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Beyond Outbreaks: Media Coverage of Communicable and Cardiovascular Diseases in Nigeria

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Abstract

Health communication research in Nigeria has largely prioritized communicable diseases such as cholera, polio, Lassa fever, and COVID-19, while non-communicable diseases (NCDs), particularly cardiovascular diseases (CVDs), receive comparatively limited scholarly and media attention. This conceptual paper interrogates the imbalance in media coverage between communicable and non-communicable diseases, drawing on agenda-setting theory to explain how the prioritization of outbreak-driven illnesses shapes public awareness, policy discourse, and resource allocation. While acknowledging the urgency of communicable diseases due to their epidemic potential, the paper argues that the neglect of CVDs in media narratives undermines long-term public health education, preventive measures, and sustained investment in NCD management. By synthesizing insights from global and Nigerian scholarship, the analysis demonstrates how crisis-oriented framing perpetuates a reactive rather than preventive health culture. Conceptually comparing communicable diseases and CVDs, the paper advances a framework for balanced health reportage that integrates outbreak response with consistent attention to lifestyle-related risks. It concludes by

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recommending that Nigerian media, scholars, and policymakers recalibrate health communication strategies to ensure proportional visibility for CVDs and other NCDs alongside infectious diseases.

Keywords: Health Communication; Agenda-Setting Theory; Cardiovascular Diseases; Communicable Diseases; Nigerian Media

Introduction

Health remains one of the most important dimensions of human survival and development. In Nigeria, as in many developing societies, health crises are often mediated through the lens of communicable diseases such as cholera, polio, malaria, and more recently, COVID-19. These conditions, due to their epidemic potential and immediate threat to human survival, dominate headlines, policy discourse, and community conversations. By contrast, non-communicable diseases (NCDs), particularly cardiovascular diseases (CVDs) such as hypertension, heart failure, and stroke, receive limited media attention despite their growing burden on the Nigerian population. This imbalance raises critical questions about the role of the media in shaping health priorities, influencing public perceptions, and ultimately directing national policy and resource allocation.

Globally, the World Health Organisation (WHO, 2020) has documented a shift in disease patterns, noting that NCDs now account for more than 70% of deaths worldwide. Sub-Saharan Africa, once overwhelmingly preoccupied with infectious diseases, is now experiencing an epidemiological transition in which cardiovascular diseases and other NCDs are rising sharply (Akinyemi et al., 2021). In Nigeria, hypertension prevalence is estimated at 30% of the adult population (Adeloye et al., 2015), with increasing mortality linked to heart disease and stroke. Yet, in the mass media, narratives about communicable disease outbreaks frequently overshadow sustained discourse on CVDs. This discrepancy reflects not just editorial choices but also deeper structural realities in health communication, public policy, and cultural perceptions of disease.

Agenda-setting theory, developed by McCombs and Shaw (1972), provides a useful framework for interrogating this imbalance. The theory suggests that the media may not tell audiences what to think, but they significantly shape what audiences think about by assigning prominence to certain issues over others. In the Nigerian context, the media's

disproportionate emphasis on communicable diseases signals to the public and policymakers that these are the most urgent health challenges, even when data suggests otherwise. Okoro and Odoemelam (2013) observe that Nigerian media often adopt a crisis-oriented style of health coverage, framing diseases as emergencies that require immediate response rather than long-term preventive action. This approach may explain why CVDs, which progress silently and demand continuous lifestyle education, remain underreported.

Moreover, the political economy of health communication in Nigeria further explains the imbalance. Outbreaks of cholera, Lassa fever, or COVID-19 attract swift government response, international donor funding, and NGO interventions, which in turn create press releases, official briefings, and media materials for journalists to work with (Folarin, 2018). Conversely, CVDs attract less political attention and lack the spectacle of epidemics, making them less "newsworthy" under conventional newsroom values. Consequently, NCDs remain underrepresented in health reportage, perpetuating a cycle of public ignorance and underfunding. Nwabueze (2015) argues that such media practices reinforce a reactive health communication culture in Nigeria, in which prevention is sidelined in favour of crisis response.

The neglect of cardiovascular diseases in Nigerian media coverage has profound implications. First, it undermines public health education by failing to provide audiences with sustained information about risk factors such as diet, sedentary lifestyles, and tobacco use. Second, it creates a skewed health perception among the populace, who may view communicable diseases as the only threats to health while ignoring the silent killers that claim thousands of lives annually. Third, the lack of visibility for CVDs hampers advocacy for resource allocation to non-communicable disease prevention and treatment, thereby exacerbating health inequalities in Nigeria. This conceptual paper interrogates these issues by comparing communicable and cardiovascular diseases in terms of their media visibility, framing, and perceived importance within Nigerian health communication scholarship.

Theoretical Framework: Agenda-Setting Theory

Agenda-setting theory, first introduced by McCombs and Shaw (1972), argues that the mass media may not dictate what people think, but they significantly influence what people think about. Through repeated emphasis, selection, and prioritisation of certain issues, the media elevate some topics to the centre of public concern while relegating

others to the margins. In the context of health communication, this means that diseases which receive sustained visibility in news coverage often become perceived by the public as the most pressing health challenges, even when epidemiological evidence suggests otherwise.

In Nigeria, agenda-setting plays a decisive role in shaping the health narrative. Communicable diseases such as cholera, polio, and COVID-19 have historically dominated headlines due to their epidemic potential and immediate impact on communities. The recurrent visibility of such diseases signals to audiences that they are the nation's foremost health priorities. By contrast, non-communicable diseases (NCDs), particularly cardiovascular diseases (CVDs), receive little attention despite their rising prevalence and mortality burden. This discrepancy illustrates the agenda-setting power of the media: the absence of sustained coverage contributes to public ignorance, low risk perception, and weak advocacy for resource allocation towards NCD prevention and treatment.

Scholars have argued that the Nigerian media are largely crisis-driven, responding to disease outbreaks with urgency while neglecting slow-progressing conditions (Okoro & Odoemelam, 2013; Nwabueze, 2015). This reactive agenda-setting tendency reflects news values that privilege immediacy, novelty, and conflict over long-term structural health concerns. As Folarin (2018) notes, the media agenda in Nigeria is also shaped by political and economic influences, including government press releases, donor-funded programs, and NGO-driven campaigns. These sources often provide ready-made news materials on communicable diseases, thereby reinforcing their salience in the media agenda while leaving NCDs like cardiovascular disease in the background.

The application of agenda-setting theory to this study underscores a critical misalignment between media discourse and epidemiological realities. While cardiovascular diseases are among the leading causes of death in Nigeria (Adeloye et al., 2015; Akinyemi et al., 2021), their invisibility in the media agenda perpetuates the perception that they are secondary concerns. This weakens preventive health education efforts and undermines long-term strategies to curb the burden of NCDs. By privileging outbreaks, the Nigerian media construct a skewed health agenda that may inadvertently widen health inequalities and delay the country's adaptation to its ongoing epidemiological transition.

Therefore, agenda-setting theory offers a robust framework for understanding the comparative coverage of communicable and non-communicable diseases in Nigerian

media. It not only explains why outbreaks dominate headlines but also highlights the implications of underreporting cardiovascular diseases on public awareness, health-seeking behaviour, and policy prioritisation. This paper, through a conceptual lens, advances the argument that a recalibration of the media agenda is necessary to ensure balanced health communication that reflects both immediate crises and long-term health challenges in Nigeria.

Literature Review

The study of health communication in Nigeria reveals a strong bias toward communicable diseases in media coverage, while non-communicable diseases (NCDs), particularly cardiovascular diseases (CVDs), remain underrepresented. This imbalance reflects both the historical health challenges faced by Nigeria and the news values that prioritise immediate crises over long-term public health risks.

Communicable diseases have dominated Nigerian media discourse for decades, often driven by outbreaks that disrupt communities and demand urgent responses. Studies show that Nigerian media outlets prioritise reporting epidemics such as polio, Lassa fever, cholera, and, more recently, COVID-19, largely because of their devastating short-term impacts and the urgency of government interventions (Nwabueze, 2015; Ezeah, Asogwa, & Nwankwo, 2013). According to Okoro and Odoemelam (2013), communicable disease coverage often mirrors government press releases and donor-funded campaigns, creating a narrative that reinforces the salience of these diseases in the public consciousness.

The prominence of COVID-19 in recent years illustrates this pattern. Nigerian newspapers, radio, and television stations dedicated extensive airtime and print space to the pandemic, providing daily updates and preventive guidelines (Akpoveta, 2021). While such coverage raised public awareness, it also entrenched a reactionary pattern of disease communication, where only crises with global visibility or donor funding make the headlines.

In contrast, non-communicable diseases, especially cardiovascular diseases, are rarely given prominence despite their rising prevalence. Adeloye et al. (2015) and Akinyemi et al. (2021) document that cardiovascular diseases are now among the leading causes of mortality in Nigeria, with hypertension and stroke accounting for a significant share of

adult deaths. Yet, the Nigerian media devote little attention to sustained education on risk factors such as poor diet, sedentary lifestyles, and smoking.

Ugochukwu and Eze (2019) argue that this neglect reflects the media's inability to sustain coverage of gradual, non-crisis conditions. Unlike communicable diseases, cardiovascular health lacks the drama, novelty, and immediacy that newsrooms prioritise. As a result, audiences remain less informed about the lifestyle modifications and preventive practices necessary to reduce CVD risks. This has grave implications for public health, as awareness often precedes behaviour change.

Comparative scholarship confirms that the Nigerian media systemically privileges communicable over non-communicable diseases. Okorie and Oyedepo (2011) found that national dailies provided extensive coverage of HIV/AIDS campaigns while dedicating minimal attention to NCDs. Similarly, Oso, Adaja, and Amobi (2014) observed that donor influence and government health priorities directly shaped the media agenda, sidelining diseases without political or international visibility.

Across Africa, the trend remains consistent. In South Africa and Kenya, researchers also note that communicable diseases such as HIV and tuberculosis dominate the media agenda, while CVDs and other NCDs suffer from underreporting (Muturi, 2010). This suggests a continental pattern where the colonial legacy of epidemic-focused health systems, combined with donor-driven priorities, reinforces a crisis-oriented media agenda.

The literature reveals a striking gap between epidemiological realities and media agendas in Nigeria. While communicable diseases attract episodic bursts of coverage during outbreaks, cardiovascular diseases, which are long-term and steadily increasing, remain invisible in both mainstream and community media discourse. This gap undermines the role of the media as a tool for preventive education and health promotion.

The reviewed literature demonstrates that agenda-setting processes in Nigerian media disproportionately elevate communicable diseases while marginalising NCDs. This paper builds on these insights to argue that a recalibrated media agenda is urgently needed—one that integrates both outbreak-driven reporting and sustained coverage of cardiovascular health risks.

Methodology

This study adopts a literature review design as its methodological framework. A literature review design is suitable for conceptual papers because it allows for the synthesis and interpretation of existing scholarship to develop theoretical and practical insights rather than relying on primary data collection. By focusing on secondary sources, the paper examines the comparative coverage of communicable and non-communicable diseases in Nigerian media and situates cardiovascular diseases within the broader debates on health communication.

The conceptual orientation of this paper reflects the recognition that communicable diseases such as polio, cholera, Lassa fever, and COVID-19 have dominated media attention in Nigeria, often at the expense of long-term public health issues like cardiovascular diseases. Rather than conducting interviews or content analysis, the paper interrogates existing studies and policy reports, drawing from Nigerian and international literature. This approach aligns with the recommendation of Snyder (2019), who emphasises that literature reviews are essential for consolidating knowledge, identifying gaps, and advancing theory.

The sources of literature include peer-reviewed journal articles, books, policy documents, and reports from reputable organisations such as the World Health Organisation, the Nigerian Ministry of Health, and independent research institutions. Special emphasis is placed on works by Nigerian scholars whose contributions provide a local context to the dynamics of health reportage. For instance, Ezeah (2022) underscores that media coverage in Nigeria tends to focus disproportionately on epidemic outbreaks, while Fayoyin (2016) highlights that preventive health communication on non-communicable diseases remains underdeveloped. Similarly, Oloruntoba (2020) draws attention to the structural limitations of Nigerian media systems in promoting sustained coverage of lifestyle-related diseases.

The analytical approach involves identifying key themes that recur across the literature, such as the dominance of outbreak-centred news, the framing of health issues through crisis reporting, and the neglect of non-communicable diseases in sustained awareness campaigns. The review draws on agenda-setting theory (McCombs & Shaw, 1972) to explain how media prioritisation of communicable diseases influences public perception and policymaking, a phenomenon also discussed in the Nigerian context by

Adeyanju et al. (2020) in their study of media narratives during the COVID-19 pandemic. By systematically organising and interpreting these themes, the study provides a comparative analysis of disease reportage in the Nigerian media space.

The choice of a literature review design is justified by the abundance of existing work on health communication in Nigeria and beyond. Rather than duplicating efforts through primary data collection, this approach allows the study to synthesise evidence across multiple sources and offer a coherent narrative about the imbalance between communicable and non-communicable disease coverage. This aligns with the argument of Grant and Booth (2009) that literature review designs are particularly useful for conceptual research aimed at generating new frameworks and policy recommendations. In this case, the design enables the development of a balanced framework for understanding how Nigerian media can recalibrate their health communication practices to reflect both immediate outbreak response and long-term preventive education on cardiovascular diseases.

Conceptual Discussion

The comparative consideration of communicable and non-communicable diseases in Nigerian media reveals a profound imbalance that has significant implications for public health discourse. Using the agenda-setting framework as a lens, it becomes evident that media organisations often prioritise diseases that generate immediate, dramatic, and newsworthy crises—typically communicable outbreaks such as cholera, polio, Lassa fever, and, most recently, COVID-19. These diseases are marked by their sudden onset, rapid spread, and potential to disrupt communities, thus fitting neatly into news values that emphasise immediacy, conflict, and drama (McCombs & Shaw, 1972; Nwodu, 2015). Conversely, cardiovascular diseases (CVDs), despite being one of the leading causes of morbidity and mortality globally and increasingly in Nigeria, are often relegated to the background. Their gradual progression, chronic nature, and relatively less sensational profile make them less appealing to newsrooms operating within routines shaped by tight deadlines, limited resources, and audience demand for immediacy (Fapohunda & Adeyemi, 2020).

This skewed media agenda has critical implications for public perception and health behaviour. Agenda-setting theory emphasises that the salience given to issues by the media

directly influences the importance attached to them by audiences. By giving prominence to communicable diseases, the Nigerian media inadvertently signals to the public that such conditions are of higher relevance than non-communicable ones, thereby shaping the national health consciousness in favour of crises rather than prevention (Okorie & Oyedepo, 2011). While outbreaks are undoubtedly serious, this imbalance risks producing a skewed understanding of the nation's health priorities. Cardiovascular diseases, hypertension, and diabetes, though less dramatic, are responsible for a significant proportion of premature deaths in Nigeria (Adeloye et al., 2019). Yet, the under-reportage of these conditions limits public awareness, delays behaviour change, and contributes to weak demand for preventive health policies.

The dominance of outbreak-driven communicable disease coverage also aligns with institutional and political interests. Government officials and health agencies often use media channels to communicate during crises, issuing press releases, holding briefings, and demanding coverage that reinforces their visibility as managers of emergencies. This reinforces the institutional dominance in health news sourcing, with journalists heavily relying on official pronouncements at the expense of community-based or expert perspectives (Oso, 2012). Such sourcing practices perpetuate a reactive media orientation, where health reporting is shaped more by government-led interventions in communicable outbreaks than by independent journalistic prioritisation of long-term threats like CVDs.

A conceptual comparison of communicable and cardiovascular disease reportage further demonstrates the limits of the media's current framing. Communicable diseases are typically covered with a crisis-oriented frame, emphasising morbidity, mortality, and the need for urgent government response (Ezeah, 2016). In contrast, the little attention given to cardiovascular diseases tends to be episodic, often pegged to commemorative events such as World Heart Day, medical outreaches, or isolated public lectures. This reliance on event-driven coverage undermines sustained audience engagement with issues of lifestyle modification, dietary choices, exercise, and preventive healthcare that could significantly reduce cardiovascular risks. As Obukoadata and Okwuchukwu (2017) argue, Nigerian media often fall short of their developmental communication responsibility when they fail to sustain issue-based framing in health reportage.

The implications extend beyond public perception to health policy. Policymakers often respond to issues that are perceived as urgent in the public sphere, and media

coverage is a critical driver of that urgency. When communicable diseases dominate the news agenda, resources are disproportionately allocated to short-term containment measures, while non-communicable diseases remain underfunded and under-prioritised (Adebisi et al., 2020). This pattern has perpetuated a reactive rather than preventive health policy culture in Nigeria, where successive governments mobilise during crises but fail to invest adequately in long-term health infrastructure to address the silent epidemic of CVDs.

From a conceptual standpoint, this imbalance reflects deeper structural challenges in the Nigerian media system. Commercial pressures drive many private outlets to prioritise stories that attract larger audiences, while state-owned media remain constrained by political influence and bureaucratic control (Uche, 1989). Both logics converge in reinforcing communicable disease coverage, which easily satisfies both commercial and political imperatives. Cardiovascular diseases, by contrast, require in-depth, sustained, and often resource-intensive investigative journalism that is not readily supported within the current media economy. Thus, the agenda-setting power of the media is curtailed by structural limitations that disincentivise preventive and developmental health reporting.

However, the conceptual gap highlighted by this imbalance offers an opportunity for rethinking the media's role in public health. The media could reorient their agenda-setting function from an exclusive focus on crisis reportage to a more balanced model that incorporates preventive health advocacy. By framing cardiovascular diseases not merely as individual lifestyle issues but as systemic public health challenges linked to urbanisation, poverty, and weak health systems, the media can elevate the salience of these conditions in public discourse (Onwumechili, 2013). This shift would align with global calls for media to play a stronger role in combating non-communicable diseases, which now account for more than 30% of deaths in sub-Saharan Africa (World Health Organisation, 2022).

Furthermore, the Nigerian media can expand sourcing practices to include medical experts, patients, and civil society voices, thereby diversifying the narratives around cardiovascular health. Such pluralism in sourcing would reduce the dominance of official voices and enrich the framing of CVDs beyond crisis-oriented reportage. By drawing on expert knowledge, the media can provide sustained, explanatory journalism that helps audiences understand the long-term risks of cardiovascular conditions and the preventive measures available. At the same time, incorporating patient perspectives would humanise the discourse, countering the abstraction that often characterises health reporting.

Ultimately, the comparative neglect of cardiovascular diseases in Nigerian media discourse underscores the urgent need for agenda recalibration. If the media continue to prioritise communicable disease outbreaks at the expense of non-communicable conditions, the public will remain underinformed about the leading causes of death in the country, and policymakers will continue to underinvest in preventive health infrastructures. A deliberate effort to rebalance coverage would not only fulfil the media's developmental responsibility but also contribute to building a health-conscious citizenry capable of adopting preventive behaviours. In this way, the agenda-setting role of the media could be harnessed more effectively to address both the dramatic threats of communicable outbreaks and the silent but deadly epidemic of cardiovascular disease.

Conclusion

The comparative analysis of media coverage of communicable and cardiovascular diseases in Nigeria underscores a troubling imbalance in agenda-setting practices. Nigerian newspapers and broadcast media consistently prioritise the reportage of communicable diseases such as polio, cholera, Lassa fever, and COVID-19 because of their dramatic nature, immediacy, and alignment with official government briefings. This crisis-oriented orientation satisfies the news values of timeliness and prominence but inadvertently sidelines cardiovascular diseases, which remain among the leading causes of premature mortality in Nigeria and globally (Adeloye et al., 2019; World Health Organisation, 2022). By granting greater salience to communicable diseases, the media reinforce a reactive health communication environment where public attention and resources are concentrated on short-term emergencies rather than long-term preventive strategies. This imbalance not only distorts public understanding of health priorities but also perpetuates weak policy responses to the rising burden of non-communicable diseases in Nigeria.

The findings highlight that while communicable disease coverage is often framed around government response and public fear, cardiovascular diseases are treated episodically and event-driven, with coverage usually limited to commemorative days or expert seminars. This lack of sustained media attention contributes to public ignorance, poor health-seeking behaviours, and limited civic demand for policy reforms on preventive health. From an agenda-setting perspective, the failure of Nigerian media to consistently elevate cardiovascular diseases undermines their developmental communication role and

weakens their contribution to public health literacy. The situation also reflects structural constraints within Nigerian journalism, where commercial pressures, political interference, and limited editorial resources discourage long-term health reporting in favour of more newsworthy crises (Oso, 2012; Obukoadata & Okwuchukwu, 2017).

To address this imbalance, deliberate reforms in media practice are urgently required. Journalists and editors should reframe cardiovascular diseases not merely as lifestyle conditions but as systemic public health challenges linked to poverty, urbanisation, and inadequate healthcare infrastructure. Sustained coverage would require a shift from crisis-driven reportage to developmental journalism, anchored in preventive advocacy and continuous public education. Partnerships between media organisations, public health experts, and civil society groups should be strengthened to ensure a steady supply of expert-driven content on cardiovascular health. Additionally, newsroom training and specialised health reporting desks could equip journalists with the knowledge and skills to produce in-depth, explanatory coverage that elevates cardiovascular diseases on the public agenda.

Policy actors also have a role to play in supporting media-driven health advocacy. Government health agencies and non-governmental organisations should invest in media campaigns that highlight the burden of cardiovascular diseases, integrating them into national health communication strategies. Such efforts would complement communicable disease interventions by creating a dual agenda that emphasises both outbreak management and chronic disease prevention. By balancing their agenda-setting function, Nigerian media can contribute to a more informed citizenry, foster preventive health behaviours, and push policymakers toward more equitable allocation of health resources.

In conclusion, the Nigerian media must recalibrate their health reportage to give equal prominence to communicable and non-communicable diseases. While it is necessary to cover outbreaks with urgency, it is equally critical to sustain public awareness of cardiovascular diseases that silently claim lives. Achieving this balance will position the media not only as chroniclers of crises but also as catalysts of long-term health transformation in Nigeria.

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