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## **Town Crying and the Gale of Sensitising Nigerian Rural Communities in the Face of a Pandemic: A Case of Corona Virus**

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### **ABSTRACT**

This study assesses town crying and the gale of sensitising Nigerian rural communities in the face of a pandemic with a special focus on the coronavirus pandemic. Among other things it seeks to ascertain if town criers informed the rural people about the coronavirus. A survey research design with a questionnaire as the instrument of data collection was adopted to elicit data from sixty town criers selected across Benue State through the use of purposive sampling. Findings reveal few town criers passed information to the rural people about COVID-19. It was also revealed that town criers in the state faced a lot of challenges and the most pronounced of them was the lack of megaphones to propel their voices. It was concluded that town criers were underused to disseminate information about COVID-19. It was therefore recommended that healthcare providers should always make use of town criers to pass health information to the rural people. This is considered necessary because the rural people understood the language of town criers and could ask for clarification where necessary.

**Keywords:** Town crier; rural community; sensitisation; COVID-19.

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## **INTRODUCTION**

Communication has remained a critical aspect of human existence. It has been a resilient part of the creation of the universe because the Creator used it in the creation process when He said “let there be...” (Genesis, 1:3). Since then, communication of every kind has existed. Communication is confirmed as a valid tool shouldering development in all nations of the world as it can influence human philosophy and psychology. It is through communication that information capable of influencing a positive attitude and engender a cause of action is possible. It is a fact that most of Nigeria are a rural area. According to Uche (1999), rural areas are the undeveloped parts where about 80% of Africa's population resides. This implies that urban development will have minimal effects on the overall development of the country without replicating the same on the rural communities. Initiating, developing, executing, and monitoring development projects in the rural communities in Nigeria will leave the country on the part of true development. And since rural communities in Nigeria are equipped with a lot of untapped resources, these resources can be harnessed from these areas to develop the same.

The rural people need information and education on the outbreak of a pandemic and other dreaded diseases. The nature of such pandemic, causes, effects, preventions, and control mechanisms should be systemically communicated via the right channels. Rural dwellers are accustomed to their inheritance and are ready to identify themselves with and jealously guard it. Using the town crying method of information dissemination on the outbreak of a pandemic could be very relevant due to its endemic nature. An attempt to use core mass media to pass health-related information to the rural dwellers may be compared to fishing in the desert. According to Nsude (2017), radio and television as well as print media have less effect on the rural campaign. It is when familiar channels of communication are used to communicate development projects that people will be involved in the development processes. Involvement of the beneficiaries of a project is germane to the full utilisation of it as it births value and appreciation by the people whom such project is meant and this is achievable by using appropriate media to communicate such development project (Okonna, 2002). The rural people can easily be convinced to make them attach ownership to the project if the media of communication emanates from them.

## **STATEMENT OF THE PROBLEM**

It is mostly believed that disseminating development messages to rural dwellers is very challenging and this is mostly due to the inaccessibility of modern media of communication. In most of these rural areas, the radio wave is poor (even for the few people that have the radio) and it is worse compared to television. But the need to communicate health-related messages to these people is a prerequisite to their wellbeing. Before now, Obiora (2011) has assessed the uses and impact of traditional communication as an effective tool for grass-roots mobilization and development in south-east Nigeria, and found that traditional communication media could be strategically used to reach the rural populace; Apata (2014) took a look at information dissemination and communication strategy using town crier in a traditional context in south-western states, Nigeria. His study focused on using town criers to disseminate agricultural messages. Findings have shown that the town crier's primary source of information is king/Oba. Sokey, Adjei, and Ankrah (2018) studied media use for health

information dissemination to rural communities by the Ghana health service and found that the people of Shai Osudoku district of the Greater Accra Region accessed health-related information through printed matter. Subsequently, Nsereka and Anele (2014) examined folk media in the sensitization of Nigeria's rural population: A NOA's feedback perspective and found that the feedback mechanism between government and the people was not potent.

It is interesting to note that none of these studies focused particularly on appraising if town criers spread pandemic-related messages. Therefore it has become fundamental to take a bias on this subject with specifics to assessing town crying and the gale of sensitising Nigerian rural communities in the face of a pandemic with coronavirus in perspective.

## **OBJECTIVES OF THE STUDY**

- I. To identify sources of health information to town criers;
- II. To ascertain if town criers in the area cried about coronavirus;
- III. To examine the responsiveness of the rural people to town crier information about covid-19;
- IV. To appraise challenges of town criers in the dissemination of health-related information.

## **RESEARCH QUESTIONS**

1. What are the sources of health information to town criers?
2. Did town criers in the area cry about coronavirus?
3. What is the responsiveness of the rural people to town crier information about covid-19?
4. What constitute challenges of town criers in the dissemination of health-related information?

## **LITERATURE REVIEW**

### **Sources of Health Information Available to Town Criers**

Information dissemination in the rural area is very challenging due to the lack of cohesive habitation pattern of the rural communities Udoakah (cited in Nsereka and Anele, 2014, p. 23) contends that whenever:

the phrase rural area is mentioned in Africa certain images are conjured up in people's minds. These images, he says, are those of acute underdevelopment and poverty which manifest themselves in the form of bad roads, lack of potable water, poor housing, poor sanitation, lack of electricity, malnutrition, and illiteracy. Udoakah observes that rural area brings to mind the image of a people who suffer on the farms from morning till evening but whose harvest is not commensurate with the effort exerted and the time spent on cultivation.

Most of these rural communities lack modern communication signals; therefore, they depend, according to Nsereka and Anele (2014) on traditional media for their messages. These rural dwellers are disadvantaged in many areas save for agriculture. They lack modern means of communication media thereby relied solely on traditional means of communication especially town crying. This form of traditional communication is an interpersonal channel because it “appears to be a form of community communication in

which a communicator known as a town crier/ messenger/reporter disseminates information in his immediate community” (Wilson and Itek, 2017, p.55). It, therefore, holds that town criers are the purveyors of rural information dissemination. Their means of assessing information, social and economic statuses differ from communities to communities in concomitance to the ordinances of the communities. For this part of the country, town criers are messengers of the people and for the people. They are appointed by the communities or groups to serve as message purveyors. Those appointed by communities take information from the community leaders on the important decision reached by the Council of Elders; they also take the message from the people, say on missing items. They disseminate this information for the general community or for the section of the community for which the message is meant for. Contrary to these instances, a study carried out by Omogor (2013) on “channels of information acquisition and dissemination among rural dwellers” in southwestern Nigeria, revealed that town criers were traditional chiefs and were referred to as smaller chiefs by the king or king in council. It was also unearthed that town criers had a group from which those who were supposed to be on duties were apportioned and that they met fortnightly to review the previous assignment.

As rural communities continue to advance, areas of specialisation have emerged for town criers. Some represent particular organisations and only carry information from/for them; for instance, political parties, primary health, primary school, payment of bills and so forth. When their voices pierce the community air in the night or at dawn, there is no need to ask the source of the message because such criers are the image of the organisations they represent. Town criers have been using attention-attracting devices like bell or drum (Ngwaimbi cited in Omogor, 2013) but currently, have progressed to using portable public address systems. Some of them are being carried on the motorcycle by those whose message they cry (if it were private commission) or using a bicycle for mobility where the community is large.

### **Town Criers and Health Information Dissemination**

Everyone needs either remote or immediate health information to maintain good health hygiene, and this is not a sequel to an outbreak of a pandemic only. Having information and, subsequently, education on a particular disease reduces the risk involved in contracting such disease. Aryee (2014) lends credit to this when it was said by having access to health information reduces the social and economic risk of both preventable and non-preventable diseases and illnesses. It also brings about health security and administrative serenity to a nation. Health crises are always very fatal if there is little delay in communicating them. Town crying remains an irrefutable channel in information dissemination to the rural areas. Since it emanates from the people and they can always make reference to it, information disseminated through it seems to be very potent (Adekunle et al, 2002). Town crying has an element of interaction, which according to Parrott (2004), is preferred for disseminating information and the teaching skills which have the preference of face-to-face communication. For successful health information dissemination, it is preferred that familiar sources of information are used as this ensures responsiveness from the people communicated. Uga and Fajinbesi (cited in Daudu and Mohammed, 2013) identify oral transmission as a channel of communication in the rural communities in which people themselves participate in information sharing among themselves.

### **Responsiveness of the Rural People to Town Crier Information**

Town crying is an aspect of the nonmaterial culture of many African societies. They emerge from the people as a result of the need to disseminate information among them. Town crying is believed to be all-inclusive as it encompasses both literate and illiterate, male and female and young and old. The town crier is a very important conduit of communication in Africa (Obiora, 2011). Omogor (2013) submits that African oral tradition is impressively influential and resilient and that because of its theatrical and dramatic form, has become particularly great importance to the new generation of development practitioners. This, according to her, encourages participation by communication participants and eschews the restriction of interactions to the key players. Town crying encourages participation and interaction by communication players. It has immediate feedback (interpersonal) as the sender and the receiver can exchange information with each other. On interpersonal communication, Omogor (2013, p. 307) says it “dominates our activities at home, office, market and elsewhere. It helps to break the barrier of formal relationships, generates warmth and creates a harmony that is necessary for socio-economic development.”

Traditional communication systems have been sustaining African communities since creation and they will continue to do so. They help in entertainment, education information, status conferral, reformation, and regeneration of cultural heritage. They help in communicating war, educating people on an outbreak of a pandemic, call for a meeting at the King palace, etc. According to Ugboajah (1979), Africa’s traditional communication has become very relevant because the audience has learned to attach great significance to it. And that is why it is considered a germane tool for grass-root mobilisation or what Nwodu (2007) simply refers to as social mobilisation. According to him, social mobilisation means an act of identifying with a mass of people, winning their commitment and pooling them together to execute purposeful goals and behaviour patterns that are likely to enhance their wellbeing; or jettison such goals or behaviour patterns considered to be harmful to them. Although the traditional communication systems may be different from the modern systems introduced from abroad, they relentlessly sustain the information needs of the rural communities which represent over 70% of the national populations of most Third World states (Obiora, 2011).

### **Challenges of Town Criers in Disseminating Health-Related Messages**

Town criers use their physical energy and vigor in carrying out their duty, unlike their mass media practitioners counterpart that uses their mental energy. Town criers carry out their official duty at night; thereby, exposed to dangers of the night like scorpion and snakebite as well as physical attacks by those who have revulsion for their information. In a time when the town crier has throat crack, his prowess would be affected. Omogor (2013) adds that other limitations of town crying include: monopoly of information passed might not meet the information needs of the community and that the leader of the community has the monopoly of information, therefore, may give instructions on which message or information to be passed to the community. The position of Omogor here points to the fact that the practice of town crying differs from community to community and the cultural practices of a given community are the major indicators navigating the practice of town crying. Another limitation of town crying is the issue of language (Obiora, 2011; Omogor, 2013). If a health worker comes to a particular

community and wants to pass information to the people, it will be hard for the town crier to decode the message content before interpreting it to the beneficiaries because most town criers are illiterates. Nsercka and Anele (2014) say the main limitation to using indigenous communication media is that they are labor-intensive.

## **CORONA VIRUS**

Coronavirus is seen by many as worse than the two world wars because it has affected every system of the whole world. Coronaviruses are causal agents of many diseases in animals including gastroenteritis, respiratory tract, and central nervous system disease, but in humans, they are proven to be associated with respiratory tract illnesses only (Umukoro et al., 2020; Bassey 2020). The SARS-CoV is the most aggressive human coronavirus which causes Severe Acute Respiratory Syndrome (SARS), lung disease in humans (Drosten, 2003; Ksiazek, et al, 2003; and Osterhaus, et al, 2004 Hoek, 2007).

Giving a brief development of the disease, Hafeez, Ahmad, Siddqui, Ahmad, Mishra, (2020) stressed that World Health Organisation (WHO) originally called it Novel Coronavirus-Infected Pneumonia (NCIP) and the virus had been named 2019 novel corona-virus (2019-nCoV). Precisely on 11Feb 2020, according to Hafeez et al (2020), WHO officially renamed the clinical condition COVID-19 (a shortening of Corona Virus Disease-19), which was announced in a tweet. The authors traced the history to Wuhan, Hubei Province, China in December 2019, the current outbreak is officially a pandemic. Hafeez et al (2020) continue that as of 15 April 2020, 210 Countries and Territories around the world have confirmed 1,998,111 cases and 126, 604 deaths of COVID-19 and show the presence in six continents. This shows minimal effects if compared with that of 4th May 2021, when 154,250,595 people have been affected by the virus worldwide with 3,228,694 deaths and 131,687,626 recovered ([www.worldometers.info](http://www.worldometers.info)). According to Hafeez et al (2020, p. 117),

Many studies increasingly clear that the death rate increases with age Children under 9 years of age seem to be largely unaffected, either with no or mild symptoms or none have died due to COVID-19 infection. While people over the age of Eighty years and those with chronic diseases are the most vulnerable. For those cross 80, approximately 14.80% of those infected die.

Going by the submission of Adhikari et al (2020, p. 11), “With regard to COVID-19, early patients were reported to have some link to the Huanan Seafood Market in Wuhan, China, suggesting that these early infections were due to animal-to-person transmission. However, later cases were reported among medical staff and others with no history of exposure to that market or visiting Wuhan, which was taken as an indication of human-to-human transmission.”

## **METHODOLOGY**

A survey research design was adopted in this study. The survey research design enabled the researcher to study the individual characteristics of the population. Also, the survey was appropriate for this study as it allowed the researcher to deal with the characteristics of the populations whose opinions, attitudes and behaviours were pertinent for the collection of data required for the study (Uwuamalam, 2012). The survey was equally relevant because it has individual people as units of analysis (Babbie,

1992). By adopting a survey, the researcher was able to analyse the individual opinion of the respondents.

Though the study population was concentrated on Benue State, the researcher adopted cluster sampling to select three senatorial zones. That was necessary because of the segmentation of the population. Purposive sampling technique was used to select six local governments of Vandeikya, Kwande, Guma, Gwer West, Ohimini and Okpokwu. This sampling technique was appropriate because it allowed the researcher to select only local governments that were largely rural. Also based on the same reason for using purposive sampling on the local governments, the same sampling technique was used to select communities and ten (10) town criers from each local government. Therefore a total of sixty (60) town criers were selected. These town criers were therefore interviewed face-to-face.

## **DATA PRESENTATION**

Opinions of sixty town criers were sought for this study through an oral or face-to-face interview. The interview respondents were tagged “participants” and numbered from one to sixty. The data collected from them were presented in line with the four research questions that guided the work thus:

### ***What are the Sources of Health Information to Town Criers?***

All the sixty respondents attempted this question. It was generally agreed upon by the participants that their sources of information came majorly from community leaders, private persons, and primary health workers. Other sources of information included Heads of primary schools, electric power workers, strangers who lost value items, etc. Participant 18 specifically said “They (primary health workers) send me a paper containing what I should pass on to the people especially during immunisation. The Chief of the community, youths and women leaders send me on various issues they would like the community members to be aware of.” Participant 12 added to the above that “Even the primary health care providers would first tell the Chief of the community and he will tell me when to inform the people.”

For participant 8, “Primary health workers at our Local Government secretariat have my phone contact and I have theirs. They call me when there is a need to pass information out to the people.” It was the opinion of participant 1, a town crier who was a special envoy of primary health care providers that they called him for training at the Local Government headquarters. “I go from places to places like churches, marketplace, and schools to announce to them the message from the health personnel.”

From the data presented above, it is seen that town criers are messengers of community, institutions, and private individuals: their sources of information. They are like conventional reporters who do not manufacture news but only report what has happened. Their duty is to carry out the task given to them by those who are in need to let out the information.

### ***Did Town Criers in the Area Cry About Corona Virus?***

Twenty-five out of the sixty interview participants attested to the fact they cried about coronavirus. Eighteen out of these twenty-five participants said they informed their people about the virus as sent by health workers. The rest seven out of the twenty-five that informed their people about the pandemic testified they only told them when the

vaccines had come and the need they should go out to take them. Specifically, participant 18 said he informed his people about coronavirus: mode of transmission and prevention “and when they brought the medicine (vaccines) I also informed my people.”

Going by the information available from these data, few town criers passed information about the outbreak of the disease to create awareness about it. Equally, few town criers cried about the vaccines when they were brought. This means there is another source of acquiring health information by the rural people going by the fact that town criers, who are the major purveyors of rural news, scarcely informed the people about the COVID-19 pandemic.

### ***What is the Responsiveness of the Rural People to Town Crier Information About COVID-19?***

According to participant 1, there were mixed reactions from the people. “When I told them about the disease as instructed by those I work with (primary health workers), many people didn't believe it. Some told me that the sickness was not in the country or was not a poor man's sickness; very few believed. The following Sunday, I saw some people going to churches with their face masks as I told them.” Many other people who town cried the coronavirus could not ascertain the reactions of the people to the message. But the seven criers who informed the people about the arrival of the vaccines confirmed the positive response of people towards the collection of the vaccines.

The data above point to the fact that the figure of those who responded to town criers' information about COVID-19 was fair. For those town criers who informed their people about the virus and the vaccines, the people responded to the information fairly.

### ***What Constitute Challenges of Town Criers in Dissemination Health Related Information?***

All the interview participants attended this research question. Forty-one of them agreed they faced challenges of certain degrees. For the sake of specifics, participant 28 said “Lack of megaphone to boost my voice has been my challenge. I have complained about this to the Council of Elders but I am still awaiting its response. Also, there was a time some bad boys countered my information by talking at it from the side, I reported them to the Council and they were reprimanded.” Many other participants decried this lack of megaphone because the human voice was not sufficient. Some of them said using natural voice to pass information in a large community was stressful and time-wasting. According to participant 16, “As the community is big, staying at few points to pass information is not enough. I have to go round and round at many points before the information can go round. But with the use of something to boost my voice, just three points will be enough for the people to hear me.” Participant 5 affirmed challenges from message receivers especially when it comes to payment of bills like ‘NEPA’; they will begin to say that how they could pay bills when there was no light.” Many participants talk about the interruption of some people in their information dissemination. Many of the respondents also agreed they were not paid by the government as they do their work.

From the data presented above, it is seen that town criers face a lot of challenges while carrying out their duty. The most pronounced of these challenges is the lack of a megaphone to boost their voice. Other challenges like interruption by people and lack of

financial recognition by the government were also confirmed by the interview participants.

## **DISCUSSION OF FINDINGS**

Data collected for this study have been presented and interpreted. Findings reveal there were many sources of information to town criers and chief among them are the community leaders, private individuals and primary health providers. Town criers are rural reporters: they disseminate news but not produce news. They are appointed by the community based on some pedigree; they are the information symbols of their various communities. Wilson and Itsek (2017) assert that the town crier must disseminate information in his immediate community. This is necessitated by the fact that information dissemination is the only major contribution of town criers to their communities, and in this wise, they are referred to as Community Information Officers (CIO). Finding from this study also shows that for town criers to do their work very well, they were relieved of other duties like cleaning up of the community, contributions to burials, etc believing that town crying covered up other responsibilities the criers should undertake for the communities. It was unearthed from the study that few town criers passed information about the outbreak of the disease to create awareness about it. The only sure way to reduce the risk involved in contacting coronavirus and other fatal diseases is to create adequate awareness about it. According to Aryee (2014), having access to health information reduces the social and economic risk of both preventable and non-preventable diseases and illnesses. It is believed that information disseminated through town criers seems to be very potent (Adekunle et al, 2002) but they were relegated to the background, making the people believe anything they were told about COVID-19. Health workers used town criers to disseminate immunisation related information to the rural people and should have used the same for the coronavirus.

Finding also indicates that the figure of those who responded to town criers' information about COVID-19 was few. Some rural people believed and responded to the information about COVID-19, many others did not believe. Although according to Ugboajah (1979), Africa's traditional communication has become very relevant because the audience has learned to attach great significance to it, this is in sharp contradiction to this finding. Could there be an underlying factor why the rural people did not believe it wholly when COVID-19 was town cried to them? Before now, Nwosu (2007) has affirmed town crying was a germane tool for grass-root mobilisation or what simply he referred to as social mobilisation. But this potency of using town crying for rural mobilisation was not affirmed in this study.

Finding also shows that town criers face a lot of challenges while carrying out their duty. The most pronounced of these challenges is the lack of a megaphone to boost their voice. Other challenges are interruption by people and lack of financial support by the government. Since their job involves shouting for many people to hear them, they need to strain their voice; if not, it will not be audible for the people to hear them. Nsercka and Anele (2014) confirm this challenge when they say the main limitation to using indigenous communication media is that they are labor-intensive. Since town crying is labor-intensive, the criers need megaphones to boost their voice to avoid heavy stress.

## CONCLUSION

This study appraised town criers in their bid to disseminate pandemic-related information with particular attention to COVID-19. It could be inferred that town criers are community information officers; therefore, are charged with the duty to herald information to the community people. Their place in most African societies remains very invaluable as they purvey information to the people. Traditional Council is a predominant cultural system in Nigeria and the need for this Council to relay information to the people on matters of community importance remains very vital to it. Therefore there is a need to have town criers be charged with the responsibility to disseminate news from the Council to the people.

Town criers receive information from the Council, private individual primary health personal, primary school heads, and others who need information dissemination. Since they emanate from the people, they understand the culture therefore, rural people attach relevance to them. Though town criers disseminate news to the rural people and are seen as potent in this, many of them did not disseminate information about the COVID-19 pandemic because health workers did not make full use of them. Town criers continue to render their services to the development of their various communities despite the numerous challenges they are facing.

## RECOMMENDATIONS

Base on the findings of this study, it is hereby recommended that:

- I. The community Council should back the information it sends out through town criers for effective action especially in the face of the pandemic. This will go a long way to preventing the spread of the disease.
- II. Healthcare providers should always make use of town criers to pass health information to the people. This is considered necessary because the rural people understand the language of town criers and can ask for clarification where necessary.
- III. The rural council of Elders should deem it fit to provide town criers with megaphones to boost their voice, and other aids to help them in their duty.
- IV. Considering the good work they do by relaying information to the community, the government should collaborate, through National Orientation Agency, with town criers to inform the rural people about an outbreak of a pandemic. The government should also be supportive of them financially.

## REFERENCES

- Adekunle, A. A., Onyibe, J. E. Ogunyinka, O. M., & Auta S. J., (2002). Agricultural information dissemination: An audience survey in Kano State. Institute of International Tropical Agriculture (IITA) and Information Communication support for agricultural growth in Nigeria. Ibadan: IITA.
- Adhikari, S. P., Meng, S., Wu, Y., Mao, P., Ye, R., Wang, Q., Zhou, H., (2020). Epidemiology, causes, clinical manifestation and diagnosis, prevention and control of coronavirus disease (COVID-19) during the early outbreak period: A scoping review. *Infectious Diseases of Poverty* <https://doi.org/10.1186/s40249-020-00646-x>
- Apata, T.G. (2014). Information dissemination and communication strategy using town crier in a traditional context in southwestern states, Nigeria. A publication of the

- School of Agriculture Technology, the Federal University of Technology, Akure, Nigeria. Pp. 78-87.
- Aryee, K. L. (2014). The Role of the mobile phones in health education for rural communities in Ghana. An explorative study in digital technologies. Electronic thesis and dissertation repository paper.
- Babbie, E. (1992). *The practice of social science* (6th ed.). California: Wadsworth Publishing Company.
- Bassey, S. A. (2020). Technology, Environmental Sustainability and the Ethics of Anthropoholism. *Przestrzeń Społeczna*, 1, 19.
- Communication, Autumn*, 29(4), 29-38
- Daudu, H.M. & Mohammed, Z. (2013). Information dissemination, access and utilization for socio-economic empowerment of rural people in northern states of Nigeria. *Annals of Library and Information Studies*, 60, 235-241
- Drosten, C.; Gunther, S. & Preiser, W. (2003). Identification of a novel coronavirus in patients with severe acute respiratory syndrome. *England Journal of Medicine*; 348, 1967-1976.
- Hafeez, A.; Ahmad, S.; Siddqui, S.A.; Ahmad, M. & Mishra, S. (2020). A review of COVID-19 (coronavirus disease-2019) diagnosis, treatments and prevention *EJMO* 4(2), 116–125 DOI: 10.14744/ejmo.2020.90853
- Hoek, L. (2007). Human coronaviruses: What do they cause? *Antiviral Therapy* 1-15.
- Ksiazek, T. G., Erdman, D., Goldsmith, C. S. et al (2003). A novel coronavirus associated with severe acute respiratory syndrome. *England Journal of Medicine* 348, 1953-1966.
- Martini, E.; Paramita E. & Roshetko, J.M. (2016). Information channels for disseminating innovative agroforestry practices to villages in Southern Sulawesi, Indonesia. Working Paper 224. Bogor, Indonesia: World Agroforestry Centre (ICRAF) Southeast Asia Regional Program. DOI: <http://dx.doi.org/10.5716/WP16034.PDF>
- Nsereka, B.G. & Anele, S.M. (2014). Folk media in the sensitization of Nigeria's rural population: A NOA's feedback perspective, *Review of Communication and Media Studies* , 1 (1) 21-30
- Nsude, I. (2017). Techniques and challenges of rural reporting in Africa. In Nwosu, I.E. & Nsude, I. (Eds.). *Trado-modern communication systems: Interfaces and dimensions*. Enugu: Rhyce Kerex Publishers. Pp. 175-186.
- Nwodu, L. C. (2007). Managing development communication campaign for sustainable human development. In Nwosu I. E.; Fab-Ukozor, N. T. & Nwodu, L. C. (Eds.) *Communication for sustainable human development*. Enugu: African Council for Communication Education, ACCE.
- Obiora, I. V. (2011). Uses and impact of traditional communication as effective tool for grass-roots mobilization and development in south-east Nigeria. A Master of Science degree dissertation submitted to the Institute for Development Studies, University Of Nigeria, Enugu Campus.
- Okonna, C.S. (2002). A quick look at development communication. In Okonna, C.S. (Ed.). *Teaching in mass communication: A multidimensional approach*. Enugu: New General Books.

- Omogor, M. (2013). Channels of information acquisition and dissemination among rural dwellers. *International Journal of Library and Information Science*, 5 (10), 306-312.
- Osterhaus, A. D.; Fouchier, R. A. & Kuiken, T. (2004). The aetiology of SARS: Koch's postulates fulfilled. *Biological Science*; 359, 1081-1082.
- Owuamalam, E. (2012). *Data analysis and research project writing: A practical approach*. Owerri: Top Class Agencies Ltd.
- Parrott, R. (2004). Emphasizing communication in health communication. *Journal of Communication*, 54 (4), 751-787.
- Sokey, P. P.; Adjei, E. & Ankrah, E. (2018). Media use for health information dissemination to rural communities by the Ghana health service. *Journal of Information Science, Systems and Technology*, 2, (1) 1-18.
- Uche, L.U. (E.d.) (1999). *Mass communication, democracy and civil society in Africa*. Lagos: International Perspective, Nigerian National Commission for UNESCO.
- Ugboajah, F. O. (1979). Developing indigenous communication in Nigeria. *Journal of Communication, Autumn*, 29 (4), 29-38.
- Umukoro, G. M., Odey, V. E., & Yta, E. M. (2020). The Effect of Pandemic on Homebased Tourism: Post Covid-19. *International Journal of Humanities and Innovation (IJHI)*, 3(3), 115-120.
- Wilson, D. & Itek, M. (2017). Traditional communication: The encoding and decoding process. In Nwosu, I.E. & Nsude, I. (Eds.). *Trado-modern communication systems: Interfaces and dimensions*. Enugu: Rhyce Kerex Publishers. Pp. 55-62.