agenda or what kinds of things people discuss, think and worry about, is powerfully shaped and directed by what the news media choose to publicize"(McCombs, 2005;Scheufele & Tewksbury, 2007)

Ebola Virus Disease is a transient disease. This means, that although West Africa has been declared Ebola free, the disease could recur in the region. For this reason, many

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students are in support of regular media reports on Ebola to ensure that Ghanaians are constantly alert to the threat of the disease.

Regular reports of Ebola in the media would be in line with the media agenda-setting theory, which portrays a very powerful media with a strong influence over its audience. It asserts that the media shape the opinion of audiences by the amount of emphasis they place on certain issues in their coverage of those issues. That is, the proportion of air time given an issue on radio or television and the prominence it receives in a newspaper causes the audience to attach certain amounts of importance to that issue (McCombs, 2002).

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CHAPTER SIX

6.0 CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

Knowledge of Ebola Virus Disease was high among study participants. This can be attributed to the effectiveness of the media messages about Ebola disseminated to them especially during the peak of the 2014 West African outbreak of the disease. Participants of the study blamed some media houses especially for creating needless fear in Ghana with the manner in which they reported the disease; they however acknowledged that the local language media in Ghana provided a large percentage of Ghanaians information about Ebola, helping to create awareness of the disease. Some participants were also of the opinion that the fear and panic created by the media spurred people on to adopt preventive measures against the disease.

6.2 Recommendations

1. The study recommends that authorities of the University of Ghana make efforts to ensure that campus based media carry stories about Ebola on a regular basis. This is in view of the transient nature of the Ebola Virus Disease, and its penchant for recurring on the African continent, where it was first discovered. Keeping Ebola visible in the campus media will ensure that students are alert to the disease.

2. Staff of campus based media should be trained to properly report health and health epidemics. Such training would help reduce misinformation during disease outbreaks, such as occurred during the 2014 West African Ebola outbreak.

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3. The study participants turn mainly to social media for news and information. Social media because of its open nature can however, be a source of misinformation. Students should therefore be educated on the dangers of social media, and encouraged to seek information including information on disease epidemics like Ebola, from credible social media sources. Towards this end, the University of Ghana should be actively present on social media.

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APPENDIX

Participant Consent Form

School of Public Health

College of Health Sciences

University of Ghana

Project Title

Perceptions of University Of Ghana Students About The Media's Role in Educating the Public about the Ebola Virus Disease.

Background

Dear Participant,

By way of introduction, my name is Adiki Puplampu. I am a student of the Department of Social and Behavioural Sciences, School of Public Health, University of Ghana. I am conducting research on "Perceptions of University of Ghana Students about the media's role in educating the public about the Ebola Virus Disease". The objective of the study is to assess the media's role in educating the public about the Ebola Virus Disease based on the perceptions of students of the University of Ghana.

Procedures

The study which is an academic one, seeks to interview students of the University of Ghana to assess their perceptions of the mass media's role in educating the public on the Ebola Virus Disease.

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Focus group discussions will be conducted to explore student's views of the media's role. The study is part of the School of Public Health's requirement for the award of Masters of Public Health (MPH).

Right of Withdrawal

Participation in this study is voluntary so, you are at liberty to withdraw from the study if you so wish at any time during the study. You do not stand to gain financially for participating in the study. You will however be compensated for your time.

Risks and Benefits

The information you provide will help appraise the media's information and education function in society especially, in relation to the Ebola Virus Disease. The information could influence national policy on mass media use in future disease prevention campaigns. Participating in this study will not put you at any risk neither will it cost you financially.

Confidentiality and Privacy

The information you provide during the study will be treated with the utmost confidentiality and anonymity and, will be destroyed at the end of the study.

Data Protection and Storage

All data that will be gathered from the focus group discussions will be transcribed, typed out and stored on files on a personal computer.

The data will be protected by a password to prevent unauthorised access. Also, transcripts of the focus group discussion will be kept on a password secured personal computer and they will be destroyed after the study has been completed, and the thesis has been submitted to the relevant academic body.

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Dissemination

This study is an academic exercise therefore; dissemination of the findings falls within the jurisdiction of the University of Ghana. The research report may be published on the University of Ghana Digital Collections (UGSpace) website. UGSpace is the institutional repository of the university. It is an open access electronic archive which collects preserves and distributes digital materials. UGSpace aims to facilitate the deposit of digital content of a scholarly or heritage nature to ultimately share, preserve and promote the intellectual output of the university in a managed environment.

Copies of the research report will also be submitted to the library at the School of Public Health. Results of the study will also be disseminated at some of the halls of residence on the university campus. The research report will also be shared with the media to give them a clear picture about how the public regarded their contribution to efforts to keep Ebola out of Ghana.

Participant's Consent

I…… declare that the purpose, procedures as well as risks and benefits of the study have been thoroughly explained to me and I have understood them. I hereby agree to take part in the study

Signature of Participant……..

Date……. /……../…….

Interviewer's statement

I, the undersigned have explained this consent form to the subject in simple language that he/she understands, clarified the purpose of the study , procedures to be followed as well as the risks and benefits involved. The subject has freely agreed to participate in the study.

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Signature of interviewer……..

Date……../……./…….

Address

Adiki Puplampu
P.O.BOX TN 365
Teshie-Nungua Estates
Accra

Your rights as a participant

This study has received the approval of the Ethical Review Committee of the Ghana Health Service. If you have any questions about your rights as a participant in the study, you can contact the Ethics Administrator, Hannah Frimpong on 024-323-522 or 050-704-1223.

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Focus Group Discussion Guide for University of Ghana Students on the Legon Campus

TOPIC: "PERCEPTIONS OF UNIVERSITY OF GHANA STUDENTS ABOUT THE MEDIA'S ROLE IN EDUCATING THE PUBLIC ABOUT THE EBOLA VIRUS DISEASE"

SCREENER

SECTION A

Background Information of Participants of the Focus Group Discussion

Hall of Residence……

Age at last birthday……

Sex……....

Religion……

Ethic Group……

Educational Level

a) 100

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b) 200

c) 300

d) 400

e) Masters Level

f) PHD Level

Course of Study……..

Marital Status

a) Single

b) Married

c) Widowed

d) Divorced

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Focus Group Discussion Protocol for students of the University of Ghana on the Legon Campus

I. Welcome

Hi, my name is Adiki Puplampu. I am a student of the School of Public Health of the University of Ghana and I am here with…… We thank you for making time to be a part of this discussion.

We are here to listen to your views on the manner in which the media disseminated information on the recent outbreak of the Ebola Virus Disease, also known as Ebola. Your thoughts, views, knowledge and impressions about the mass media and Ebola are vital to this study so, feel free to express them.

The information you provide today will help to appraise the media's education and. information function in society, in relation to disease epidemics such as Ebola. Please note that everything we talk about here will be considered as confidential. This means that we will use the information from our conversation in the final research report but, no names will be used and no one will know specifically who said what.

We also ask that you respect this confidentiality to assure that everything that is said in this room remains in this room. This means you should not share other people's comments outside of the group. We encourage you to be as honest as possible.

In the invitation letter, we explained that we wold record the conversation as well as take notes. This will help us remember what you say. The notes and recordings will be kept on a password secure computer and will not be shared with anyone outside the research.

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I. Ground Rules

We need to be acquainted with each other, so, participants should introduce themselves. This is a conversation; there are no correct or wrong answers. Everything discussed here today, is very important so, it will be recorded on a digital recorder and also written down as notes which will be referred to at a later date.

Rules for the discussion

- Every body's view is important in this conversation. For this reason, one person will talk at a time so that we can all clearly hear the person's contributions, and make comments where necessary.
- Please respect one another's opinions and show respect when others are talking.
- You will be allowed to ask questions if anything is unclear to you and I will be willing to pause so you can make comments or contributions. Please note however that we have to make efforts to end the discussion within one hour.

Introductions

Please tell us your first names, your course of study, and why you chose the course that course of study.

SECTION B: Students knowledge about the Ebola Virus Disease

1. Can you please describe what Ebola is to me?
2. Why did you describe Ebola in the manner that you did?
3. How did you learn about Ebola Virus Disease? Probe further about where, when and from whom participants heard about Ebola.

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4. Describe how you felt when you first heard about Ebola. Probe further to find out how participants feel now when they hear about Ebola.
5. How can a person get Ebola? Probe for knowledge about causative agents, modes of transmission, symptoms, preventive measures, vaccines and cures.

SECTION C: Media's contribution to educating/informing the public about the Ebola Virus Disease and the media platforms used to educate/inform the public.

5. From what media sources or platforms do you usually access news?

   Probe further, to find out source of knowledge/information (radio, television, newspaper, and internet) about Ebola.

SECTION D: Students' perceptions about the media's reportage on the Ebola virus disease.

1. How do you think the media performed in providing the public information about Ebola Virus Disease? Probe further on whether participants found media education/information to be adequate, inadequate, or useful.
2. How was the message of Ebola presented? -text image
3. How did you understand the media messages about Ebola? Probe further to learn if participants found messages clear and easy to understand.
4. In what language did you hear about Ebola? Probe to find out if language was participants' preferred choice, whether they found it to the best for conveying the message about Ebola, whether it was easy to understand, technical e.tc, if they would have preferred the messages in languages other than what they heard them in.

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5. Do you think the media messages about Ebola should have been presented in other languages apart from those you have mentioned? Why so? / Why not?
6. Do you think the media should continue talking about Ebola? Probe further for explanation of answer.

Closing

Does anyone have anything to say or add to the topic of the conversation we have just had?

Wrap-Up

Are there any recommendations for Government and the media (media houses, media organisations, media regulatory bodies) on how to report disease out breaks such as Ebola?

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ETHICAL APPROVAL

GHANA HEALTH SERVICE ETHICS REVIEW COMMITTEE

In case of reply the number and date of this Letter should be quoted.

My Ref. GHS/RDD/ERC/Admin/App/
Your Ref. No.

Research & Development Division
Ghana Health Service
P. O. Box MB 190
Accra
Tel: +233-302-681109
Fax + 233-302-685424
Email: Hannah. Frimpong@ghsmail.org

Adiki Puplampu
University of Ghana
School of Public Health
Legon, Accra

The Ghana Health Service Ethics Review Committee has reviewed and given approval for the implementation of your Study Protocol.

GHS-ERC Number	**GHS-ERC 104/12/15**
Project Title	"Perceptions of University of Ghana Students about the Media's Role in Educating the Public about the Ebola Virus Disease"
Approval Date	18th April, 2016
Expiry Date	17th April, 2017
GHS-ERC Decision	**Approved**

This approval requires the following from the Principal Investigator

- Submission of yearly progress report of the study to the Ethics Review Committee (ERC)
- Renewal of ethical approval if the study lasts for more than 12 months,
- Reporting of all serious adverse events related to this study to the ERC within three days verbally and seven days in writing.
- Submission of a final report **after completion** of the study
- Informing ERC if study cannot be implemented or is discontinued and reasons why
- Informing the ERC and your sponsor (where applicable) before any publication of the research findings.

Please note that any modification of the study without ERC approval of the amendment is invalid.

The ERC may observe or cause to be observed procedures and records of the study during and after implementation.

Kindly quote the protocol identification number in all future correspondence in relation to this approved protocol

SIGNED.....
DR. CYNTHIA BANNERMAN
(GHS-ERC CHAIRPERSON)

Cc: The Director, Research & Development Division, Ghana Health Service, Accra