

## **COVID-19: Tele-Regulation of Broadcast Coverage of Public Health Emergencies in Nigeria**

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### **Abstract**

**Background:** Coronavirus disease (COVID-19) has presented a severe challenge to broadcasters globally. How broadcast media stations in Nigeria responded through their coverage is deserving of scholarly attention. How regulatory agencies performed their role during the out of the virus is equally worthy of scholarly attention.

**Objective:** This study assessed COVID-19 coverage by Kano State broadcast media. It also evaluated how the National Broadcasting Commission (NBC), an agency saddled with regulating the broadcasting industry, responded in tackling violations during a public health emergency.

**Methodology:** The researchers made use of a mixed-method: content analysis and documentary analysis. Content analysis was used to generate quantitative data, while documentary analysis was used for qualitative data through analysis of the Weekly Monitory Reports (WMRs).

**Results** The paper found that the COVID-19 pandemic was given a third place on public station with 16% coverage and fourth position on a private station with about 15%. On information accuracy, the paper found that there were instances of inaccuracies about the virus as non-experts were severally featured on programmes, thus misleading the public.

**Conclusion:** The paper concludes that Kano broadcasters paid attention to the pandemic but disregarded professionalism in so many instances as inaccuracies and misinformation were reported and acted upon by NBC. It is therefore recommended that NBC should not only amend emergency coverage provisions in the Code but come up with a broadcast policy on disaster and other crises emergencies as an antidote to unprofessional coverage as witnessed in some stations.

**Unique contribution:** The study offered theoretical and practical contribution that explains how broadcasters report health emergency issues in radio stations.

**Key recommendation:** National broadcasting commission should come up with a broadcast policy on disaster and other crises emergencies as a remedy to unprofessional coverage as witnessed in broadcast stations

**Keywords:** Teleregulation, Monitoring, Broadcasting, Regulation, COVID-19, Misinformation

### **Introduction**

Coronavirus disease (COVID-19) is one of the most threatening pandemics in decades. The virus sent fear down the spines of people globally because of its devastating impact. (Mizumoto & Chowell, 2020). People with underlying medical problems like cancer, high blood pressure, cardiac disease, diabetes, asthma, and those whose immune system cannot fight back

are at a greater risk of contracting it (Odeh, 2020). This has made it an invisible enemy that sparks immeasurable fear (Lauer et al., 2020). Thus, political leaders who superintend over state resources and clinicians who are structurally tasked with saving lives amid the rising cases of the virus are left confused with several uncertainties, thereby making people feel unsafe. Such uncertainties about COVID-19 poses a serious challenge for health communicators who are supposed to provide accurate information about the virus, thereby making communication under such conditions difficult.

This paper raised an argument regarding the role of broadcast media in sensitizing the public on any looming health threat in line with the established regulation guiding media coverage of national emergencies. Becker and Rosenstock, in their popular Health Belief model of 1984, postulate that it is the function of people's subjective perceptions to make an informed decision about a potential health risk, threat, looming dangers that can affect the individual or collective health of a given society. Since media is part of the community, its credibility should not be questioned in emergencies. Hence, people should act according to their consciences as dictated by the media. It yearns towards having appropriate behaviour that can aid in proffering solutions to any health problems.

According to the model, a looming threat forces people to take precautions proportional to the gravity of the danger to oneself. This suggests that any intended health communication under such circumstances must emphasize the weight of the threat and appropriate action to avert it. And these two significant factors are the tenets propagated by the health belief model to influence behavioural decisions (Berry, Wharf-Higgins, & Naylor, 2007). The model has two essential components about behaviour as an influence in taking action; internal or external cues drive that behaviour to action. Internal signals comprise of physical symptoms in persons which may force them to take action, and external signals emanate from mass media campaigns which influence individual's decision. See also (Iyorza 2008; 2014; 2017; Iyorza, & Abu, 2020;Iyorza, & Ekwok, 2015).

In line with the assertion that media's credibility during emergencies should not be eroded, this paper carefully perused media content in two aspects; firstly, as contained in the Weekly Monitoring Reports (WMRs) of the National Broadcasting Commission, and secondly, at the level of media output (what broadcasters air). This helps in determining the level of accuracy in information being transmitted to the audience in Kano. The paper also examined the extent to which broadcasters covered the COVID-19 pandemic through broadcast monitoring of the selected stations.

### **Kano Broadcasters and COVID-19**

The economic viability of Kano has put it in the comparative advantage of broadcast media proliferation, especially radio in the north-west geo-political zone. Stations are mainly broadcasting using the dominant indigenous language (Hausa) to reach the vast audience scattered across the state. Kano State has 20 functional terrestrial broadcast stations being monitored by NBC, out of which 16 are radio comprising 15 on frequency modulation (FM) and one on amplitude modulation (AM). According to the Weekly Monitoring Report documents on which all stations are listed, Kano State alone accounts for more than 20% of the entire functional terrestrial broadcast stations, including community stations (mainly in Jigawa State) in the north-west geo-political zone comprising Kaduna, Katsina, Kano, Jigawa, Sokoto, Kebbi and Zamfara states.

Since the confirmation of the first case of COVID-19 by the Federal Ministry of Health, most broadcast media in Kano State, as a matter of national service, adjusted their regular programming to create awareness on the arrival of the contagious virus into Nigeria. For factual commentary on the issue, the majority of broadcasters resorted to featuring relevant authorities such as officials from the Federal/State Ministries of Health, Medical practitioners from Tertiary Health Institutions operating in Kano, and informing the public the safety tips as being released by the Presidential Taskforce on Covid-19 led by the Secretary to the Federal Government, Mr Boss Gida Mustapha.

Most often, broadcast Stations read an announcement from the Kano State government through the State Ministry of Information on the signs and symptoms of Coronavirus and the need to immediately visit any health facility or make a call instantly; phone numbers were given. Programmes focus more on personal hygiene and constant use of hand sanitizers, and proper monitoring of people and the environment and report any suspected case to the relevant authorities. Special discussion programmes, news analysis, and vox pop were noticed to have emerged as part of the sensitization and surveillance role of the media during emergencies.

News on the virus occupied a leading role in news bulletins while current affairs programmes were filled with talks on the pandemic and how to curb its spread. Interestingly, broadcasters monitor the activities of Aminu Kano International Airport, mainly the international flights coming into the state. The focus was paid on the impacts of the virus on the economy, concerning how revenue dwindles due to the fall in crude oil prices and the stock exchange market. Even though media hype was unavoidable in this regard, stations have been very careful in handling the epidemic issue by not sensationalizing it in line with the dictates of public interest and for the guidance and general safety of the populace. But its level of professionalism was questioned based on the WMRs analyzed in States like Kano and Kaduna.

### **Significance of COVID-19 Broadcast Coverage**

Daily monitoring of broadcast stations in Kano revealed that private stations dedicated at least 15% of their daily airtime to the issue of COVID-19; public stations, on the other hand, set aside more than 16%. The issues broadcasters paid attention to range from creating awareness about the virus, public enlightenment, public service announcement, discussion programmes with experts and non-experts, and musicals composed by artists on the virus in English and local languages.

Such programme genres as political and advertising were noticed to have reduced drastically. When the lockdown order was put in place in Kano and Kaduna, for example, several programmes were suspended due to restrictions of movement. Repeat programmes, musicals, or phone-in replaced the hours. Even the number of news programmes in a day were slashed to a bearable number by the available human and material resources.

Conventional media have done relatively well in countering fake news, misinformation, and disinformation on the pandemic. Substantial airtime was dedicated to this as several programmes were noticed, mostly sensitizing the public not to heed to unprofessional advice of using garlic and black seed oil (*Habbatus Sauda*) to treat the virus but self-quarantine and isolate selves and where symptoms start to manifest a call should be immediately put to NCDC.

In a bid to settle its social responsibility, the media made it a priority to inform and educate the audience on the pandemic. This happened in almost all newsrooms all over the world (Natividad, 2020). Part of the significant contributions of broadcast media during the COVID-19 was electronic learning. Students were inundated, rejuvenated, and refreshed about various

subjects cutting across several topics in Chemistry, Physics, Biology, Mathematics, English, Arabic, and Civic Education, among others.

### **Objectives of the Study**

The objective of this study was to examine COVID-19 coverage by Kano State broadcast media and how Nigeria's broadcast regulator, National Broadcasting Commission (NBC), responded in tackling violations during a public health emergency.

### **Coverage of Health Issues: An Empirical Review**

Media coverage of diseases and other health-related issues has been well documented in various scientific researches, with some of them suggesting an inadequate or total absence of attention to health matters (Abubakar, Odesanya, Adewoye, & Olorede, 2014). The role of media in promoting healthy life has been established (Rabilu, 2017). A healthy life is now gaining broader consideration globally through health advocacy by several activists using the media. They take public health awareness and knowledge to be one of the forefront human rights promoted by Sustainable Development Goals. In a study conducted by Dahiru (2016) on public health awareness and knowledge among Almajiris in Kaduna, it was found that 54% of the respondents got information on public health from the media, predominantly radio and television.

Abdulqadir (2016), in research undertaken on women and the utilization of reproductive healthcare services in Sokoto, concluded that media play a significant role in creating awareness and publicizing information on reproductive health. Similarly, in research conducted by Sanda (2017), a conclusion was made about the importance of mass media platforms, particularly radio, which became the most preferred medium of communication for pregnant women on antenatal healthcare services in Kano.

However, Malumfashi (2010) found that 70% of respondents in the research he undertaken were never informed about the hazards connected to interacting with garbage. He, therefore, recommended that government, NGOs, and media should accord public enlightenment on public health issues priorities. A similar recommendation was offered by Rabi'u (2016) that the Nigerian media should halt the low coverage of health issues compared to politics and business through proper prioritization.

On the other hand, Nigerian media was accused of paying less attention to awareness creation on severe ailments like cancer in content analysis Abubakar et al. (2014). On Nigerian Magazines' coverage of health matters, it was discovered that there was insufficient coverage of life-threatening ailments, particularly cervical cancer. The study concluded that the Nigerian Magazines reaffirmed other studies conducted in other countries. The press's attention is on different burning issues more than on life-threatening ailments such as politics, business, and crisis (Rabilu, 2017), diplomacy, and sports (Malam, 2005).

Broadcast media, on the other hand, focus more on entertainment content (Ojebuyi & Ogunkunle, 2019), mostly musicals, which occupy about 50% of airtime before 1999 (Salawu, 2019) at the expense of other programme genres, particularly health (Rabilu & Abdullahi, 2019).

### **Quality of Information on COVID-19**

The audience has been intermittently inundated with information on the virus through Personal Paid Announcements (PPA), Public Service Announcements (PSA), the discussion on

the pandemic overtook general programming. But the question is, how qualitative was the information being sent out to the audience? Some broadcast stations transmit Twenty-four hours while others 18 hours a day. Stations mostly invite guests to their programmes with a large chunk of non-health experts, who, in turn, dish out information laced with inaccuracies, misinformation, and disinformation. Radio stations significantly did not change from their long-held culture of phone-in programmes (Rabilu & Abdullahi, 2019 ). The audience was availed with an opportunity to voice out their opinion on the pandemic.

The use of unqualified interviewees by stations led to several claims which Nigeria's broadcast regulatory body cautioned broadcasters against unsubstantiated and misleading claims such as the insinuation that the virus emanated from spectrum radiation due to 5G roll out globally, or the virus is a biological weapon being developed by the world superpowers. It is an alternative weapon in the 21<sup>st</sup>-century hegemonic struggle for supremacy.

Some unqualified interviewees misinformed the public that the target of the virus is principally the cultural practices of Nigerians; religious rites and festivities such as wedding and naming ceremonies. Such things were said without proper caution by anchors of programmes, who up to the time were not adequately briefed or trained about the virus. They do not have prerequisite information on it to warrant for interrogative discussions.

The information being sent to the audience had also been produced in local languages with poor translation from English to the Hausa language. For example, a jingle was ran saying in Hausa *mutane su rika wanke hannu da ruwa mai dauke da barasa*, meaning people should use hand sanitizers. But the translators misconstrued and distorted the meaning by adding the word *barasa*, which refers to *alcohol*, a banned drink in Islamic culture. Hearing this, the audience began to heed to the fake information on the effort by the western world to contaminate Islam and Islamic culture as the essence of the virus. However, there is a school of thought which promotes the idea that the virus outbreak was a result of sins prevalence.

Lots of unprofessional advice arisen from discussions with unqualified personalities led to severe panic about the virus. Broadcasters did not correctly manage the alarm as several on-air prescriptions were offered, similar to what happened during the *Ebola* crisis of bathing with salt. For example, the issue of chloroquine for treating Coronavirus was taken by the audience seriously even before NAFDAC approved it for clinical trials. Some people were reported to have used the drug in various parts of the country, courtesy of media reports.

Media inform the public on infection prevention and control measures, particularly regular hand washing with sanitizers or clean water, social distancing, staying at home, and other safety measures against the spread of the virus. Much was achieved in disseminating information to the audience to abide by the standards strictly, but little success was recorded as several audiences defy the messages due to low communication strategy adopted; poor scripting, disregard for cultural and religious sensibilities in campaign messages, particularly in translations.

For asymptomatic returnee travellers from countries experiencing the virus, media did inform them to quarantine themselves for at least two weeks. If symptoms manifest, they should isolate themselves and call the Nigerian Center for Disease Control (NCDC) immediately for management. The problem lies with how media explains symptoms of the virus, which often confuse the audience, particularly as it relates to the common cold and flu. People with common cold or flu got panicky hearing conventional media reinforcing the assertion. Stigmatization against people with cold symptoms began to manifest obviously among various communities, and the media failed to correct the wrong impression.

Even though some section of the media was accused of exciting the issue beyond its innate nature, it had no option than that because it is a new phenomenon that even health personnel were trying to understand. Reports of new cases of infection and death were hyped more than recovery news. What would the media do here? Virtually nothing since news is news, and it has met all the elements and values it needs to meet.

## **Theory**

### **Social Marketing Theory**

Health communication theories, as argued by Brown, Crawford, and Carter (2006), were popularized between the 1950s and 1960s. That was the period, according to them, when the medical sociology discipline was gaining ground, especially at American universities and medical research institutions where researches were commissioned by social scientists who visit health centres intending to describe, explain, and theorizing the happenings (Brown et al., 2006). Several domestic social ills such as high rates of crimes and racism were high in America, and media was primarily blamed for the problems. The situation gave rise to 'functionalism.' Functionalism equalizes social systems with living organisms, which depends on each other for function and survival (Baran & Davis, 2011). In other words, media was viewed as a social institution that reinforces what the social system provides. If at all media, as accused by mass society theorists, can bring about social ills, it will contribute to society's health (Baran & Davis, 2011).

Functionalism was among the theoretical perspectives that emerged and which refuted the accusation levelled against the media in terms of its health function in the society (Brown et al., 2006). It has helped turn around health communication to become attractive to many researchers and theorists, who contributed many perspectives, such as social marketing theory.

Social marketing theory was popularized in the 1970s, and it promotes the beliefs, decisions, and actions which are deemed to be socially valuable for society by elites, according to Baran and Davis (2011). Social Marketing theory is being used by public health practitioners to promote or dissuade some health practices that are not valuable. The theory which promotes societal acceptability of social ideas through the utilization of mass media has four 'Ps'; product, place, pricing, and promotion. It has been applied in many countries, including Nigeria, in the area of HIV/AIDs prevention and control, mainly the use of a condom. A condom was placed in strategic places like patent stores, pharmacies, supermarkets, hotels, distributed freely during social events, bars, etc. This has resulted in heavy use of a condom, thereby decreasing HIV transmission.

Another example was when the former Kano State governor Ibrahim Shekarau inadvertently applied this theory to de-campaign polio-vaccine in 2003 based on reasons for female-children infertile. The governor reversed his decision 8-months after and began promotion campaigns using the four 'Ps' of social-marketing theory.

Like innovation diffusion theory, social marketing theory is equally source-dominated as it underestimates the intellectual capacity of ordinary people, that whatever is dished out, they would accept. It also assumes the media to be a benign institution that provides information that positively shapes behaviour and brings about valuable social change. The theory gives power to media to design, implement, and assess campaign frameworks (Baran & Davis, 2011).

Social marketing theory promotes ideas and actions which are considered beneficial to the general public, and social elites in society promote the ideas. In public health emergencies, the theory is deployed in discouraging some cultural practices that aggravate the scourge of

pandemic. Instead, some less-risky behaviours are encouraged among people through intensive campaigns. The social elites provide the framework for media campaigns, including its planning, implementation, and evaluation (Baran & Davis, 2011).

To achieve campaign objectives, there are certain procedures to follow, which include: creating awareness about the issue, targeting the specific and most vulnerable audience, reinforcing campaigns through alternative channels (face to face communication), use cultivating images to generate impressions (use of powerful elites and weak in campaigns), and stimulating action (make the audience to act).

### **Applying the steps of Social Marketing Theory to COVID-19**

On the first step of awareness creation, broadcast media in Kano have tried to inform the general public about the virus. Still, as stated in this work, the awareness campaigns had flaws in translation and a general tone. This is in addition to the people's socio-cultural practices, which made it difficult for media to adjust to the rising global realities of social distancing, handshake, hugging, and mass gatherings, which are encouraged by the established culture. For a media campaign to succeed, there is a need to identify the target audience; young adults, elderly, women, children, or the general audience. This, in marketing communication, is called *targeting*, which is a significant step in social marketing theory.

In Nigeria, targeting was not adequately utilized by the media or elites that sponsored behavioural change campaigns and programmes on COVID-19, at least in Kano State. Thematic roles of stations were not considered as the same content was heard or viewed across the broadcast media in Kano. Whereas some stations are musically or sports-inclined, by implication a youth dominated ones, others are news thematic and mainly for the elderly. But the same campaign package was distributed using the same language, style, tone, and characters. This might have contributed to the inadequate response by the public in terms of even agreeing with the existence of the virus and subsequently disobeying safety measures set out by relevant health agencies.

Campaign reinforcement was observed as several messages have been dished out through social media platforms, which was accused of serving as a platform for spreading fake news. Scanty face to face campaigns was noticed using clergypersons and traditional rulers, especially in worship centres.

Campaign planners on COVID-19 in Nigeria have used powerful images as campaign characters, especially on national stations. Such images generate positive impressions among the local populace, with some people saying that the pictures were being portrayed simply because the virus affects only elites. Some of the images used include the President, Secretary to the Government of the Federation, and Aliko Dangote. The personalities have in the campaign jingle stressed the existence of the virus and that its capacity to infect cut across rich and poor and child and adult. The only way to protect self from infection is through strict adherence to laid down safety measures. Even this effort was faced with hitch due to the digital divide as only a few have access to television in Nigeria. Even the few might not have regular access due to an epileptic power supply.

The last step, which revolves around stimulating action or instead of changing the behaviour of people, has resulted in minimal results. People have to be forced to stay at home using coercive agents, and the call to use a face mask was not popular among the general public. Conventional media, particularly radio and television, were faced with widespread resistance compared to the early 1960s when whatever was said on it, it was considered a written scripture.

## **Method**

The study adopts a mixed-method in which both quantitative and qualitative research methods were deployed for data sourcing. Content analysis was used to generate quantitative data to address the question on the extent of coverage. The researchers purposively selected Rahma FM Kano to represent private broadcasters and Pyramid FM Kano (owned by FRCN) to represent public broadcasters. They equally chose Easter days as the dates of the study commencing from April Friday 10 to Monday 13, 2020, when stories on mysterious deaths began to appear on Kano broadcast media, which some experts attributed to Coronavirus. In contrast, the State government denied it and called for calmness.

Out of these three days, 18 hours were carefully chosen to represent the days selected. The two chosen stations, under normal circumstance, broadcast for at least 16 to 17 hours a day according to their programme schedules. The 18 hours sampled period was divided into three giving six hours a day. The hours were further divided into morning and evening. In the morning, two hours were selected from 8 am to 10 am. While from 4 pm to 8 pm was chosen to represent the evening segment. The reason for selecting the periods is because the *Nigeria Broadcasting Code* specified part of the period as a family belt; a time when it is expected that the majority family members tune in. All programmes were listened to and counted, but only those that discussed COVID-19 in part or whole were coded and analyzed.

On the other hand, qualitative data was generated through documentary analysis of the WMRs of the Kaduna Zonal Office, which oversees Kano, Katsina, Jigawa, and Kaduna States. This aspect addresses the research question on the level of accuracy in COVID-19 information dissemination. Only those WMRs that contained issues on Coronavirus were considered and analyzed to specifically look at the nature of the reported breach, the level of inaccuracy as viewed by the regulator, and action the regulator took to address the problem.

The major limitations of the study were the researchers' inadequacy to widen the scope of the study in terms of sampled dates beyond three days for the quantitative aspect of the research and also limiting it to only two broadcasters in Kano State. On the other hand, the qualitative part of the study was limited to only March and April 2020.

## **Result**

### **Regulation of COVID-19 Coverage: Qualitative exploration**

In the beginning, the Commission's management decided to continue working from all its offices across the country amidst rising cases of the virus. But toward the end of March 2020, the Commission reversed itself considering the surge of the pandemic and the directive of the government for its workers to work from home except where it is necessary and essential.

The first week's report of the stay at home order shows a significant reduction of breaches, possibly due to trauma associated with the virus and low capacity of some Monitoring Officers to work independently using ICT resources; electronic mails and chat through WhatsApp. Subsequently, the breaches began to take tolls as several infractions on disinformation about the virus started to emanate.

It was the social media that championed the spread of false information, but conventional media have some portions of blame. For example, between March 23 and 29, 2020, a broadcast station in Kaduna (Vision FM) was reported to have aired a programme that contained what NBC called misleading information on COVID-19. In the programme, it was said that the virus is an elite disease and that it cannot be used to disallow people to partake in their spiritual activities and rites through the deployment of lockdown order. It was also alleged that the government is claiming several deaths from the virus but no single corpse to show. This and



other claims led to a warning sanction on the station to not allow people to use it to mislead the unsuspecting public.

Within the same period also, a broadcast station in Kano (Rahma Radio FM) was sanctioned for airing a programme containing an unsubstantiated statement in which it was alleged that the China Government killed its doctor who found a cure for COVID-19 during the evolutionary period of the virus in China. This argument supports the conspiracy theory that the virus was released deliberately to deplete the world population.

However, between March 30 and April 5, 2020, there was another sanction on Liberty TV Kaduna for false information that America's President Donald Trump was infected with Coronavirus. This breach led to cautioning the station.

Between April 13 and 19, 2020, another breach was recorded in Freedom Radio Kaduna. The Commission warned the station for what it called 'misleading information and unsubstantiated allegations on Coronavirus. Presenter of a programme *Barka Da Warhaka* read a listener's text message which opined that the virus exists in other enclaves, but, in Nigeria, it is being politicized. And that it is just a conduit pipe for siphoning public funds.

Airing an unscheduled programme is a violation, according to the *Code*. And, stations during the period have altered their programming by replacing some with others. Some programmes were abruptly stopped due to national lockdown while others due to withdrawal of sponsorship. But surprisingly, no single report of non-adherence to the published programme schedule of broadcasters in Kano and Kaduna. Unlike some months to the outbreak of the pandemic, Monitoring Officers across the country had reported several unscheduled or change of programmes without prior notice, and such breaches were sanctioned correctly. The non-reportage of such violations is attributable to the pandemic threat, which was taken as a national emergency.

The regulation was made amidst hues and cry by the media owners of loss of revenue and non-provision of palliatives. Some broadcast stations directed about 90% of their staff to work from home with their salaries slashed. To cushion the effect, NBC, through the Minister of Information and Culture, Alhaji Lai Mohammed, announced a 60% debt forgiveness and two-months license fee waiver for terrestrial radio and television stations in Nigeria.

### Quantitative Data Presentation

Table 1: Time allocated to programme genres

S/N	CONTENT CATEGORIES	RAHMA FM MINUTES ALLOCATED	%	PYRAMID FM MINUTES ALLOCATED	%
1.	News/Current Affairs	110 mins	10.19	115 mins	10.65
2.	Political	26 mins	2.41	27 mins	2.50
3.	Women	25 mins	2.31	-	-
4.	Children	26 mins	2.41	-	-
5.	Environment	29 mins	2.69	-	-
6.	Agriculture	26 mins	2.41	75 mins	6.94
7.	Enlightenment	175 mins	16.20	195 mins	18.06
8.	Religious	180 mins	16.67	177 mins	16.39
9.	Entertainment	165 mins	15.28	130 mins	12.04
10.	Commercials	20mins	1.85	17 mins	1.57
11.	Health	120 mins	11.11	128 mins	11.85
12.	<b>COVID-19</b>	<b>160 mins</b>	<b>14.81</b>	<b>173 mins</b>	<b>16.02</b>

13.	Off-air	18 mins	1.66	43 mins	3.98
	<b>TOTAL</b>	<b>1,080 Mins</b> <b>(18 Hours)</b>	<b>100</b>	<b>1,080 Mins</b> <b>(18 Hours)</b>	<b>100</b>

Source: fieldwork, 2020

From the data above, it appears that enlightenment and religious programmes took the lead in both stations, followed by entertainment programmes. Coverage of the COVID-19 pandemic was given the third place on a public station; Pyramid FM owns by the federal government, and the fourth position on a private station; Rahma FM owns by a private individual.

The result shows that 2 hours 40 minutes were dedicated to COVID-19 coverage by Rahma FM within 18 hours of monitoring. But that of Pyramid significantly varied by 13 minutes as it dedicated 2 hours 53 minutes out of the 18 hours for the pandemic.

Table 2: Time allocated to COVID-19

S/N	UNIT OF OBSERVATION		RAHMA FM MINUTES ALLOCATED	%	PYRAMID FM MINUTES ALLOCATED	%
1.	Public	Service	33 minutes	20.63	8 minutes	4.62
	Announcement/PPAs					
2.	Phone-in Programme		5 minutes	3.13	-	-
3.	Political Programme		-	-	9 minutes	5.20
4.	Current Affairs Programme		20 minutes	12.50	-	-
5.	News Program		50 minutes	31.25	65 minutes	37.57
6.	Health Programme		-	-	41 minutes	23.71
7.	Religious Programme		12 minutes	7.50	23 minutes	13.29
8.	Drama		27 minutes	16.87	-	-
9.	Musical		13 minutes	8.12	27 minutes	15.61
	<b>Total</b>		<b>160 minutes</b>		<b>173 minutes</b>	<b>100</b>

Source: fieldwork, 2020

COVID-19 information on news programme by both stations top the list with Pyramid FM recording 37.57% against 31.25% for Rahma FM. News programmes contain special reports on the virus, news interviews, vox pop, and hard news, among others. Public Service Announcements (PSAs) and Personal Paid Announcements (PPAs) gulped 20.63% of the complete coverage for Rahma FM as against 4.62% for Pyramid FM. PSAs, as aired by the stations, were that packaged information that is made to raise awareness about the pandemic either by the station, some individuals, or organizations.

Health programmes on Coronavirus recorded 23.71% on Pyramid FM and none on Rahma FM. Despite the surge of the virus, Pyramid FM, which is a public broadcaster, did not rest its health programmes. Rahma FM used drama as a way of entertaining the audience, a private station to relay information about the virus to the audience and that consumed 16.87% and zero scores for Pyramid FM, which instead used 27 minutes representing 15.61% to air musicals for behavioral change against 8.12% for Rahma FM.

Clergymen have played a significant role in sensitizing the public to accept COVID-19 as a reality. This was through jingles laced with scriptural quotations of verses and *hadiths* about the pandemic in Islam. This genre gulped 13.29% for Pyramid FM and 7.50% for Rahma FM.

Current affairs programmes on COVID-19 recorded 12.50% on Rahma FM and none for Pyramid FM. Political programs were also used to relay information on the virus observed on

Pyramid FM, which recorded 5.20%, whereas phone-in programmes recorded 3.13% on Rahma FM.

In summary, both the stations played media surveillance roles significantly, and they used information, education, and entertainment techniques to sensitize the public to the virus.

### **Conclusion**

The media is considered moral crusaders; that is why the media need to report facts because the audience believes what they hear from the media. With so much information available on COVID-19, the masses tussle to stay updated on the developments with many uncertainties on how the virus spreads, their risk of infection, and the preventative measures they can take (Mohamad & Azlan, 2020). By this virtue, media is expected during emergencies to act professionally and following the established laws and regulations.

Unfortunately, some messages broadcast by some media stations in Kano were not only inaccurate but could influence the unsuspecting audience to take erroneous health decisions or what health-belief-model proponents called 'negative cues.' For instance, the jingle that reads *mutane su rika wanke hannu da ruwa mai dauke da barasa*, is not only misleading but can dissuade people from taking appropriate decision. Such tendencies exhibited by broadcasters may also reinforce the assumptions that the western world wants to pollute Islam and Islamic culture as a significant essence of the virus. Even though the views establishing a relationship between the virus and rising immoralities and individualistic sinning could not be scientifically proven, but speculatively the media may positively shape society's moral latitude.

However, the virus outbreak has exposed the weaknesses of the regulatory Commission, NBC, about the technical capacity to monitor, report properly, and sanction broadcasters in a virtual circumstance. This is evident in looking at the WMRs studied, which did not include many television stations. This could be said principally due to a lack of equipment to monitor television stations from home by the field monitoring officers who were instructed to work from home.

Teleregulation, in the real sense of its meaning and application in the context of broadcast regulation, cannot be used without ICT gadgets and training on how to use them. This calls for the need of the Commission to accept the reality of digital monitoring and reporting in its operations for easy detection, monitoring, reporting, and sanctioning defaulters, instead of the present, obsolete system where officers can only monitor at the office where equipment is installed particularly when it comes to TV. Even the various chain of gatekeepers who scrutinize every line in the WMRs during weekly meetings (Malam & Rabilu, 2019) could not discharge their responsibility since NBC did not utilize the teleconference platform at the state and zonal levels.

Broadcasters, on the other hand, must always be professional and feature specialists in their programmes and desist from featuring those that may mislead and contaminate the perceptions already constructed by the media, particularly during public health emergencies. Coupled with other reasons, misleading and unsubstantiated broadcasts were possibly why people resisted the safety protocols, especially the stay-at-home order and, subsequently, lockdown. It is recommended, therefore, that broadcasters, when dealing with novel public health emergencies, deploy social marketing techniques accurately in creating public awareness for their campaigns to hit the target.

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#### **Conflict of interest**

There is no conflict of interest to disclose.

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