An Evaluation of the Impact of HIV/AIDS Prevention Communication Strategies on Behavioral Pattern of Youths in Kaduna Metropolis

By

ABAH, MARY ENE

DEPARTMENT OF MASS COMMUNICATION,
FACULTY OF SOCIAL SCIENCES,
AHMADU BELLO UNIVERSITY,
ZARIA, NIGERIA

April, 2016

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By

ABAH, Mary Ene
Sc./Soc-Sci/7617/2009-2010

A THESIS SUBMITTED TO THE SCHOOL OF POSTGRADUATE STUDIES, AHMADU BELLO UNIVERSITY, ZARIA IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF A MASTER OF SCIENCE DEGREE IN MASS COMMUNICATION,
FACULTY OF SOCIAL SCIENCES,
AHMADU BELLO UNIVERSITY,
ZARIA, NIGERIA

April, 2016

DECLARATION

I declare that the work in this thesis entitled: "An Evaluation of the Impact of HIV/AIDS Prevention Communication Strategies on Behavioural Pattern of Youth in Kaduna Metropolis" has been carried out by me in the Department of Mass Communication. The information derived from the literature has been duly acknowledged in the text and a list of references provided. No part of this thesis was previously presented for another degree or diploma at this or any other institution.

ABAH, Mary Ene _____ _____

Signature Date

CERTIFICATION

This thesis entitled: AN EVALUATION OF THE IMPACT OF HIV/AIDS PREVENTION COMMUNICATION STRATEGIES ON BEHAVIOURAL PATTERN OF YOUTH IN KADUNA METROPOLIS by ABAH, Mary Ene meets the regulations governing the award of the degree of Master of Science of the Ahmadu Bello University, and is approved for its contribution to knowledge and literary presentation.

Chairman, Supervisory Committee **Ladi S. Adamu, Ph.D.**	**Date**
Member, Supervisory Committee **Suleiman Salau, Ph.D.**	**Date**
Head of Department **Mahmud M. Umar, Ph.D.**	**Date**
Dean, School of Postgraduate Studies **Prof. Kabiru Bala**	**Date**

DEDICATION

This work is dedicated to my husband, Dr. Edward Abah,for his care, financial support , encouragement and for being there for me and also my darling children, Abah Ihotu Melissa and Abah Jessica Ekondu who endured long hours of my absence during the course of this work.

ACKNOWLEDGEMENTS

I thank God almighty for the gift of life, for his mercy, love, faithfulness and for seeing me through the high and low moments of this work. My Alpha and Omega without you this work would not have seen the light of day. Special thanks to my supervisors, Dr Ladi Sandra Adamu and Dr Suleiman Salau, for their scholarly advice, their patience and for teaching me the rudiments of research.

My gratitude also goes to my Head of Department, Mahmud M. Umar for his concern about this study and the Post Graduate coordinator of the Department Dr Yakubu Ozohu for his support. I wish also to appreciate the contributions of my lecturers, Mr Cosmos Eze, Dr Okpoko, Baba Joy, Dr Sola Adeyanju, who have variously impacted me with knowledge.

I want to thank Dr. Haliru Musa Abubakar, the Executive Secretary of KASACA, Dr. Ahmed, a Director, and Mr. Nuhu Peter of the Monitoring and Evaluation department of KASACA for providing this research with qualitative information. I also wish to extend my thanks to the following staffs of Society for Family Health-SFH, Aisha Dadi and Susan Ogabo for also providing the study with valuable information.

I would also mention my husband Dr Edward Abah and my children, Ihotu Melissa Abah and Ekondu Jessica Abah and my niece Patience Eche who made sacrifices and endured long hours of my absence during this study. I am really grateful for all your encouragement and understanding. Without you this work would not have been a reality.

My heart goes to my wonderful parents, my father, Mr Anthony Okoh and my mother, Anthonia Okoh. Thanks for planting the seed of western education in me. May God continue to bless and keep you in good health.

Finally, a lot of gratitude is extended to my brothers and sisters: Mr George Okoh, Mrs Martina Ali, Mrs Celina Alechenu, Mr Tony Okoh, Mr Emmanuel Okoh, Mrs Charity Agada, Mrs Blessing Akpala and my beloved Kate Abah

ABSTRACT

Media campaigns have dominated health communication and behaviour change interventions, using a variety of strategies to reach the audience. Close contacts with the focal individuals, also referred to as opinion leaders, contribute to effective campaigns. Prevention is the main goal of various HIV/AIDS communication interventions. Of the over 2 billion people globally, 5.4 million are living with HIV. Nigeria records over one thousand new HIV/AIDS cases of infection daily with the prevalence rate of over 60% occurring among youths between the ages of 24-36 years. Statistics has shown that Kaduna state with a population of over 7 million people had over 5.1 percent infected with HIV/AIDS that is about 300,000 people are infected with HIV/AIDS with a significant proportion of this population youths. This study focuses on how HIV/AIDS campaign has been utilised to control the spread of the virus in Kaduna metropolis. The objectives include to examine the channels of communication used for HIV/AIDS campaign in Kaduna metropolis, the influence of HIV/AIDS campaign on sexual bahaviour among inhabitants of Kaduna metropolis, to determine the weaknesses of the HIV/AIDS campaign messages used in Kaduna metropolis, to find out the relevance of HIV/AIDS campaign messages in Kaduna metropolis and to ascertain how messages on HIV/AIDS help to control its spread in Kaduna metropolis. Relevant literature was reviewed from conceptual and empirical sources, while the Health Belief Model was used as a theory for this study. Survey and in-depth interview were used as research design while structured questionnaire and interview schedule were used as instruments of data collection. The population of the study was drawn from Kaduna metropolis, while purposive and accidental sampling techniques were used to draw 200 sample size for the study. In addition, three members of staff of Kaduna State Agency for the Control of AIDS and another two from Society for Family Health were interviewed. After a descriptive and inferential data analysis, it was found out that despite the campaign against the spread of the disease, 45.5% and 28.5% of the respondents indicated that there is still high rate of it in the metropolis. It was recommended that more attention should be given to radio, interpersonal channels and the campaign should be increased in the local government areas within Kaduna, in order to curb the spread of the virus.

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CHAPTER ONE

1.0 INTRODUCTION

1.1 Background to the Study

Communication has been the fulcrum upon which the society revolves and it has been used in all facets of human endeavour ranging from agriculture, health, human capital development among others. Chief among these functions is health communication which deals with dissemination of health-related messages from sender to receiver. The mass media are the tools of communication, hence, information about health are passed across using various media of communications. Such information or health communication messages can be about HIV/AIDS and other related ailments. This is sometimes a two-step process with media influence at the national and community level as well as motivating personal influencers or opinion leaders (Atkin 2001; Rogers 1995).

Media campaigns have dominated health communication and behaviour change interventions, using a variety of strategies to reach the audience. Close contacts with the focal individuals, also referred to as opinion leaders, contribute to effective campaigns. Prevention is the main goal of various HIV/AIDS communication interventions. Since the early 1990s, international AIDS programmes worldwide use media campaigns to disseminate the information about the epidemic (Myhre and Flora, 2000). Obviously, the mass media have largely and effectively created room for interventions to increase the knowledge of HIV transmission, to improve self-efficacy in condom use, to influence some social norms, to increase the amount of interpersonal communication and to boost awareness of health providers, among others. This has been consciously done to help put the spread of the disease under control just as scientists are simultaneously and unrelentingly working round the clock with the aim of producing medications that will cure the disease if contracted.

Of the over 6 billion people globally, 5.4 million are living with HIV. Nigeria records over one thousand new HIV/AIDS cases of infection daily with the prevalent rate of over 60% occurring among youths between the ages of 24-36 years. Statistics have shown that Kaduna state with a population of over 7 million people had over 5.1 percent infected with HIV/AIDS that is about 300,000 people are infected with HIV/AIDS with a significant proportion of this population youths. . The United Nations Programme on HIV/AIDS (UNAIDS) in 2012 revealed that about 700,000 Nigerian youths, aged 15 – 32, are living with HIV/AIDS. According to the Executive Director of UNAIDS, Mr. Michel Sidibe, the country risked the danger of new HIV infections if the youths are not properly educated about the effects of the virus. In a recent study titled '*Knowledge, Perception and Attitude of University Students towards prevention of HIV/AIDS*', it was reported that youths constitute the highest number of casualties of the HIV virus. The figures presented in the study established that over 51.7 % of students of Tertiary Institutions in Nigeria have multiple sex partners, a situation that increases the chance of contracting AIDS and other sex-related diseases. Nigeria, the most populous country in Africa, with a population of about 180 million people, is not ruled out of countries facing and suffering under the claws of HIV and AIDS (UNFPA, 2015). Owing to this, there came the need to get the masses more sensitised on how to curb the spread of the disease and if possible, what to do with the cooperation of government and non-government agencies to totally obliterate the disease from the societies. Notably, HIV/AIDS has emerged as one of the greatest public health challenges that has proved difficult to stop in spite of the public health community having dramatic success in other areas of disease prevention (Obi, 2013).

Also recently, specifically in July this year, the Director General of the National Agency for the Control of AIDS (NACA), Professor John Idoko, sensationally revealed that Nigeria records over 1,000 new HIV/AIDS infections daily, with youths aged 24 -36 taking a higher percentage of the total figure (Sola and Abdul, 2015). Kaduna state is one of the states ravaged by the HIV/AIDS scourge since it has high population density youths cutting across various cultures because of its cosmopolitan nature. The state is ranked 3rd in the country with a prevalent rate of 9.2 per cent (Obi, 2013; Biz Watch Nigeria, 2013).

Understanding health communication is critical to communicating successfully. Health communication is one tool for promoting or improving health. Changes in health communication can affect individuals' awareness, knowledge, attitudes, self-efficacy, skills, and commitment to behaviour change. The informal groups to which people belong and the community settings they frequent can have a significant impact on their health (Bertrand, O'Reilly, Denison, Anhang and Sweat, 2006). Examples include relationships between customers and employees at a salon or restaurant, exercisers who go to the same gym, students and parents in a school setting, employees at a worksite, and patients and health professionals at a clinic. By influencing communities, health communication programmes can promote increased awareness of an issue, changes in attitudes and beliefs, and group or institutional support for desirable behaviours. In addition, communication can advocate policy or structural changes in the community that encourage healthy bahaviour.

Health communication has been at the centre of any disease control. This is because the public health practitioners across the globe now intensify campaign on the need to dwell more on prevention than cure of ailments (Adam and Harford, 1999). To this end, the HIV/AIDS campaign has taken a new dimension in the past one decade, bringing the message of preventive

health care system closer to the people, instead of cure. However, health communication experts have proven the need for an understandable message presented in a form that could be acceptable to all race and traditions, in the prevalence areas. Various media of communications have been put in place to cater for the messages such as local language programmes on the mass media and billboards, drama extravaganza at the theatres and other official functions organised by corporate bodies, government and non-governmental organisations. Evaluating the effectiveness of these strategies of media communication is also determine by their acceptance by the receivers.Receiving the messages by the audience help to boost attitudinal change, acceptance of societal moral standards vis-a-vis cultural and religious barriers.

According to Abebe (2004), health communication messages are much more than merely disseminating information to people to keep them informed using the radio, television, newspapers and pamphlets. It entails the active solicitation of their perspectives to help consider options to shape the formation of policy, ensuring that the mechanisms are in place for a two-way flow of information and to build consensus among stakeholders about the development agenda. This, according to Crewe (2000), becomes strategic communication which can only be effective and have the momentum to move into another level or network of audience if those first contacted embrace the information and pass it on to others.

In Nigeria, the HIV/AIDS campaign has been spread across various cities, towns and villages, in order to sensitise the youth on the dangers of the pandemic. One of such cities is Kaduna metropolis, where several communication strategies are put in place to campaign against the HIV/AIDS pandemic. Such popular tools available in the state include billboards, radio, television, the various talk shows organised by various organisations, drama, film shows and other performing arts. While the mass media uses the radio to campaign to the youth on the

dangers of HIV/AIDS, the talk shows and film shows are organised by various health organisations and other corporate bodies such as non-governmental organisations and international agencies. This study therefore is based on finding out the impact of health communication messages on HIV/AIDS the inhabitants of Kaduna metropolis, consisting of four local government areas, namely Kaduna North, Kaduna South, Igabi and Chikun local government areas.

1.2 Statement of the Research Problem

Studies have confirmed that youth are the most vulnerable to HIV/AIDs in sub-Sahara Africa (Fatusi & Hindi, 2010; Akinyemi & Okpechi, 2011). Intensive program efforts on curbing the spread of the disease have yielded some measureable gains. However, despite marginal reduction in the burden of HIV/AIDS among Nigerian youth from 6% in 2001 to 4.1% in 2010, HIV prevalence rate among this category of population still remains one of the highest in the world (FMoH, 2010). Disaggregating by age group, the recent national estimates of HIV prevalence show that HIV prevalence rate for adolescents (15-19 years) and youths (age 20-24 years) peaked at 3% and 4.6% respectively. These rates raise serious concerns about the protection of next generation.

Nigeria records over one thousand new HIV/AIDS cases of infection daily with the prevalent rate of over 60% occurring among youths between the ages of 24-36 years. Statistics has shown that Kaduna state with a population of over 7 million people had over 5.1 percent infected with HIV/AIDS that is about 300,000 people are infected with HIV/AIDS with a significant proportion of this population youths. Number of People Living with HIV/AIDS are no fewer than 600,000 persons are living with HIV/AIDS in the State (Godwin, 2014). Consequently, Kaduna state had the second highest prevalent rate in the country (Garba, 2015).

The public awareness and sensitisation campaigns on HIV/AIDS in Nigeria today although on the increase have not led to a sharp decline as the prevalence of the pandemic is still present especially among youths. This is because Nigeria is one of the countries in Africa where the disease is said to be not only a pandemic but that which posed a grave consequence on the country's economic, social, political as well as moral bearings. There is therefore, a concerted effort to stem the tide of the spread of the dreaded disease in order to avert the Public awareness and sensitisation campaigns are one of the many efforts geared towards minimising risky behaviour by encouraging moral uprightness especially in sexual matters between both sexes. The youthful population, the vibrant segment of the society, has been the most vulnerable to the HIV/AIDS virus and a significant percentage of this population are students in tertiary institutions (Ross, 2008). The effect of HIV/AIDS on the young generation not only portends a diminishing of the future workforce, but also, endangers regeneration and societal continuity. To combat the spread of the disease, there are various communication strategies employed by the government and non-governmental to carry out the campaign. Such communication strategies include mass media that involve radio, television, billboards, print media etc. Other strategies include pamphlets, talk shows and drama presentations, among others. These communication strategies have been used over the years in the campaign against HIV/AIDS scourge in Kaduna metropolis. Despite these communication strategies, the HIV/AIDS scourge was recorded to be higher between 2000 and 2009 (Kasl and Cobb, 2001). Against this backdrop, this study seeks to assess the impact of these strategies used for the campaign in Kaduna metropolis.

1.3 Aim and Objectives of the Study

The aim of this study is to examine the effectiveness of the HIV/AIDS campaign messages among inhabitants of Kaduna metropolis.

Other specific objectives include;

1. To examine the communication channels through which youths receive HIV/AIDS campaign messages in Kaduna Metropolis.
2. To examine the effectiveness of HIV/AIDS campaign on youths sexual behaviour in Kaduna Metropolis.
3. To determine the attributes of the HIV/AIDS campaign messages to youths in Kaduna Metropolis
4. To ascertain the impact of the HIV/AIDS campaign messages to youths in Kaduna metropolis.
5. To find out the challenges faced in accessing messages on HIV/AIDS help to control its spread among youths in Kaduna metropolis.

1.4 Research Questions

This research is guided by the following set of questions:

1. Which communication channel do youths receive HIV/AIDS campaign messages from in Kaduna Metropolis?
2. How effective was the HIV/AIDS campaign on youths' sexual behaviour in Kaduna Metropolis?
3. What are the attributes of HIV/AIDS campaign messages to youths in Kaduna Metropolis?
4. What is the impact of HIV/AIDS campaign messages to youths in Kaduna Metropolis?
5. What challenges were faced in accessing messages on HIV/AIDS help to control its spread among youths in Kaduna metropolis?

1.5 Significance of the Study

This study becomes necessary in view of the prevalence rate of the pandemic among the youth in sub-Saharan Africa and to fashion out the need for concerted efforts through communication messages to control the spread. The study shed more light on the various media that have been used in curtailing the spread of HIV/AIDS in Kaduna State and redirect attention to the most effective channel so that effort be made towards a more effective policy and framework that captures and communicate the messages on HIV/AIDs geared at eliciting positive behavioural change. The study will be of benefit to KADSACA, the agency primarily in charge of HIV/AIDS campaign in Kaduna State and Society for Family Health-SFH Kaduna Office, health communicators, researchers, students, international health organisations and the entire society. To the health communicators, this study will help to create a primary data needed for intensified efforts at curbing the HIV/AIDS scourge. To researchers, this study will add to the existing body of knowledge in the area of communication, public relations, medicine, the government, non-governmental organisations and various international organisations involved in the campaign against HIV/AIDS. Other beneficiaries of this study shall be the persons living with HIV/AIDS to guide them on the way to live a healthy life even with the virus.

1.6 Scope of the Study

This study deals with the campaign strategies against the HIV/AIDS pandemic, especially among the young people. It takes a look at how the campaign carried out by KADSACA and SFH is perceived by the youths of Kaduna metropolis, using the communication messages, such as radio, billboards, bulletins, talk shows and drama available in the state. The youth to be considered basically are those of Kaduna metropolis, particularly, Kaduna metropolis, comprising four local government areas namely, Kaduna North, Kaduna South, Chikun and

Igabi. This is because the youth are of the sexually active age and as such indulge in premarital sex or sexual abuse. The study will investigate the effectiveness of the campaign messages on the youths in Kaduna metropolis through the various media such as Radio Nigeria Kaduna, billboards, talk shows, film shows and pamphlets among others. Hence, the impact of the messages and its relevance will be measured to determine the results of such messages among the youth.

1.7 Operational Definition of Terms

Terms to be used in the study are defined as follows:

AIDS: This is an acronym for Acquired Immune Deficiency Syndrome. It is a deadly virus infection that is yet to be curable. It is common in sub-Saharan Africa.

Communication: This is the means by which messages about HIV/AIDS are transferred from sender to receiver, within Kaduna metropolis.

Evaluation: The process of reviewing the effectiveness and sustainability of the communication messages on HIV/AIDS on youth in Kaduna metropolis.

Health Campaign: This is the transfer of planned and designed health messages from one person to another using several communication channels. It involves the use of communication strategies to spread the messages of HIV/AIDS in Kaduna metropolis.

Health Communication Messages: This involves the process of communicating the designed messages on HIV/AIDS and the media used to disseminate information about HIV/AIDS pandemic to the youths in Kaduna metropolis.

Youths: Young male and female within the age brackets of 18 years and not above 40 years residing within Kaduna Metropolis

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

In this chapter, the various literature related to this study were reviewed. The review has been done in three ways, namely conceptual review, empirical review and theoretical review. The conceptual review shall take a look at use of communication strategies for HIV/AIDS campaign, influence of HIV/AIDS campaign on sexual behaviour, weaknesses of HIV/AIDS campaign messages, relevance of HIV/AIDS campaign messages among students and impact of HIV/AIDS messages on its prevalence. Other key issues considered in the conceptual review include; communication strategy and HIV/AIDS prevention, steps involved in communication campaign design, strategies for HIV/AIDS prevention and control in Nigeria and communication strategies used for HIV/AIDS campaign in universities. The empirical review takes a look at empirical studies conducted by other researchers in this area of the study. The final phase of the review takes a look at the theory.

2.2 The Concept of Health Communication

One of the key objectives of health communication is to influence individuals and communities. The goal is admirable since health communication aims to improve health outcomes by sharing health-related information. In fact, the Centers for Disease Control and Prevention (CDC) (2001) define *health communication* as "the study and use of communication strategies to inform and influence individual and community decisions that enhance health" (U.S. Department of Health and Human Services, 2005). The word *influence* is also included in the definition of health communication as "the art and technique of informing, influencing, and motivating individual, institutional, and public audiences about important health issues" (U.S. Department of Health

and Human Services, 2005:11-2). Another important role of communication is to create a receptive and favorable environment in which information can be shared, understood, absorbed, and discussed by the program's intended audiences. This requires an in-depth understanding of the needs, beliefs, taboos, attitudes, lifestyle, and social norms of all key communication audiences. It also demands that communication is based on messages that are easily understood. This is well characterized in the definition of *communication* by Pearson and Nelson (1991:6), who view it as "the process of understanding and sharing meanings".

Health communication is a multifaceted and multidisciplinary approach to reach different audiences and share health-related information with the goal of influencing, engaging, and supporting individuals, communities, health professionals, special groups, policymakers and the public to champion, introduce, adopt, or sustain a behavior, practice, or policy that will ultimately improve health outcomes."Health communication is a key strategy to influence (individual *inform* the public about health concerns and community) to maintain important health issues on the decisions public agenda" (New South Wales Department of Health, Australia, 2006).

"The study or use of communication strategies to *inform and influence* individual and community decisions that enhance health" (CDC, 2001; U.S. Department of Health and Human Services, 2005). Health communication is a "means to disease prevention through behavior modification"(Freimuth, Linnan, and Potter, 2000, p. 337). It has been defined as the study and use of methods to *inform and influence* [italics added throughout table] individual and community decisions that enhance health" (Freimuth, Linnan, and Potter, 2000:338; Freimuth, Cole, and Kirby, 2000:475). "Health communication is a process for the development and

diffusion of messages to specific audiences in order to *influence* their knowledge, attitudes and beliefs in favor of healthy behavioral choices" (Exchange, 2006; Smith and Hornik, 1999).

"Health communication is the use of communication techniques and technologies to (positively) *influence* individuals, populations, and organizations for the purpose of promoting conditions conducive to human and environmental health" (Maibach and Holtgrave, 1995:219–220; Health Communication Unit, 2006). "It may include diverse activities such as clinician-patient interactions, classes, self-help groups, mailings, hot lines, mass media campaigns, and events"(Health Communication Unit, 2006). It is seen also as "the art and technique of informing, influencing and *motivating* individual, institutional, and public audiences about important health issues. Its scope includes disease prevention, health promotion, health care policy, and business, as well as enhancement of the quality of life and health of individuals within the community" (Ratzan and others, 1994, p. 361). "Effective health communication is the art and technique of *informing, influencing, and motivating* individuals, institutions, and large public audiences about important health issues based on sound scientific and ethical considerations" (Tufts University Student Services, 2006).

"Health communication, like health education, is an approach which attempts to *change a set of behaviors* in a large-scale target audience regarding a specific problem in a predefined period of time" (Clift and Freimuth, 1995:68)."The goal of health communication is to and understanding of *increase knowledge and understanding* of health-related issues related issues and to improve the health status of the intended audience" (Muturi, 2005:78)."Communication means a process of *creating understanding* as the basis for development. It places emphasis on people interaction"(Agunga, 1997, p. 225).Empowers people "Communication *empowers* people by

providingthem with knowledge and understanding about specific health problems and interventions" (Muturi, 2005:81).

Exchange, "A process for partnership and participation interchange of that is based on *two-way dialogue,* where there is information, an interactive *interchange of information,* ideas, two-way dialogue techniques and knowledge between senders and receivers of information on an equal footing, leading to improved understanding, shared knowledge, greater consensus, and identification of possible effective action"(Exchange, 2005). Health communication is the scientific development, strategic dissemination, and critical evaluation of relevant, accurate, accessible, and understandable health *information communicated to and from intended audiences* to advance the health of the public"(Bernhardt, 2004:2051).

2.2.1 Health Communication

The key elements of health communication are further analyzed below:

Audience Centered: Health communication is a long-term process that begins and ends with the audience's desires and needs. In health communication, the audience is not merely a target (even if this terminology is very well established and used by practitioners around the world) but an active participant in the process of analyzing the health issue and finding culturally appropriate and cost-effective solutions. It is a common practice in health communication not only to research intended audiences and other key constituencies but also to strive to engage them in defining and implementing key strategies and activities. The key audience in which this research was anchored on are youths in urban and semi-urban areas.

Research Based: Health communication is grounded in research. Successful health communication programs are based on a true understanding not only of the intended audience

but also of the situational environment. This includes existing programs and lessons learned, policies, social norms, key issues, and obstacles in addressing the specific health problem. The overall premise of health communication is that behavioral change is conditioned by the environment in which people live, as well as by those who influence them. Creating a receptive environment in which the target audience can discuss a health issue and be supported in its intention to change by key influential (for example, family members, health care providers) is often one of the aims of health communication programs. The study in centered on assessing the effectiveness the health communication strategy in bringing about positive change in the behavior of youths towards the pandemic.

Multidisciplinary: Health communication is "transdisciplinary in nature" (Bernhardt, 2004:2051; Institute of Medicine, 2003) and draws on multiple disciplines (Bernhardt, 2004; World Health Organization, 2003). Health communication recognizes the complexity of attaining behavioral and social change and uses a multifaceted approach thatis grounded in the application of several theoretical frameworks and disciplines, including health education, social marketing, and behavioral and social change.

Strategic: Health communication programs need to display a sound strategy and plan of action. All activities need to be well planned and respond to a specific audience-related need. The plan would enabled the design of the strategy to understand patients' needs that prevent health care providers from communicating effectively; and providers lack adequate tools to talk about this topic with patients in a time-effective and efficient manner. **Communication strategies** (the overall approach that is used to accomplish the communication objectives) need to be research

based, and all activities should serve such strategies. Therefore, program planners should not rely on any workshop, press release, brochure, video, or anything else to provide effective communication without making sure that their content and format reflect the selected approach (the strategy) and is a priority in reaching the audience's heart. For this purpose, health communication strategies need to respond to an actual need that has been identified by preliminary research and confirmed by the intended audience.

Process Oriented: Communication is a long-term process. Influencing people and their behaviors requires an ongoing commitment to the health issue and its solutions. This is rooted in a deep understanding of target audiences and their environments and aims at building consensus among audience members about the potential plan of action. Most, if not all, health communication programs change or evolve from what communication experts had originally devised due to the input and participation of key opinion leaders, patient groups, professional associations, policymakers, audience members, and other key stakeholders. In health communication, educating target audiences about health issues and ways to address them is only the first step of a long-term, audience-centered process. This process often requires theoretical flexibility to accommodate the needs of interested groups and audiences.

Cost-Effective: Cost-effectiveness is a concept that health communication borrows from commercial and social marketing. It is particularly important in the competitive working environment of nonprofit organizations, where the lack of sufficient funds or adequate economic planning can often undermine important initiatives. It implies the need to seek solutions that allow communicators to advance their goals with minimal use of human and economic resources.

Nevertheless, concerns related to cost-effectiveness should never prompt a significant reduction of the program's objectives unless resources are not adequate to support all of them. Communicators should use their funds as long as they are well spent and advance their research-based strategy. They should also seek creative solutions that minimize the use of internal funds and human resources by seeking partnerships, using existing materials or programs as a starting point, and maximizing synergies with the work of other departments in their organization or external groups and stakeholders in the same field.

Creative in Support of Strategy: Creativity is a significant attribute of communicators since it allows them to consider multiple options, formats, and channels to reach target audiences. It also helps them devise solutions that preserve the sustainability and cost-effectiveness of specific health communication interventions. However, even the greatest ideas or the best designed and best-executed communication tools may fail to achieve behavioral or social change goals if they do not respond to a strategic need identified by marketing and audience-specific research and endorsed by key stakeholders from target groups. Too often communication programs and resources fail to make an impact because of this common mistake. This study would investigate how this aspect of health communication was used in communicating HIV/AIDs related messages among youths in Kaduna state.

Audience and Media Specific: The importance of audience-specific messages and channels became one of the most important process in developing audience-specific messages and activities, the contribution of local advocates and community representatives is fundamental to increase the likelihood that messages will be heard, understood, and trusted by target audiences.

Relationship Building: Communication is a relationship business. Establishing and preserving good relationships is critical to the success of health communication interventions, and, among other things, can help build long-term and successful partnerships and coalitions, secure credible stakeholder endorsement of the health issue, and expand the pool of ambassadors on behalf of the health cause.

Behavioral and Social Change: Today we are in the "era of strategic behavior communications" (Piotrow and others, 2003:2). Although the ultimate goal of health communication has always been influencing behaviors and social norms, there is a renewed emphasis on the importance of establishing behavioral and social objectives early in the design of health communication interventions. Create an environment of peer-to-peer support designed to discourage adolescents from initiating smoking? Answering these kinds of questions is the first step in identifying suitable and research-based objectives of a communication program. This work support the importance of behavioral or social change as key indicators for success, these two parameters are actually interconnected. In fact, social change typically takes place as the result of a series of behavioral changes at the individual, group, or community level.

Health communication cannot replace the lack of infrastructure (such as the absence of appropriate health services or hospitals) or capability (such as an inadequate number of health care providers in relation to the size of the population being attended). It cannot compensate for inadequate medical solutions to treat, diagnose, or prevent any disease. But it can help advocate for change and create a receptive environment to support the development of new health services or the allocation of additional funds for medical and scientific discovery, access to existing treatments or services, or the recruitment of health care professionals in new medical fields or underserved geographical areas. In doing so, it helps secure

political commitment, stakeholder endorsement, and community involvement to encourage change and improve health outcomes (Schiavo, 2007).

2.3 The Media and HIV/AID Messages

The media have been viewed as being influential in building awareness across different sectors of society on HIV/AIDS and the importance of being careful in sexual behaviour and practices. While the media have been termed as having limited effects in attitude and behaviour change, there are experiences which have shown that their contribution can be invaluable and indeed highly powerful in determining behaviour change (Singhal and Rogers, 2003). The main strength of the media has been viewed as that of agenda setting meaning that the sustenance of a topic for long in the public forum will lead to extensive and hopefully intensive discussions that spur some action on a given topic. This strength has attracted enormous attention in Africa, partly given the need to democratise authoritative structures and to redesign society for effective development. Besides the traditional role of the media, other functions can be categorised as: Providing accurate, factual information on HIV/AIDS on a regular basis: Although research has shown that there are high awareness levels on the existence of HIV/AIDS (over 90 per cent in some countries), some misinformation exists on the transmission patterns (for example, that mosquitoes can transmit the HIV virus), and on prevention methods Moemeka, (1989). In Africa, one has to deal with myths and interpretation of the disease as a curse. The media can assist in correcting this by consistently referring to the transmission patterns of HIV/AIDS and the importance of going for testing and proper care of those who are infected with the virus (Abrahams, 2007).

The two- prong communication strategy can play a significant role in behaviour change for effective communication campaign for HIV/AIDS prevention: Interpersonal communication and

use of mass media. Interpersonal communication is the most effective means in influencing the behaviour of an individual or a small group of people because of following reasons. (a)Message is delivered by a person who belongs to that particular group to whom message is constructed (opinion leader influence). (b) Content of message is more harmonised with local culture, tradition, norms and values. (c) Interpersonal communication has been considered a successful way in addressing the sensitive issues of sexual behaviour. (d) The mass media campaigns are typically of limited duration. Therefore, for sustained promotions among individuals and groups it requires an interpersonal communication component for behaviour change especially in HIV/AIDS prevention campaign (Ukeoma, 2012).

Despite the effectiveness of interpersonal communication, there are some weaknesses in this approach. (1) Interpersonal communication reaches fewer people than mass media. (2) Interpersonal communication results in behaviour change that cannot be evaluated as easily as creat4ing and maintaining awareness through the mass media. Therefore, to overcome the weaknesses in interpersonal communication, mass media communication plays a vital role in behaviour change. Firstly, media campaigns can play an effective role in reinforcing interpersonal communication by, for example, focusing on gender roles in the family and community (UNAIDS, 2000). This has encouraged men to engage in dialogue on HIV/AIDS prevention, rather than placing all the burden of decision making on women. The importance of families for men and their protective roles in their families and community can be reinforced by mass media especially in rural and uneducated communities of Asia and Africa. Secondly, mass media plays a vital role in dissemination of information to large public with diverse demographic profile.

To sum up, media campaigns and interpersonal communication complement each other in the development of communication interventions for HIV/AIDS prevention and care. The mass media can convey information effectively and thereby provides effective support for face-to-face communication. The combination of mass media with interpersonal communication allows for addressing diverse individual and group concern while honoring the delicate, private nature of human sexuality. In addition, Koop, Perason and Schwarz (2001), point out that a one-dimensional approach to health promotion, such as reliance on mass media campaigns or other single-component communication activities, has been shown to be insufficient to achieve programme goals.

Successful health promotion efforts increasingly rely on multidimensional interventions to reach diverse audiences about complex health concerns, and communication is integrated from the beginning with other components, such as community-based programs, policy changes, and improvements in services and the health delivery system (UNFPA, 2005). Therefore, the five interrelated domains of context that should be focus for comprehensive communication strategy for HIV/AIDS prevention, care and support include (1) government policy: the role of policy and law in supporting or hindering intervention efforts, (2) Socioeconomic status: collective and individual income that may allow or prevent adequate intervention, (3) Culture positive: unique or negative characteristic that may promote or hinder prevention and care practices, (4) Gender relation: status of women in relation to men in society and community and the influence on sexual negotiation and decision making, (5) Spirituality: role of spiritual/religious values in promotion or hindering the translation of prevention messages in to positive health actions. (UNAIDS-PennState Project, 1999).

2.3.1 Channels of Communication of HIV/AIDS Campaign

Over the years, various channels of communication have been used for HIV/AIDS campaign. Some of the channels used include radio, television, billboards, talkshows, drama, and interpersonal communication, among others. Mass media HIV/AIDS campaigns utilise multiple channels of delivery (Myhre and Flora, 2000). Those that employ television media appear to be most cost-effective, as television broadcasts reach the majority of the population. Television campaigns usually yield the strongest impact in terms of HIV/AIDS awareness, transmission knowledge, interpersonal communication and behavioural change, as opposed to campaigns using other channels, such as radio or print media (Chatterjee, 1999; Keating, Meekers, & Adewuyi, 2006; Sood & Nambiar, 2006). The effectiveness of interventions is influenced not only by the type of channel of delivery but also by the level of exposure to media messages. For example, a study of an HIV/AIDS mass media campaign in Kenya (Agha, 2003) revealed a dose-response relationship, whereby a higher intensity of exposure to the campaign media led to more favorable outcomes such as safer sex, higher perceived self-efficacy in condom use negotiation and higher perceived condom-efficacy.

Over the past two decades, mass media have been used all around the world as a tool in the combat against HIV/AIDS (Myhre & Flora, 2000). Although there have been theoretical debates on how and why mass media communications influence behaviour, there is considerable empirical evidence showing that the mass media can be used for attitude and behavioural changes associated with HIV/AIDS (Bertrand, et al., 2006; Benefo, 2004). In the early stage of the HIV epidemic, many countries used mass communication to raise awareness of HIV/AIDS, its transmission routes and methods of prevention (Myhre& Flora, 2000; Oakley, Fullerton, & Holland, 2005). In the late 1980s and throughout the 1990s, mass media intervention programs

focused on behavioural change that limits one's risky behaviour and promotes safer sex. More recent mass media intervention programs have expanded to addressing the full continuum of HIV/AIDS issues, from prevention to treatment to care and support (McKee, Bertrand, & Becker-Benton, 2004). The target audience of most mass media campaigns has been the general public, especially youth (Bertrand, O'Reilly, Denison, Anhang, and Sweat, 2006).

One of the desired effects of mass media interventions is an increase in knowledge about HIV/AIDS. In India, Huang, Bova, Fennie, Rogers and Williams (2005) found significant improvement in responses to twelve (12) HIV knowledge questions among their study's intervention group, which watched an educational theatre performance that included HIV/AIDS topics. Chang, Wang, Chen, (2004) found significant increases in knowledge of HIV transmission among Gabonese high school students after they read a comic book about condom use. In a study in China that incorporated educational videos and radio broadcast, the intervention group exhibited significant increases in knowledge of modes of HIV transmission (Chatterjee, 1999). Since higher HIV knowledge has been shown to be significantly associated with safe sex behaviours (DeJong, Wolf & Austin (2001), educating the general population about HIV is an important strategy in the control of the HIV epidemic.

The educational role of mass media as a whole is crucial as HIV/AIDS communication is most often received from this channel rather than from interpersonal sources (Bertrand, O'Reilly, Denison, Anhang, & Sweat, 2006; Joint United Nations Programme on HIV/AIDS, 2004; Ross & Carson, 1988). Moreover, there is evidence that mass media exposure may promote interpersonal communications about HIV/AIDS. A study conducted in India suggested that people with media exposure to HIV/AIDS information were significantly more likely to discuss HIV related topics within social networks (Chatterjee, 1999). Although mass media campaigns

have shown improvements in knowledge of HIV transmission, their implications for HIV-related discrimination are not well documented. This is unfortunate since HIV/AIDS related stigma has been identified as a key barrier to fighting the epidemic. Prejudicial attitudes have not only hindered PLWHA from accessing HIV testing and disclosing their serostatus to sexual partners, but have also made it difficult for them to access health care (DeJong, Wolf & Austin, 2001). These challenges highlight the urgent need to enhance mass media messages to better communicate about HIV/AIDS related stigma and discrimination.

These mass communication campaigns have employed single or multiple media at the national, regional and local levels, either as stand-alone efforts or as part of multi-component programs (Isibor and Ajuwon, 2004). Traditional stand-alone efforts have often used television, radio, and/or print media, while newer campaigns are increasingly incorporating "new media" such as Internet websites. Multi-component campaigns have combined media with numerous "interpersonal" channels such as peer education and outreach, community coalitions, counseling, skill-building workshops, and/or support groups (Glanz, Rimer& Lewis, 2002). Mass media campaigns are often utilised because of their ability to reach huge and diverse audiences in a cost-effective manner, giving such campaigns tremendous potential as a tool in fighting the spread of HIV/AIDS (Jimoh, 2002).

2.3.2 Influence of HIV/AIDS Campaign on Sexual Bahaviour

A key question that often arises about campaigns, however, is whether or not they are effective in impacting HIV/AIDS knowledge, attitudes, and/or behaviours. Unfortunately, many HIV/AIDS mass media campaigns have been evaluated using weak research designs, which can lead to unreliable or inconclusive results regarding the impact of a campaign. For instance, one systematic review of campaigns found that only 10% of published HIV/AIDS campaign

evaluations used a quasi-experimental design with a comparison or control group, while the remainder used non-experimental designs which do not allow firm causal conclusions about campaign effectiveness to be made (Huang, Bova, Fennie, Rogers, Williams, 2005). A more recent review found little improvement in this area.

Reasons include both the high cost of rigorous evaluation as well as the scientific difficulties that arise when trying to evaluate "in the field" campaigns (for example, randomly assigning individuals or geographic areas to different conditions is often not possible). As noted above, a minority of campaigns have largely overcome such difficulties by utilising quasi-experimental research designs that do permit causal conclusions regarding campaign effectiveness to be made. In addition, despite these evaluation challenges, researchers have recently made attempts to examine and synthesise the evidence for HIV/AIDS campaign effectiveness (Kaiser Daily HIV/AIDS Report,2007). Here are some highlights:

• A recent effort to pool the results of HIV testing campaign studies found evidence for short-term effects of such campaigns on HIV testing behaviour. No evidence was found for long-term effects.

• A recent systematic review of campaigns conducted in developing countries concluded that the strongest evidence of effects existed with regard to increasing HIV/AIDS knowledge and reducing high-risk sexual behaviour. Results were mixed on several additional outcomes including abstinence and condom use (Glanz, Marcus, Lewis &Rimer, 2007).

• An effort to pool the results of health mass media campaigns, including campaigns focused on safer sex, found that safer sex campaigns changed behaviour, on average, of 6% of the target audience. These effects were comparable to media campaigns targeting other health behaviours such as heart disease, smoking, and mammography screening.

• Responding to the fact that many safer sex campaigns are not well evaluated, a recent study used a rigorous time-series evaluation design to examine the effects of an intensive 3-month televised safer sex campaign targeting at-risk young adults in a southeastern city in the United States. The campaign was found to have a clear positive impact on condom use behaviour among the target audience (Kasl& Cobb, 2011). In summary, the existing evidence suggests much promise for HIV/AIDS prevention mass media campaigns.

The greatest evidence exists for the ability of such campaigns to increase knowledge and raise awareness of HIV/AIDS. Evidence does exist, however, for the ability of campaigns to change unsafe sexual behaviour. When such effects have been demonstrated, they have tended to be small-to-moderate in size and short-term in nature, suggesting the need for either a continuing campaign presence and/or other components that support the healthy behavioural changes that are made. A large literature on mass media campaigns strongly suggests that the extent to which principles of effective campaign design are followed is directly related to the success (or failure) of a campaign effort (Keating, Meekers, Adewuyi, 2006). These principles among others, include conducting formative research – garnering feedback from and about the target audience on the behaviour under study, initial versions of campaign messages, and campaign channels under consideration for use, using theory – employing a behavioural theory as a conceptual guide for the campaign, segmenting audiences – dividing audiences into one or more homogenous groups for purposes of targeting campaign messages, effective message design – using message design theory and formative research to create messages thought to be effective with particular audience segments, effective channel placement – strategically placing messages in appropriate channels (e.g., TV, radio, print media) widely viewed by the target audience, in order to ensure high exposure to campaign messages and process evaluation – following campaign

implementation closely to ensure that a campaign plan is effectively put into action, as well as making "mid-course corrections" where necessary. outcome evaluation – where possible, employing a sensitive outcome evaluation design that allows firm causal conclusions regarding the impact of the campaign to be made (Kasl& Cobb, 2011).

For researchers and practitioners attempting to achieve a community-level impact on HIV/AIDS prevention knowledge, attitudes, and protective behaviours, mass media campaigns are a viable option. This is the case particularly given that campaigns are capable of such wide reach. In fact, a campaign that changes the behaviour of only 5% of the target audience, but reaches 100,000 people, would change the behaviour of 5,000 people (Kegeles, Hays, Pollack & Coates, 2009). Achieving such changes in protective behaviour is only likely, however, if principles of effective campaign design are carefully followed.

2.3.3 Strengths and Weaknesses of the HIV/AIDS Campaign Messages

The media is seen to influence almost every aspect of human life: economic, political, social and most importantly behavioural. Media dissemination of ideas, images, themes and stories are termed "media effects". Research on media effects investigate how the media influence knowledge, opinions, attitudes and behaviour of audience members along with how audience members affect the media. Audience members have been viewed as active seekers and users of health information, the content transmitted through the media should reflect their needs, interests and preferences (Kelly, Murphy, Sikkema, 2007).

In public health education, designers of educative mediums who want to make efficient use of resources must attend to the reach, adoption, implementation and maintenance of programs (Lee, 2004). It is said that it is not enough to develop innovative programs to reduce the burden of disease; these programs must be disseminated widely. It is theorised that HIV/AIDS control

measures will not realise their full potential for improving the population's health until effective programs are broadly diffused and disseminated. Diffusion is believed to expand to the number of people who are exposed to and reached by successful interventions, strengthening their public health impact (Lee, 2004).

Meekers, Agha and Klein (2005) argue that most political, educational and communication interventions fail because they are designed by technocrats' based on their personal views of reality. They view the target population for whom the interventions are directed as being unheard and not considered. They claim that this may be dehumanising as the receptacles of these education interventions are seen as empty deposits to be filled with knowledge from the experts. Meekers, Agha and Klein (2005) identify that communicative education should be characterised as a subject-subject relationship. This implies that both parties involved should be viewed as active participants or subjects in the process. As an alternative, Lee (2004) advocates problem-posing as a means of representing to people what they know and think, not as a lecture but as a more participatory process of involving the problem.

Parker, Meekers, Agha and Klein (2005) highlight that when constructing HIV/AIDS messages or campaigns whether one works at a national, provincial, regional or community level it is necessary to have a clear understanding of the audience. In the case of HIV/AIDS communication the development of sound communication is dependent on certain considerations. Firstly in developing HIV/AIDS education interventions the population that one is aiming towards should be considered in terms of its size, geographical location and its age and sex distribution. Language is also an important factor to be considered. The language of the audience should be reflected in the medium so as to ensure effective understanding of the message. Similarly literacy and education levels are also key factors to consider before

development of a medium. This is due to the fact that one's medium needs to match the levels of education of the audience so that the message can be communicated effectively and understood (Oakley, Fullerton, Holland, 2005).

Socio-cultural factors should also be considered when developing media interventions. Issues such as levels of awareness around HIV and AIDS, myths, beliefs and needs, the role of gender and its influence in an individual's perception, the power relationships between people and the identification of community leaders form part of this area (Palmgreen, Noar, & Zimmerman, 2007). These issues are crucial as they provide clues as to where the audience stands in terms of their current understanding around the issue and what the different factors may be that will affect their perceptions. Similarly, economic indicators also provide essential clues around the audiences' activities, major workplaces and conditions that people living in for example housing water, sanitation (Peltzer & Seoka, 2004).

Health indicators provide designers of interventions with insight into what some of the health problems that affect the community in conjunction with HIV/AIDS are (Moemeka, 1989). Thus the infection trends are also useful to know as high risk groups can be identified and the intervention may be targeted directly to such groups. In the case of this research study, the group deemed to be at risk was identified as teenagers thus HIV/AIDS media interventions were designed with teenagers as the target audience. The infrastructure of health services of one's audience is also crucial to understand when developing such campaigns as the services available to the target audience need to be understood. For example the number of clinics available, availability of medication or testing and general availability of resources. In terms of organisational or social infrastructure for the target audience, it is essential that designers of such interventions have information pertaining to key institutions that could be involved (Melkote and

Steeves, 2001). For example NGOs, schools, religious institutions, police etc. By having the relevant information on the infrastructure surrounding the target audience the designers of the campaigns maybe able to obtain a full picture of the status of the target audience and what may or may not be available to them. In terms of communication infrastructure it is important for designers to have an understanding of which mediums people have access to for example radio, community radio, television, newspapers, community newspapers, magazines, outdoor media (Peltzer&Seoka, 2004). It is also useful to know which media are most popular as this could provide an indication of the most effective form of communication of the intervention as more people would access it.

Media practitioners often complain that there is little reference material developed for them as an audience on specialised subjects such as HIV/AIDS prevention and management. The structural constraints within media houses are an obstacle for journalists who would like to specialise in technical areas as it is a laborious effort identifying and accessing relevant and essential background material (Mola, 2002). One effective strategy would be to develop materials which simplify basic concepts on HIV/AIDS prevention and management, such as the epidemiology, socio-economic impact, and trends in scientific, medical and social science research in the area. Journalists then have a text, which they can refer to as a quick reference (Ratzan, Payne &Massett, 2004).

The barriers to effective implementation should also be considered so that designers can counter these and find alternative ways of getting the message across. In order to develop effective communications regarding HIV/AIDS, Parker and Reddy (2003) posit that there are certain requirements that are useful in order to bring about behaviour change or provide a framework of support for existing situations. The requirements referred to include, firstly, awareness by the

population that there is an alternative to the situation within which they find themselves. Secondly it is said that there needs to be motivation from the audience where people need to be inspired to change their lives and fell that there are benefits to their own involvement in the change process. Thirdly the audience needs to understand that they can set goals for their behaviour that are realistic. (Ratzan, Payne &Massett, 2004) argues that for HIV/AIDS communication activities to be effective, it is necessary to create a sense that the epidemic is real and that it is important to mobilise around the disease.

The use of logo's and symbols offers a way to create unity between different communication messages and allows the audience to build up interpretations and meaning over time. Logos can often be meaningless on their own but gain meaning when they are associated with other messages. Repetitive symbols can be used to develop meaning through jingles, songs or gestures. It is said that simplicity and repetition is the key to the success of logos and symbols. Making logos too complex may result in adverse cultural interpretations and it may also be necessary to make logos or symbols different for different target audiences (Ross & Carson, 2008).

2.3.4 Relevance of HIV/AIDS Campaign Messages to Youths

Information is the most potent weapon available for the prevention and cure of HIV/AIDS. Sood & Nambiar (2006) maintain that the ability to generate information is not a challenge. The challenge lies in linking the information generated to the information people need to live a better life. Availability of information for every aspect of life helps create awareness and makes life worthwhile. USAID (2004) notes that information is reduces levels of uncertainty. Adam and Harford (1999) assert that information differentiates and determines whether a country is part of the first, second, third or fourth world.

Creating awareness about HIV/AIDS among rural dwellers has posed challenges (Huang, Bova, Fennie, Rogers and Williams, 2005). Though they tap the natural resources of the nation, they are often starved of information relevant to their well-being. A closer look at youths living in rural areas reveals that communities are seriously marginalised in terms of the requirements for development such as education, health care, and leisure activities. Aina (2003) states that they are disadvantaged in many areas of life, as reflected in the clinical statistics surrounding AIDS, especially in developing countries.

Annan (2004) describes the dissemination of information to youths in rural areas in Nigeria, including oral sources like face-to-face interaction, radio, television, traditional institutions, associations, and written sources like newspapers and magazines. The purpose of these sources is to facilitate rural information transfer as a way of eliminating ignorance and superstition. Lack of awareness contributes to a high rate of risky sexual behaviour among market women. Anarfi (2000) in his research discovered the vulnerability of Benin City market women to HIV/AIDS. Their trading activities involve long distance travels from home. The result of the study showed that 70 percent of the women were involved in extramarital sex with strangers for enjoyment and the exchange of gifts and money.

The need for awareness programs to be extended to the market stems from the fact that these women are rarely found at home during the day when most educational activities for HIV/AIDS awareness take place. They gather relevant and irrelevant information from the market environment and share it with members of their families during meals (Koop, Clarence and Schwartz, 2001). Some of the challenges people face in accessing information have to do with knowing where to get information and lack of reading ability. Asika (2002) says that more than two thirds of adult women are illiterate and largely cut off from knowledge about AIDS. They

are bound by poverty, poorly-equipped schools, tradition, and lack of medical facilities. Anarfi (2000) states that market women have a small share of economic infrastructure services, resulting in a general apathy to government and distrust of politicians for making promises when collecting their votes and abandoning them in the end.

Beaudoin (2007), however is of the view that one of the best ways of disseminating HIV/AIDS information is to increase the use of rural-based sources like women's associations, churches, age grades, town unions, etc. In the Nigerian rural setting, town criers serve as important communication links between the opinion leaders of the town and the rest of the people. Government and non-government agencies can pass their HIV/AIDS message through the town crier, because citizens believe in his message. Crewe (2000) states that the methods of disseminating HIV/AIDS information in rural areas are not efficient and result in poor awareness; however, the provision of the right information at the right time can avert an epidemic and save lives.

In Africa, HIV/AIDS has - since it was first discovered - been a predominantly heterosexually transmitted disease which affects men, women and children, although in varying proportions. Because the pandemic poses such enormous challenges, governments and health planners have been hard pressed to find adequate ways of containing its spread and the last two decades have seen a multiplicity of different approaches develop, some which have since been discarded (Glanz, Rimer& Lewis, 2002). In Africa, as in other continents, HIV/AIDS was initially seen mainly as a health concern, and it was widely assumed that preventive and supportive interventions which directly targeted vulnerable segments of the population (truck drivers, sex workers, drug users, etc.) would succeed in containing the pandemic (Myhre and Flora, 2000). However, as the dimension of the problem started to become increasingly evident, the woeful

inadequacy of this approach became apparent and the disease quickly spread over to other segments of the population (World Bank, 2002).

Over the past five to seven years the focus has shifted from approaches targeted very specifically to segments of the population from a health perspective to multi-sectoral plans and strategies, which seek to involve a wide variety of government and non-governmental agencies Edewor (2010). The rationale for a multi-sectoral approach arises from the recognition that HIV/AIDS requires an integrated response to break the cycle of poverty and gender inequality that is at the centre of its spread (UNESCO, 2002). The education sector figures prominently within this newly emerging multi-sectoral approach (UNAIDS, 2002). There are various reasons for this. Firstly, children between the ages of 5 and 14 have the lowest HIV prevalence rate of all population age groups, since they did not get infected at birth and are generally not yet sexually active. This means that focusing on forming/changing the attitudes, skills and behaviour of these children can have a potential pay-off (Priluski, 2010). Secondly, children in this age group are still in the formative stages of their lives, which means that their health and social behaviour can still be influenced (UNAIDS, 1997).

School-age children thus constitute the "window of hope" (Edewor, 2010) for many countries, and the education system provides a privileged opportunity for working with this age group since, in many of the countries, most children spend at least a few years of their lives in school. As the World Bank notes: "education offers a ready-made infrastructure for delivering HIV/AIDS prevention efforts to large number of uninfected population" (Nzioka, 2001). The focus on the education system also makes sense from a cost-benefit perspective. It is widely recognised that basic education is one of the most effective means of making a difference in economic terms since it becomes possible to reach large numbers of children at a time. And

finally, there is ample evidence that: “a good basic education ranks among the most effective – and cost-effective – means of HIV/AIDS prevention” (UNAIDS, 2002), because there is a strong inverse relationship between vulnerability to diseases such as HIV, malaria and others, and level of education (Koop, Clarence and Schwartz, 2001).

2.3.5 HIV/AIDS Messages and the Control of the Disease

For the media to present a clear and representative picture of the disease, it is necessary that all facets of its impact be well understood and studied. On the economic front, public expenditure on health and welfare will be devoted to the control and management of HIV/AIDS. The media community is not immune to HIV/AIDS as people who are potentially vulnerable to infection and as relatives and friends of those who become infected. Thus, they should be well advised like all sectors of society, to use existing tools (such as communication channels) to support efforts to prevent and manage the illness (Moemeka, 1989). The absence of a cure or vaccine for HIV/AIDS and the urgent need to reach people on the impact of the disease as well as the need to prevent it have resulted in the emphasis on mass education of populations. This inevitably means that effective communication approaches and strategies should be identified and applied to reach people in a way that affects them emotionally and motivates them to change their behaviour.

Changing human behaviour is a concept and goal that has long eluded researchers and programme/project officers, since human beings are individually affected by different factors in terms of changing attitude and their behaviour. It is crucial for the media and for those involved in media and HIV/AIDS prevention to understand the relationship between communication and HIV/AIDS (Mola, 2002). Various organisations have developed different communication models which they have used in training medical and social workers, programme/project officers,

outreach and community workers, peer educators and counselors. In the AIDS CAP/FH I experience (1997), an effective communication model which affects behaviour change involves five steps: awareness of the problem gathering of knowledge and skills by the target audience; motivation to take action; preparation for trial of the new behaviour; and the sustenance of the new behaviour.

Message communication is planned and accomplishes a purpose. Thus communication is targeted to a particular audience or audiences. This is designed and delivered to produce the desired outcomes which may be changes in policy, practices of an organisation or individual behaviour. It is aimed to achieve results with the best possible use of time and resources. Communication should be an integral part of HIV/AIDS policy design procedures, starting from the very beginning, whenever a new policy needs to be formulated, or an old policy needs to be reformulated, in order to meet the challenges of our ever changing society (Nzioka, 2001).

Communication messages that could bring about the needed change in human behavioural problems and challenges could be a daunting task where there is no clear cut definition of the steps and the processes that would achieve the aim of the messages. The communication message is a consultative as well as participatory process that could be used among communication specialists, local change agents, individuals and communities for the good of the society (Odutola, 2006).

The impact of the HIV/AIDS campaign messages lies in the fact that communication of messages play a vital role in public health campaigns designed to prevent infectious diseases in the developing world. The purpose of the research presented in this article is to examine the role of interpersonal communication in the success of government-sponsored public health campaigns all over the world. Infectious disease has been a significant component in the history of many

countries and continues to have a major impact in worldwide (Koop, Pearson and Schwarz, 2001). Communication in this context is supposed to be a pre-requisite and an instrument of effective policy making and public participation from formulating a vision, negotiating and decision making, developing and implementing plans to monitoring impacts. Communication serves information exchange, establishing consensus among divergent opinions and interests, and facilitates the building of know-how, decision making and action capacities at the heart of the delicate cooperation between government, civil society groups and the private sector (Omoteso, 2004).

The strength of information and communication through the media in influencing peoples' perception as well as making society to change their bahaviour may be an essential tool for fighting medical and social problems such as HIV/AIDS and Hepatitis (CIIC, 2006). In other words, the media could be used to successfully advocate for behavioural and attitudinal change. It could also be a medium of addressing people living with diseases and infections in order to prevent stigmatisation as well as discrimination against the infected and affected persons. It is in this direction that Singhal & Rogers (2003) affirm that the strength of the broadcast media lies in helping to put issues on the public agenda, in reinforcing local efforts, in raising consciousness about issues and in conveying simple information. The media through its information and communication of messages aimed at sensitising and mobilising the public towards a health policy and campaigns and is powerful in influencing the public, when they hold forth that agenda setting prowess that predetermines what issues are regarded as important at a given time in a society.

2.4 The National HIV/AIDS Prevention Plan (2014- 2015)

The goal of the NPP is to scale up evidence-based programming using targeted interventions and standardised intervention packages at scale.

The objectives of the NPP 2014-2015 are as follows:

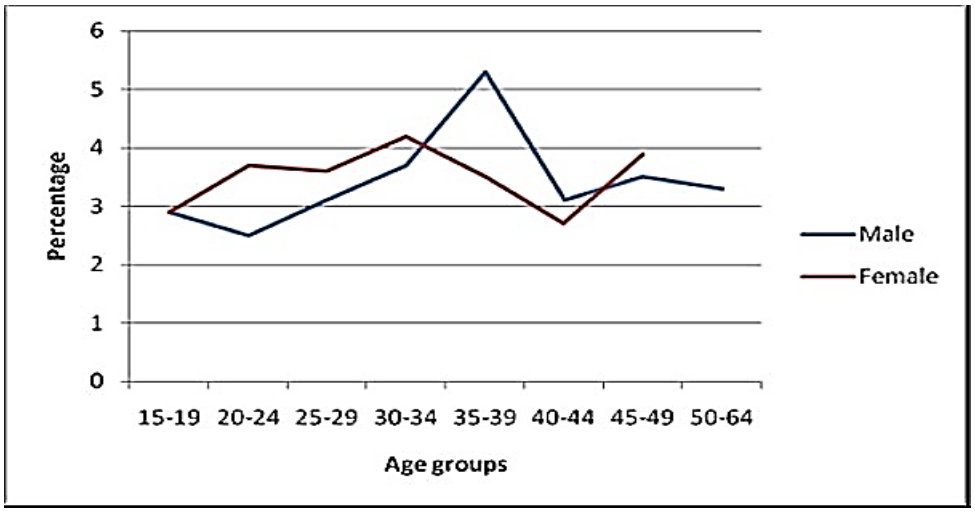
i. Promote and scale up HIV counseling and testing, including both client-initiated and provider-initiated HIV counseling and testing;
ii. Promote and scale up interventions for the prevention of mother-to-child transmission of HIV including Early Infant Diagnosis;
iii. Promote appropriate HIV/AIDS-related behaviour change among the general population and subgroups considered at high risk for HIV infection in Nigeria (Key Populations);
iv. Increase knowledge about dual protection benefits and promote appropriate use of male and female condoms as well as lubricants among the general population and Key Populations;
v. Prevent biomedical transmission of HIV through blood safety, injection safety, safe healthcare waste management, adherence to universal precautions and post-exposure prophylaxis interventions;
vi. Promote early treatment and the control of sexually transmitted infections to reduce the risk of HIV transmission;
vii. Promote linkages to Positive Health, Dignity and Prevention Interventions for PLHIV;
viii. Recommend robust prevention strategies that capture current global thinking on combination prevention and ensure that all segments of the population are reached and that all the prevention thematic areas are addressed through the application of effective technologies and thinking;

ix. Promote integration of HIV prevention programming with other health services.

Prevention remains the most important strategy as well as the most feasible approach for reversing the HIV epidemic since there are no vaccines and no medical cure. The majority of Nigerians are HIV-negative; keeping them uninfected is critical to the future of the epidemic and this underscores

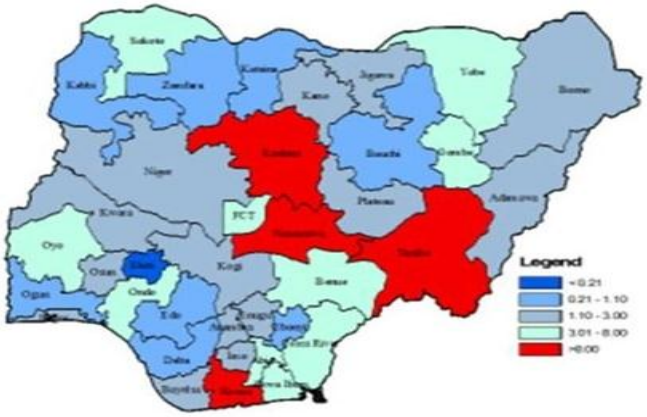
qthe importance of prevention as a cornerstone of the national HIV and AIDS *response" (National Policy on HIV/AIDS, 2009).* To leverage this policy and make it relevant to this research, there is the need to look at the baseline prevalence age, region and state to further buttress the study.

HIV Prevalence by age group and sex,



Source: FMoH, Nigeria, 2013.

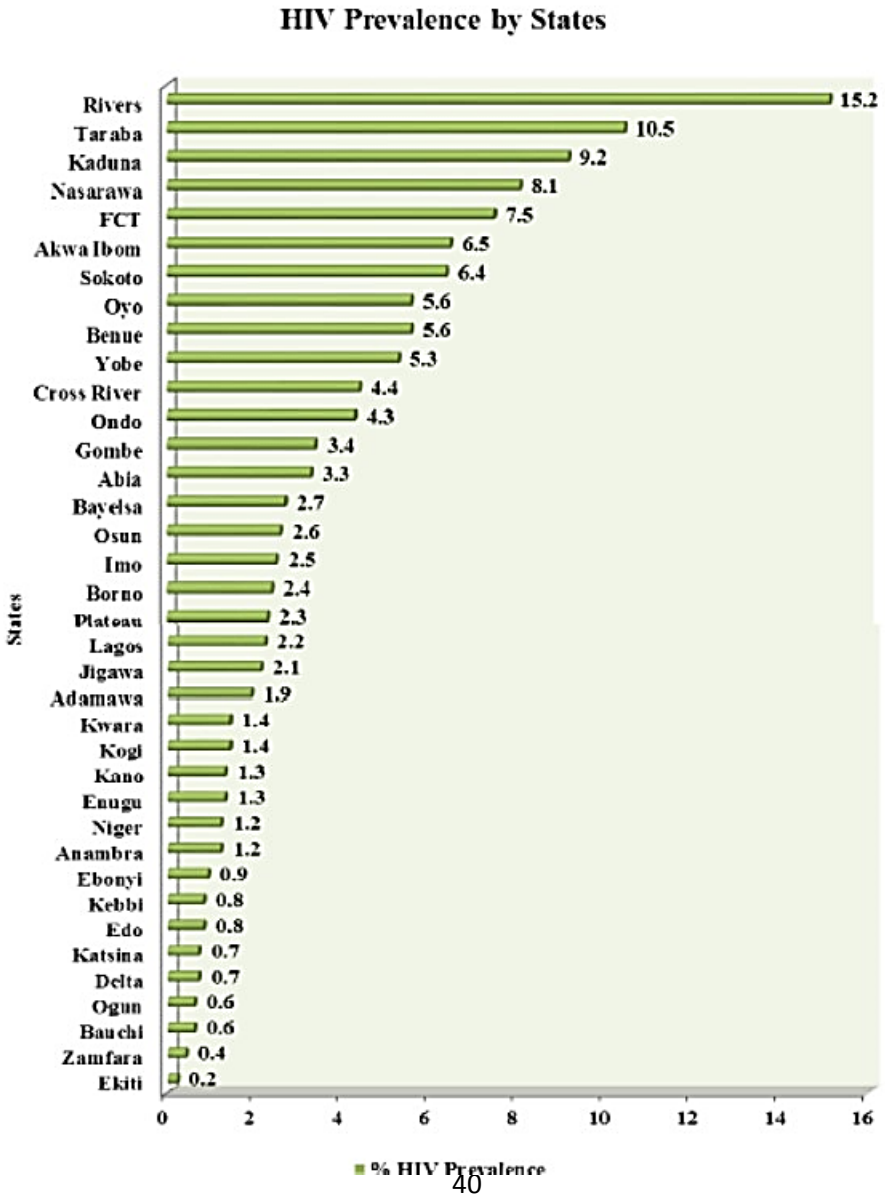
From the graph presented above, it is noticeably shown that there is high prevalence among male between the ages of 20-40 years and female between the ages of 15-19, 25-39 years and from between the ages of 40-49 years. From the chart



here, it could be seen that most of prevalence age range is within the age bracket considered youthful and young adult. The age bracket is of upmost importance to this research since the research main variable is youths within one the state with a high prevalent rate in the country. The map on prevalence of HIV/AIDS below equally placed

Source: National AIDS Reproductive Health Survey 2013

Kaduna state among states in Nigeria with highest prevalent population of more than 800 persons being infected annually. Furthermore, the figure below also shows the percentage prevalent state-by-state.



Source: National AIDS Reproductive Health Survey 2013

2.4.1 Nigeria National HIV Prevention Communication Interventions/Strategies

According to Ogabo, (2011), the Nigerian Society for Family Health-SFH and the National Action Committee on AIDS-NACA placed much emphasis on the fact that behaviour change communication (BCC) holds a vital and indispensable place in HIV prevention interventions. While awareness of HIV/AIDS continues to be above universal levels 87.7% in 2003 and 93.8% in 2007, comprehensive knowledge of HIV transmission is still very low. Greater stakeholder participation and involvement in communication interventions have enabled the provision of improved BCC through innovative and non-traditional approaches targeting the general and specific population segments. Enter-educative, Information Education and Communication (IEC) programs providing both entertainment and education targeted at the general population aired on television, radio, and in the print media have been identified as possible channels for HIV communication. The NSF recommended the use of local language content (Yoruba, Hausa, and Ibo) as this improves access and comprehension to many listeners. The key results communication interventions are most likely to achieve include:

a. Increase in comprehensive knowledge of HIV and AIDS
b. Adoption of appropriate HIV and AIDS related behaviour
c. abstinence from sex,
d. condom use in non-marital sex
e. Reduction of sexual partners
f. Increased demand for HIV counselling and Testing (HCT) services; and
g. Higher acceptance and improved attitude towards People Living with HIV/AIDS

2.4.2 Empirical Review on HIV/AIDS Campaigns to Youths in Nigeria

Komolafe (1999) reported the findings of Piot, Kapita, and Nguigi (1999) that about half the number of infected people die within 5-10 years and that HIV has become endemic in parts of Africa, while the estimated number of those affected ranges in the millions. The authors asserted that in many parts of Africa, HIV has become a major public health problem of the same magnitude as malaria, diarrhea and malnutrition.

The Nigerian HIV/AIDS situation is no better than in most African countries ravaged by the disease. The problem is compounded by the large population. In the pilot study, it was reported that out of the 20 million HIV cases in the world in December 1995, 11 million (35.5%) were from Sub-Saharan Africa, and 4.8 million (5.2%) Nigerians had tested positive for HIV (Komolafe 1999). As of January 1996, it was assumed that the reason for the staggering number of infected people was the lack of commitment from the Nigerian military leadership (Jimoh 2002). By 1999, when the military rule gave way for democratic rule in Nigeria, hopes were high for a better health care system, and a well-funded public health sector with positive impact on the scourge of HIV/AIDS through public education. By 2003, the virus had infected approximately 5% of the adult population; an estimated 4-6 million Nigerians were carrying the virus. The National Intelligence Council (NIC) identified Nigeria amongst the five countries that could be worst hit by the epidemic. A projected 10-15 million Nigerians, especially youth, or about 25% of the adult population, would be affected by the virus without aggressive intervention (Oakley, Fullerton and Holland, 2005).

There have not been many research studies done to evaluate the effectiveness of the print media in awareness campaigns against HIV/AIDS in Nigeria or globally. Tran et. al, look indepth at newspapers reporting on HIV/AIDS in Vietnam, finding that newspaper reports pay little

attention to People Living With HIV/AIDS (PLWA) (3.9%) and that the highest percentage (49%) focus on HIV/AIDS programs. In Nigeria, Adesomoye (2002) in corroboration with Komolafe's(1999) findings that coverage of the disease is minimal with inadequacy in the coverage that does exist.

Isibor and Ajuwon (2004), in their study on journalists' knowledge of AIDS and attitude toward people living with HIV, found a number of misconceptions amongst journalists concerning the disease, while a high percentage of them (65%) had never written any report on HIV/AIDS-related issues. Jimoh (2002) is another Nigerian researcher with a similar study, who did content analysis of 2,156 articles and found that newspaper reports were often coverage of workshops and conferences and government policies and pronouncements. The study found appreciable progress, although during the period of military rule in Nigeria neither the press nor the government gave the epidemic the proper attention. Ghosh and Bhatt (2006) observe that, "HIV is too complex and too multifaceted for any stakeholder or constituency to deal with." Based on this premise, the researcher is introducing another dimension to the study; that is, focusing on the roles of libraries and librarians in creating awareness.

Ratzan, Payne & Massett (2004) in their study on a communicative approach to the prevention and control of HIV/AIDS pandemic in Nigeria which was streamlined in a way to evaluate how communicative paradigm or messages could become the potent framework through which HIV/AIDS can be prevented and controlled among Nigerians. Their research maintains that the solution lies in the weapon of communication with its agencies and facilities like communities, occasions (formal and informal), media, religious houses, unions, networking, institutions, administration, training, individuals, volunteers and edutainment.

Two separate qualitative studies by Adedimeji and Abdulbaqi (2007) and Priluski (2010) of Zambian teachers and HIV/AIDS clearly reveal that most teachers in that country have neither been trained to deal with HIV/AIDS nor have they been provided with teaching/learning materials. As a result, teachers are not sufficiently knowledgeable on the topic to be able to pass on correct and complete information to students. Teachers were also not aware of the need to use extracurricular activities to teach HIV/AIDS instruction and when questioned about this they generally indicated that they did not see extra-curricular activities as a viable channel for teaching about HIV. The study also highlighted a lack of openness towards communicating about HIV and AIDS, with teachers declaring they felt uncomfortable talking about matters related to sex with their pupils, and thus engaging in selective teaching of topics. Piot, Kapinta and Nguigi (1999) reported that teachers believe that young people who are exposed to sexual information will be more likely to engage in sexually permissive behaviour later on in life and thus argued against providing this information.

A study of science teacher's intentions to teach about HIV/AIDS in the United States (Ratzan, Payne &Massett (2004) found that teachers' attitudes toward teaching about HIV/AIDS was the most significant of various factors examined in predicting intentions. Other important predictors were teachers' knowledge of HIV/AIDS, more positive attitudes towards teaching about HIV/AIDS, less negative social influence from principals and other managers, and availability of resources.

Fatusi and Jimoh (2000) while researching on the roles of Behaviour Change Communication and the Mass Media in combating the HIV/AIDS pandemic observed that In the context of HIV/AIDS prevention and control, BCC entails the use of communication approaches and tools to foster positive change in behaviour as well as improve knowledge and attitudes about HIV and

other sexually transmitted infections. BCC aims to empower individuals and communities to make informed choices about their health and well-being and to act on them. Their study was a survey and content analysis of the different campaign and content of campaign messages that could be used in the Nigerian Community and Mass media to create awareness on HIV/AIDs.

They observed that at the initial stage of the HIV/AIDS challenge, the occasional news items on the pandemic in Nigerian mass media tended to focus on stories and issues from developed countries with little or no local relevance. Noting this, they submitted that the mass media has a valuable role to play in disseminating information about HIV/AIDS and Nigeria's strategic framework to fight this disease. Media practitioners also need to be involved in monitoring and reporting on the implementation of the strategic framework and publicising "good practices." Their work is relevant to this research insofar that it recognises the campaign messages as well as the place of mass media is promoting HIV/AIDS message. Their studies differs from this study in the area of the methodology whereas theirs combined both survey and content analysis which are both quantitative, this study will make use of survey and interviews which are both quantitative and qualitative.

Adedimeji and Abdubaqi (2007) in their study on A Communicative Approach to the Prevention and Control of HIV/AIDS Pandemic In Nigeria which was streamlined in a way to evaluate how communicative paradigm or messages could become the potent framework through which HIV/AIDS can be prevented and controlled among Nigerians. Their research was basically this is a descriptive and developmental project that is aimed at preventing and controlling HIV/AIDS. Their research maintains that the solution lies in using the weapon of communication with its agencies and facilities like communities, occasions (formal and informal), media, mosques, unions, networking, institutions (educational and vocational),

churches, administration, training, individuals, volunteers and edutainment all of which should be synchronised and strategised into combating the dreaded disease.

Their study is also relevant to this present study, the dilemma with their study however is in the area of scope and location of the study as well as the methodology. Insofar as they were unable to locate their study population made it difficult to empirical asserts that their findings could have implications on certain range of public in the Nigerian society. Thus, this research is not only looking at the communicative approach but leveraging it on youth's population to see how it affect and impact their behaviour toward such communicative approach.

Ukeoma (2012) empirically researched on the topic knowledge of HIV/AIDS and attitude towards HIV/AIDS voluntary counseling and testing among students of Nigerian Polytechnic. This study was a survey research carried out among students of Federal Polytechnic, Nekede; Yaba College; and Federal Polytechnic, Bauchi. Other polytechnics used in the study includes Federal Polytechnic, Port Harcourt, Kazaure and Keffi. Ukeoma (2012) found that students in Nigerian Polytechnics are exposed to sexual activity due majorly to peer pressure and other socio-economic factors which could be seen as a conduit for the spread of sexually transmitted diseases including HIV. Hence, the study conclude that their knowledge of the disease and uptake of Voluntary Counseling and Testing- VCT is, therefore, considered as a possible way of reducing the scourge amongst these students. Her research is relevant to this study in the sense that it was aimed at measuring students' knowledge of an aspect of HIV/AIDS which shall be considered in this study. Whereas the study made use of T-test to measure the confidence level of the assumption/hypotheses on students from Federal Polytechinc, this study will make use of the Chi-square to validate the hypotheses on youths in Kaduna Metropolis.

Edewor, (2010) study was undertaken with the aim of investigating the challenges of access to health information by PLWHA in Nigeria, a survey was carried out with the following objectives Identify the demographic characteristics of people living with HIV/AIDS, (PLWHA), the sources of health information used by PLWHA, determining the frequency of access to health information by PLWHA and the constraints in accessing health information by PLWHA. The survey research design was adopted for the study. The population of people living with HIV/AIDS was drawn from the South South zone of Nigeria. This zone was chosen because it has the median HIV prevalence rate of 5.2 percent, the 2nd highest in Nigeria (National AIDS/STD control programme/FMOH, 1999 cited in Ewedor, 2010:6).

The study found that there is the absence of HIV/AIDS data/ information exchange network (62 percent), ineffective communication strategies (36.7 percent), and information materials not explicit enough (78 percent). Communication is ineffective because PLWHA may find it difficult to understand available health information, because of the inexplicit nature of the materials, replete with medical jargon. His finding is very significant to this study as a key to set out certain variable in the instrument which would be used to measure the effectiveness of the HIV/AIDS campaign on youths in Kaduna metropolis instead of the South South Zone that was used in his study.

Freimuth et al (2000) research on Issues in Evaluating Mass Media-Based Health Communication campaign was primarily set to investigate communication strategies that can occur at the individual, small group or mass media level as well as addresses those health communication activities that use mass media outlets and, more specifically, the issues surrounding the evaluation of the development, implementation, and effects of mass media health communication campaigns on a peculiar population. In their study, they opine that

communication may be a dominant player or may have a supporting role in an intervention. Some roles may include communication strategies such as public relations, where the objective is to get the health issue on the public agenda; entertainment education, where desired behaviours are modeled in an entertainment program; and media advocacy which entails using the media as an advocacy tool to achieve policy level change. Their study was much of a theoretical piece than an empirical ones as such most of their assertions were suggestive although valuable. This study is tapped from their suggestions in a way that aid the eventual analysis of this work as well as measure empirically and in an evaluative way the impact of a planned health communication messages such as the HIV/AIDS campaign carried out on youths in Kaduna metropolis.

Ijioma, Iwu, Onoja, and Egeruo (2011), carried a study on the perception of Nigerian Youths on the Prevalence of HIV/AIDS. A Case of Tertiary institutions in Imo State, Nigeria. Their research was aimed at ascertaining the belief of Nigerian youths on the prevalence of HIV/AIDS in our society and also to determine how the knowledge of HIV/AIDS affects their sexual behaviour. The study was largely a quantitative research on 150 students of the Imo State University-IMSU. The study found out that that Nigerian youths have good perception on the prevalence of HIV/AIDS in our society and that this positive disposition towards the knowledge of HIV/AIDS could have the tendency to control their sexual behaviour in that regard. The study is important to this research in the sense that this research would go beyond just measuring perception quantitatively and qualitatively to threshold of understanding how effective messages communicated to youths affects their behaviours on HIV/AIDS.

Omoyeni, Akinyemi, and Fatusi, (2012) carried out a study on Adolescents Youths and HIV related Behaviour in Nigeria: Does Knowledge of HIV/AIDS Promote Protective Sexual Behaviour among Sexually Active Adolescents. Their study was aimed at analysing the

implications of HIV/AIDS knowledge for safe sexual practices among sexually active adolescents in Nigeria. The research utilised data from the Nigeria 2007 National HIV/AIDS and Reproductive Health Survey (NARHS). NARHS is a nationally representative survey females aged 15-49 years and males aged 15-64 years of the reproductive age. The study population was randomly selected using three levels, multi-stage method with the aim of selecting eligible respondents in each of the 36 states in Nigeria with equal probability.

Their study found that despite widespread knowledge of HIV/AIDS among adolescents as evident in this study, high risk sexual behaviour (non-use of condom, accepting gifts for sex and having more than sexual partner) is still prevalent as well as evidence of lack of communication in discussing their sexual lives with their parents. Since their research was more of a documentary research that relied on secondary survey result to make its analysis, this study would adopted the mixed-method survey research on Kaduna state and not the entire country to measure perception and behavioural change due to HIV/AIDS campaign messages on youths in Kaduna metropolis.

2.4.3 Gap in Literature

The public awareness and sensitisation campaign on HIV/AIDS in Nigeria today can be said tobe at its peak. This is coming on the heels of the revelation that Nigeria is one of the countries in Africa in which the disease is said to be pandemic. The media has the unparallel ability to save lives by providing vital information in electronic and printed form on HIV/AIDS. The information so provided has the potential to change people's behaviour as well as their culture. Education is one of the key roles performed by the media in the society. Therefore, educating thepeople on the danger of being infected by HIV/AIDS will save millions of lives. Taboos and myths associated with HIV/AIDS will also be eliminated or reduced to the barest minimum.

Mainstreaming is another method the message of HIV/AIDS can be spread to the people. This way, HIV/AIDS issues are broadcast across a number of programmes (Meekers, Agha and Klein, 2005).There is therefore, a concerted effort to stem the tide of the spread of the dreaded disease in order to avert a catastrophic consequence on the country's economic, social, political as well as moral bearings. Public awareness and sensitisation campaigns are one of the many efforts geared towards minimising risky behaviour by encouraging moral uprightness especially in sexual matters between both sexes. These campaigns are carried and sustained through various ways and means. Chief amongst these are the Television and Radio Jingles, talk-show programmes and drama presentation, Newspaper and Magazine adverts, posters, outdoor billboards, pamphlets and hand bills. Others include door-to-door campaigns, musical concerts and road-side shows (Myhre and Flora, 2000).

The principal target of these campaigns is of course the general public. It is for this reason that selected lexical items considered central to the theme of the campaigns–namely, "abstinence", "safe-sex", "risky-behaviours", "unsafe-blood", "piercing instrument" and "stigmatisation" amongst others are singled out from the mass of materials consulted for this research for testing the communicative effectiveness of the campaigns against the spread of HIV/AIDS in Nigeria. Several literature have been reviewed in this study (Bertrand, O'Reilly, Denison, Anhang and Sweat, 2006). They were drawn from areas of mass communication, especially the research conducted on communication strategies for combating health problems. In addition literature was gathered from health information in the area of HIV/AIDS campaign and use of communication strategies for sensitisation among the audience.

The mass media have been employed with great frequency in the United States and around the world in interventions to help prevent the spread of HIV/AIDS (Palmgreen, Noar and

Zimmerman, 2007).These mass communication campaigns have employed single or multiple media at the national, regional and local levels, either as stand-alone efforts or as part of multi-component programs. Traditional stand-alone efforts have often used television, radio, and/or print media, while newer campaigns are increasingly incorporating "new media" such as Internet websites. Multi-component campaigns have combined media with numerous "inter personal" channels such as peer education and outreach, community coalitions, counseling, skill-building workshops, and/or support groups (Singhal and Rogers, 2003).Mass media campaigns are often utilised because of their ability to reach huge and diverse audiences in a cost-effective manner, giving such campaigns tremendous potential as a tool in fighting the spread of HIV/AIDS.

A key question that often arises about campaigns, however, is whether or not they are effective in impacting HIV/AIDS knowledge, attitudes, and/or behaviours. Unfortunately, many HIV/AIDS mass media campaigns have been evaluated using weak research designs, which can lead to unreliable or inconclusive results regarding the impact of a campaign (De Jong, Wolf and Austin, 2001). For instance, one systematic review of campaigns found that only 10% of published HIV/AIDS campaign evaluations (4 out of 41 studies) used a quasi-experimental design with a comparison or control group, while the remainder used non-experimental designs which do not allow firm causal conclusions about campaign effectiveness to be made.

A more recent review found little improvement in this area. Why is this the case? Reasons include both the high cost of rigorous evaluation as well as the scientific difficulties that arise when trying to evaluate "in the field" campaigns (e.g., randomly assigning individuals or geographic areas to different conditions is often not possible) (Ratzan, Payne and Massett, 2014). As noted above, a minority of campaigns have largely overcome such difficulties by utilising quasi-experimental research designs that do permit causal conclusions regarding campaign

effectiveness to be made. In addition, despite these evaluation challenges, researchers have recently made attempts to examine and synthesise the evidence for HIV/AIDS campaign effectiveness. Here are some highlights: A recent effort to pool the results of HIV testing campaign studies found evidence for short-term effects of such campaigns on HIV testing behaviour. No evidence was found for long-term effects.

A recent systematic review of campaigns conducted in developing countries concluded that the strongest evidence of effects existed with regard to increasing HIV/AIDS knowledge and reducing high-risk sexual behaviour. Results were mixed on several additional out comes including abstinence and condom use (The Henry J. Kaiser Family Foundation, 2006).An effort to pool the results of health mass media campaigns, including campaigns focused on safer sex, found that safer sex campaigns changed behaviour, on average, of 6% of the target audience (Geary, Burke, Castelnau, Neupane, Sall and Wong, 2007). These effects were comparable to media campaigns targeting other health behaviours such as heart disease, smoking, and mammography screening. Responding to the fact that many safer sex campaigns are not well evaluated, a recent study used a rigorous time-series evaluation design to examine the effects of an intensive 3-month televised safer sex campaign targeting at-risk young adults in a southeastern city in the United States (Kegeles, Hays, Pollack and Coates, 2009). The campaign was found to have a clear positive impact on condom use behaviour among the target audience.

From the reviewed works, it could be deduced that there is a gap in the dissemination process, especially in Nigeria. Another problem is that of behavioural communications meant to create attitudinal change among the people of Kaduna metropolis. The spread of HIV/AIDS in Kaduna metropolis may be caused by this. In this study, the methodology used is the survey, aimed at finding out the effectiveness of the campaign in the city of Kaduna. In doing this, sampling was

be drawn from the inhabitants of the city and the findings will contribute to existing literature on studies related to HIV/AIDS in Kaduna metropolis and Nigeria.

2.5 Theoretical Framework

The health belief model of health communication served as the basis of this study. This was due to the fact that this study dealt with health issues and human behaviour aimed at attitudinal change towards healthy living in Kaduna metropolis.

2.5.1 The Health Belief Model

The Health Belief Model (HBM) is a psychological model that attempts to explain and predict health behaviours. This is done by focusing on the attitudes and beliefs of individuals. The HBM was first developed in the 1950s by social psychologists Hochbaum, Rosenstock and Kegels working in the U.S. Public Health Services. The model was developed in response to the failure of a free tuberculosis (TB) health screening program. Since then, the HBM has been adapted to explore a variety of long- and short-term health behaviours, including sexual risk behaviours and the transmission of HIV/AIDS.

The core assumptions and statements include: The HBM is based on the understanding that a person will take a health-related action (i.e., use condoms) if that person:

1. feels that a negative health condition (i.e., HIV) can be avoided,
2. has a positive expectation that by taking a recommended action, he/she will avoid a negative health condition (i.e., using condoms will be effective at preventing HIV), and
3. believes that he/she can successfully take a recommended health action (i.e., he/she can use condoms comfortably and with confidence).

Rosenstock (1974) discusses four constructs of Health Belief Model including (1) Perceived Susceptibility (an individual's assessment of his/her risk of getting the conditions), (2) Perceived Severity (individual's assessment of the seriousness of the condition, and its potential consequences), (3) Perceived Barriers (an individual's assessment of the influences that facilitate or discourage adoption of the promoted behaviour), and (4) Perceived Benefits (an individual's assessment of the positive consequences of adopting the behaviour). Two constructs were added later including (5) Perceived Efficacy (an individual's self-assessment of ability to successfully adopt the desired behaviour, and (6) Cues to Action (external influences promoting the desired behaviour). Majority of health communication campaigns are based on this model and it is equally useful in HIV/AIDS prevention programs (Rosenstock, 2012).

Tufte (2002) developed the health belief model (HBM). This model can be used as a pattern to evaluate or influence individual behavioural change. The model proposes that a person's behaviour can be predicted based on how vulnerable the individual considers themselves to be. 'Vulnerability' is expressed in the HBM through risk (perceived susceptibility) and the seriousness of consequences (severity). These two vulnerability variables need to be considered before a decision can take place. This means a person has to weigh up the costs/benefits or pros/cons of performing a behaviour (Ross and Carson (2008). For example, this could include how 'susceptible' they feel they are to contracting an illness, for example mumps, and how 'severe 'the consequences of having mumps is, or how 'susceptible' they are to an injury, for example falling off a bicycle without protective clothing, and how 'severe' the consequence will be. A person's decision to perform the health-promoting (or damaging) behaviour will be based on the outcome of this 'weighing up' process. Self-efficacy is also added to the HBM to enable

prediction of behaviour. Self-efficacy is a person's perceived confidence of their ability to perform that behaviour.

The HBM includes four factors that need to take place for a behaviour change to occur: The person needs to have an 'incentive' to change their behaviour. For example:

1. An 'incentive' for a person to stop smoking could be the desire not to smoke around a new baby.
2. The person must feel there is a 'risk' of continuing the current behaviour. For example: By not taking preventive measures, such as compliance with anti-malarial drugs in a high malaria risk area, a person would feel that they would be putting themselves at 'risk' of contracting malaria.
3. The person must believe change will have 'benefits', and these need to outweigh the 'barriers' For example: A person may believe that the benefits of using a bicycle helmet means they are less likely to have a serious head injury if they fall off their bicycle. They also identify that the barriers to wearing one; they are cumbersome to carry throughout the day. The 'benefits' must outweigh the 'barriers' in order for a change to be made (Tanner-Smith, 2010).
4. The person must have the 'confidence' (self-efficacy) to make the change to their behaviour For example: Persons must believe they have the ability to cut down their fatty food intake to help them lose weight and are 'confident' about their abilities to do this.

The HBM additionally suggests that there is a 'cue to action' to prompt the behaviour change process. This could be a conversation with a friend or a television programme. Alternatively, it could be an external prompt, such as moving employment. The prompt, however, has to be

appropriate to that person or, as Naidoo and Wills suggest, this cue needs to be 'salient or relevant'(2000: 225).

The HBM also considers 'modifying factors' important to behaviour change. These include demographic variables, socio-psychological variables and structural variables that influence how a person perceives the disease severity, threats and susceptibility. Factors such as age, gender, peer pressure or prior contact with the disease also impact on the decision-making process (Sood and Nambiar, 2006).

The HBM is one of the most influential and widely used theories to explain health conditions and health-related behaviours. This model proposes some main concepts that predict why people would take actions to prevent, or screen for disease. More specifically, the HBM predicts that individuals are more likely to take preventive action under the following conditions: if they believe they are susceptible to a specific health risk (perceived susceptibility), if they believe the health condition will lead to potentially serious consequences (perceived severity), if they believe that a course of action available to them will be beneficial in reducing either their susceptibility to, or the severity of the condition (perceived benefits), and if they believe that the anticipated barriers to (or costs of) taking action do not outweigh the benefits (perceived barriers) (Singhal& Rogers, 2003).

The strand that goes with this study is the assumption that people's behaviour will only change, when they feel they need a particular message to aid their decision and to promote that change of bahaviour. Also, the assumption of the theory shows that the health belief model creates room for people to change existing risky attitudes that can lead to the spread of HIV/AIDS on Ahmadu Bello University Campuses.

2.5.2 Critique of the Theory

Despite Hochbaum (1958) and Rosenstock's (1959) call for increased communication research utilising the HBM, its use is sparse. A search for the HBM in a communication research database retrieved surprisingly few periodical articles. 34 articles were retrieved using a Boolean keyword search of "health belief model". A significant portion of these only referenced the model. Subsequent searches using alternative databases and keywords resulted in less success.

Tanner-Smith (2010) concluded weak support for the HBM's ability to explain and predict perceptions of risk. That is, perceived susceptibility and perceived severity. An explanation could reside with the HBM's shortcomings in considering "contextual constraints" (p. 118). Perceived susceptibility and severity may be high, but if one is struggling with issues such as poverty, additional stressors may supersede actions to assure health (p. 118). In other words, if someone is striving to feed the kids, one's concern to seek medical screening may be secondary. The role of these situational factors was discussed and given consideration early on by Hochbaum (1958) and Rosenstock (1959). The HBM also does not consider repeat behaviour. Tanner-Smith (2010) posits there is a perspective change between those undergoing a pap screening or mammogram for the first time and those who have made these visits routine. Perceived risks may influence the first visit but become less so thereafter. Janz and Becker (1984), also discuss issues with perceived severity. According them, an illness such as cancer has a global perception of being very serious (Conner & Norman, 2010). This would account for little variance when measuring the perception of severity of those who comply with preventive health care and those who do not. Both may have similar perceptions (Chang, Wang and Chen, 2004). Norman & Brain (2005) point to these parallels in their application of the HBM in compliance of breast self-examinations as well.

2.5.3 Applicability of the Theory

The Health Belief Model is relevant to this study because it gives insight into a health campaign such as HIV/AIDS scourge. To this study, there is need for greater campaign on the spread of the disease especially among the youth. For this reason, this theory tends to give more room for sensitisation of the public towards the health hazards that could lead to the spread of the virus. The assumptions of the theory show that a person will take a positive action to avoid negative health situation. Hence, to HIV/AIDS, a more positive behaviour will be imbibed by the university community, if they are well informed about the ways to prevent the spread (Ratzan, Payne & Massett, 2004).

The application of theory to practice is not an easy step. Health promotion in the past has made use of theory sporadically, and often inconsistently. Jones and Donovan (2004) argue that practitioners frequently ignore theory, failing to use and implement theory-based interventions. They suggest that practitioners lack the skills and knowledge needed to operationalised the generic theories and models available. This is not to say that all health practitioners are ignorant of the importance and use of theory: some practitioners may have a clear theoretical knowledge but lack the time, resources, expertise or evidence base to implement their knowledge. If communication is based on a theoretical model, some of the pitfalls associated with poor communication can be eliminated. Beaudoin (2007) argues that practitioners need a framework to make a clear selection of outcome indicators and to justify choice. In addition this, it will provide a basis for best practice. In an age of cost-effectiveness alongside the move to evidence-based practice, the inclusion of theoretical models is an almost logical one. Hanan (2003) indicate that ‘construction and strategic dissemination of finely tuned, theory-based health

messages' alongside making theory practically relevant is one of the keys to effective communication.

Theories are valued in the field of health promotion because of their use in explaining influences on health alongside the ability to suggest ways where individual change could be achieved (Parker et al. 2004). Effective communication strategies should be grounded in a sound theory (Ajzen & Fishbein, 1975). They can be used to design and plan health promotion strategies and to generate decisions and solutions, ensuring that all variables are taken into consideration (Tones and Green 2004).

The value of the HBM to communication scholars is its ability to operationalised research. It offers a framework to conceptualise and measure variables. The measured HBM factors are then able to determine the effectiveness of a health message. For example, did the message increase or decrease perceived susceptibility? If increase is shown, individuals will more likely be motivated to change health behaviour. The message is successful. Such is the case with determining the health beliefs of an audience following a health related television program (Ghosh and Bhatt, 2006).

In their work, Rosenstock, et al. (1959) analysed research of poliomyelitis vaccine or, Salk vaccine. As Hochbaum (1958), their analysis of studies conducted on the forgoing of preventive health measures was similar. For example, Rosenstock et al. (1959) found that perceived susceptibility was the cause of adults not seeking vaccination. It was found that adults thought of polio as a children's disease and therefore not relevant to themselves. Though both of these works discuss the variables of the HBM, there is no mention of the "health belief model" outright. No work could be found that cite the title by Rosenstock, Hochbaum or Kegels until Rosenstock's 1966 work. In addition to Rosentosck's article "Why People Use Health Services",

other privately funded researchers were finding similar variables included in the HBM. In the same year as Rosenstock (1966) was published, so was Kasl & Cobb's work Health Behaviour, Illness Behaviour and Sick-Role Behaviour (Kasl& Cobb, 1966). Rosenstock (1966) gives significant credit to them in his aforementioned piece. In it he states Kasl and Cobb's "useful framework for considering the focus and limitations of the present paper" (p. I). Burns (1992) also dedicates considerable space ensuring Kasl and Cobb's recognition for the HBM. The significance of Rosenstock's work are his findings on the costs of taking action against health threats. These are mentioned as benefits and barriers in the HBM (Burns, 1992; Rosenstock, 1966).

CHAPTER THREE

3.0 RESEARCH METHODOLOGY

3.1 Introduction

This chapter takes a look at the procedure involved in carrying out this study. The issues considered here include research design, area of the study, population and sampling. Other sub-heads include sample size, instruments for data collection, method of data analysis and validity/reliability of the research instruments.

3.2 Area of the Study

Following the independence of Nigeria in 1960 Kaduna became the administrative capital of northern Nigeria when the country was a federation of a national government and three self-governing regional governments (Northern, Eastern and Western). In 1976, the country was divided into local government areas (LGAs). Present-day Kaduna Metropolis consists majorly of two LGAs namely Kaduna North with a population of 357, 694 and Kaduna South with a population of 402,390 and parts of two other LGAs namely Chikun with a population 368,250 and Igabi with a population of 430,229. It is located 150-km north of the capital city, Abuja. Kaduna metropolis had a population of 1,570,331 in 2006 and 49 percent of the population was female (National Population Commission, 2006)

Kaduna is the capital of Kaduna State and the fourth largest city in the country. It is also one of the most populous Millennium Cities and serves as the most important trade and transportation centre in northern Nigeria. There are twenty-three (23) local government areas in the state and it cover an area of 44, 408.3 square kilometers. The metropolis is made up of different ethnic groups including, the Hausa, the Jarawa and the Gwari. The two main religious groups are

Muslims and Christians. The population of Kaduna state according to the 2006 head count is 6,066.562 which put the density at 137 people per square kilometer (INEC, 2008).

Kaduna Metropolis is located in North-Western Nigeria. It's dominated by numerous ethnic groups located in the Northern and Southern parts of the state. The main ethnic group is Hausa, while the other minority ethnic groups exist mostly in the southern part of the state. The major language spoken is Hausa, even among the minority ethnic groups in the area. Kaduna metropolis comprises four local government areas namely Kaduna North, Kaduna South, Igabi and Chikun. The study was based on the four local government areas within the metropolis. Present-day Kaduna Metropolis consists majorly of two LGAs namely Kaduna North with a population of 357, 694 and Kaduna South with a population of 402,390 and parts of two other LGAs namely Chikun with a population 368,250 and Igabi with a population of 430,229. It is located 150-km north of the capital city, Abuja. Kaduna metropolis had a population of 1,570,331 in 2006 and 49 percent of the population was female (National Population Commission, 2006). With the projected growth rate of 3%, the metropolis should be having a population of 1,857,701.51 by 2015.

3.2.1 Brief on Kaduna Metropolis Agency for the Control of AIDS (KASACA)

The Kaduna Metropolis Agency for the Control of AIDS (KASACA) was established in 2000, following the establishment of its national body – the National Agency for the Control of AIDS (NACA), under the Olusegun Obasanjo administration. It was established in the state under the administration of Ahmed Mohammed Makarfi who ruled the state for eight years. The agency has been through several stages since its development. It has helped in sensitising members of

the public in getting the required information needed for the effective control of HIV/AIDS both in town and villages in Kaduna Metropolis.

In its quest to carry out its functions, KASACA has faced lots of challenges, ranging from lack of proper funding from government and the non-governmental organisations, poor communication facilities, inadequate information to the rural people, language barriers, high illiteracy level, among others. The Agency has used various communication strategies over the years in meeting up the information needs of the people of the state through radio, television, billboards, schools, talk shows, market drama, and stage performances, among others. All these have been used over the years to meet up with the control rate of HIV/AIDS across the country. This was also in line with the aim of the Millennium Development Goals, which has 2015 as a target to eradicate HIV/AIDS and other diseases.

The achievement of the agency so far in its campaigns against HIV/AIDS

Achievements by Prevention Department

i. Achieved significant decrease in the State prevalence rate from 7.0% to 5.1%.
ii. 672 Secondary and Upper Primary School Teachers trained on FLHE in 7 LGA's.
iii. Direct roll out of community interventions in LGA's.
iv. Developed emergency preparedness and response work plan.
v. 92 NTO for condoms placement.
vi. 30 skilled trained facilitators on drama script and presentation.
vii. PMTCT incorporated into the State free MCH bill.
viii. 46 FLHE trainees trained on DQA monitoring.
ix. Production of SBCC document in progress.

x. Conduct mapping of CSO's in preparation to fund CSO's.

xi. Conducted zonal meetings with CISHAN in preparation for CISHAN election in September. Road shows in 5 LGA's.

xii. LACA/LM's work plan developed and memos submitted for approval.

xiii. Scaled up community level interventions with secluded groups such as Women in Purdah, Persons with Disability and Displaced Persons in 5 LGA's.

xiv. Increased uptake of HCT at community level outreach to Kateri.

xv. HCT provided in KADSACA.

xvi. First Edition of KADSACA Magazine 2011.

Policy, Advocacy, Gender and Human Rights Department

i. Anti-stigma bill signed into Law.

ii. Development of policy briefs.

iii. Equipped CSO's, FBO's with skills in gender responsive budgeting.

•Gender mainstreamed in Line Ministries, LACA's, CSO's, FBO's and the Media,

•Developed the Kaduna State Advocacy Work Plan.

•Held 8 Quarterly coordination meetings.

•Developed and disseminated the first State Children and AIDS Scorecard in Nigeria.

•Conduct training on resource mobilisation for JNI and CAN.

•Disseminated the Kaduna State Work Plan policy.

•Sensitised key holders on the Kaduna State HIV Anti-Stigma Law.

•Conducted training on Policy and Advocacy influencing for CSO's and Networks.

•Persons with Disability were engaged in the Agency.

TREATMENT, CARE AND SUPPORT DEPARTMENT

•Conducted training on TB collaboration and HIV/AIDS.

•Conducted a combined critical mass session to review MDA's HIV/AIDS work plan.

•113 PLWH through the Networks and support groups were trained on Bee keeping and given Bee keeping equipment as part of provision of skills acquisition programmes.

•Scaling of ART services in Kagarko General Hospitals.

•Coordination of Treatment, Care and Support Technical Working Group.

•Training of 70 Doctors on drug adverse reaction and management.

•Training on Project Management for CSO's, HIV/AIDS Focal Persons and DPMs in 23 LGA's.

•35 Health Care providers trained on Inter-Personal Communication for PMTCT.

•Advocacy visits to 6 private hospitals to update HIV/AIDS Service Delivery Point.

•Presentation of HIV equipment to General Hospital Kujama (PPP) by Total Nigeria PLC.

ACHIVEMENTS BY INSTITUTIONAL ARCHITECTURE, COORDINATION AND RESOURCE MOBILISATION

1 Strengthened Collaboration with Donors and IP's.

2 Vibrant TWG's with defined Terms of Reference in key thematic areas of Prevention, Policy, Advocacy and Gender, and Treatment, Care and Support, M&E.

3 Developed acosted state unified plan for the year 2012.

4 Developed 2011 Annual State Response report.

5 Budget line creation for HIV/AIDS programming in LGA.

6 Gender Management systems strengthened in key Institutions.

7 Conduct internal seminars.

DEPARTMENT OF PLANNING, RESEARCH, STATISTICS AND MONITORING & EVALUATION

•State-wide Data Quality Assessment (DQA)carried out to 56 health facilities and 18 in 2013.

•Conducted mode of transmission study.

•Conducted State specific HIV/AIDS, Reproductive and Child Survey.

•Conducted 7 monthly M&E meetings with LACA's in 2012.

•Disseminated the 2010 ANC survey outcome.

•Developed fact sheets on the HIV response in the state.

•Conducted an assessment on the World Bank MAP1 Rapid Response Funds.

•Reviewed the M&E Work plan.

•Adjudged by CIHP to have the best M & E TW Gin States assisted it.

•Knowledge Attitude and Behavioural Survey (KAB) 2012.

•A survey on the need of assessment on ART patients on non-compliance on HIV/AIDS patients taking Anti-Retroviral prescriptions in Kaduna State.

•The importance of micro-nutrients in the management of HIV/AIDS patients taking Anti-Retroviral Therapy Kaduna State.

•Conducted the first HIV/AIDS Conference in 2010.

•Annual KADSACA report 2012.

3.2.2 Research Design

The survey research design was used for this study. This is because the survey method presents the universe of the study by appropriating or reducing it to provide the opportunity to check on the incident, distributions and interrelation of variables (Wimmer and Dominick, 2003). Also, survey design will aid this study in getting access to the primary data from the respondents, getting their opinion and give options for their divergent views on the focus of the study. Kerlinger (1973) supported this approach by noting that survey methods enable the study of a given population needed to provide primary information or finding on a research. This study deals with human behavioural change towards health issues, hence, the survey research design becomes necessary, in order to cater for divergent views on HIV/AIDS campaign. In addition, the interview method was used to gather information from health experts on HIV/AIDS prevalence in Kaduna metropolis.

3.3 Population of the Study

The population of this study includes the entire population of the four local government areas in Kaduna metropolis namely; Kaduna North – 357,694; Kaduna South - 402,390; Igabi – 430,229 and Chikun – 368,250. The total population of Kaduna metropolis therefore, is 1,570,331 (NPC, 2006) with a projection of 1,857,701.51 by 2015. The four local government not only formed the metropolis but are the areas in the with the highest population concentration. Hence, the need to reach out to this population with information about healthy living and habits that would aid to mitigate the spread of the pandemic in the state in general and in the metropolis in particular.

3.4 Sampling Technique

This study adopted two types of sampling technique which are the probability and non-probability sampling technique. The probability sampling used in this study was the cluster sampling. A common motivation for cluster sampling is to reduce the total number of the population in order to achieve a degree of representativeness within a defined universe. Therefore, the defined universe in this study was made up of the population of persons in Kaduna metropolis. However, noting that there is no current population census of persons for 2015 in the four local governments that made up Kaduna metropolis namely Kaduna North, Kaduna South, Chikun and Igabi could be empirically sourced, the non-probability sampling that is, the purposive sampling was used as a second sampling technique (Best and Kahn, 2006). Therefore, the purposive sampling technique used in this study gave the researcher the chance for reduce the population from a large number to a representative small number of the entire population of the persons in Kaduna metropolis.

3.5 Sample Size

The sample size is a portion out of the total of the population which is used to generalise the occurrence of certain events or phenomenon (Glanz, Rimer& Lewis, 2002). The communities found in each of the local government includes:

Kaduna North – AngwaShanu, Tudun Wada, Tudun Nupawa, Kawo, AngwaDosa, Ungwan Rimi, Ungwan Sanusi, Hayin Banki, Badarawa, Magajin Gari, Doka, Ungwan Sarki, and Kabala.

Kaduna South – Makera, Televison, Kakuri, Kakuri-Hausawa, Barnawa and Narayi.

Chikun – Kakau, Nasarawa, Maraba Rido, Sabon Tasha,Ungwan Yelwa, Kudande and Trikaniya

Igabi – Rigachikun, Rigasa, Afaka, Sabon-Birni, Birni-Yero, Mando and Kurmi Mashi.

In this study, two communities were purposively selected from each local government area in Kaduna metropolis so as to reduce the largeness in the numbers of the communities to a representative few. The reason for selecting these communities was because they were found largely within the Metropolis as conurbation town. By this, the following communities were chosen:

Kaduna North – Angwa Shanu and Angwa Dosa.

Kaduna South – Barnawa and Narayi.

Chikun – Kudande and Trikaniya

Igabi – Mando and Kurmi Mashi.

This brings the total of the communities studied to eight. From each of the local four local government areas within Kaduna metropolis.200 respondents were purposively selected. This means twenty-five (25) respondents were selected from each of the eight areas identified in the

four local governments within Kaduna metropolis. This brings the total sample size to: 25×8=200. The sample size therefore is two hundred (200).

3.6 Study Variables

This study variable for this research was divided into dependent and independent variables.

3.6.1 Dependent Variable

The dependent variable from the topic of the study is the impact of media messages. This is because it deals with the consequence of the communicated health messages on the youths.

3.6.2 Independent Variable

The independent variable in this study is the evaluation of HIV/AIDS campaign messages used in Kaduna metropolis.

3.7 Method of Data Collection

Data for this study will be gathered from both primary and secondary sources. Primary data could be defined as a collection of data based on available information, relating to a phenomenon, meant to tackle a problem in the society and to provide solutions that would be beneficial to both researchers and scholars (Sood and Nambiar, 2006). The primary data was gathered through research instrument, using questionnaire. Also, in-depth interview was used to support the data got through the questionnaire. In addition, secondary data was collected from previous studies conducted on HIV/AIDS. Secondary data is an indispensable way of getting more information about a phenomenon and adding to such information for future research and study (Ogbuoshi, 2006). Such information was gathered from previous studies conducted by researchers in the same field or discipline. The secondary data could be gotten from books, journals, bulletins, newspapers and magazines about HIV/AIDS.

3.8 Instruments of Data Collection

The instruments used in collecting data for this study are the questionnaire and in-depth interview. Structured questionnaire was used to get the divergent views of the respondents on what they feel about the communication strategies used for HIV/AIDS in Kaduna metropolis. The essence of using the questionnaire for this study is to give opportunities to the respondents to air their opinion on the phenomenon. One advantage of the questionnaire is that it aids objective reports in the area of survey research, thereby providing facts and figures, where necessary, in any human situation (Ogbuoshi, 2006). The questionnaire contains close-ended and open-ended questions. Wimmer and Dominick (2011) opine that the open-ended questionnaire presents the respondents freedom in answering questions and an opportunity to provide in-depth response. To them, it allows for answers that will not be foreseen in designing the questionnaire and useful for pretesting or pilot testing of any questionnaire. In addition, the close-ended questions was used in this study to avoid the problems of ambiguity and double-barreled answers from the respondents, occasioned by the statements in the open-ended questions.

Also, the in-depth interview was used to source for more primary data from the health experts in Kaduna metropolis. To this end, a senior health official of the Kaduna Metropolis ministry of health. The essence of the in-depth interview in this study is to get the opinion of the health workers and how they carry out the campaign against the spread of HIV/AIDS in Kaduna metropolis.

3.9 Validity and Reliability

The validity and reliability of this study is dependent on the extent to which the questionnaire could be used to carry out this study. Validity means the ability of the measuring instrument to measure what it is supposed to measure (Ogbuoshi, 2006). Reliability on the other hand, deals

with the use of the measuring instrument overtime. According to Best and Khan (2006), reliability is a necessity but not sufficient condition for validity. That is, a test must be reliable for it to be valid, but a test can be reliable and still not valid. Hence, according to Ogbuoshi (2006), reliability of a measuring instrument depends on the use of such instrument in previous studies in the same area of knowledge. In this study, the questionnaire will be used to gather data from the respondents, based on the fact that it is a survey research and deals with the study of human behaviour.

3.10 Method of Data Analysis

The descriptive data analysis technique was used to analyse the data for this study. This gives opportunity for the interpretation and explanations of the content of the data. Also, Ogbuoshi (2006) noted that descriptive data analyses are used for descriptive studies, such as questionnaire, so that data can be summarised in clear and simple terms. The essence is to give room for both the quantitative and qualitative techniques to be used together, such that both present the facts got from the primary data. The questionnaire was presented, interpreted and analysed using tables and charts, while the in-depth interview was presented using the qualitative method. The findings of the study were discussed using the research questions, with reference to the theory selected for the study.

CHAPTER FOUR

4.0 DATA PRESENTATION, INTERPRETATION AND ANALYSIS

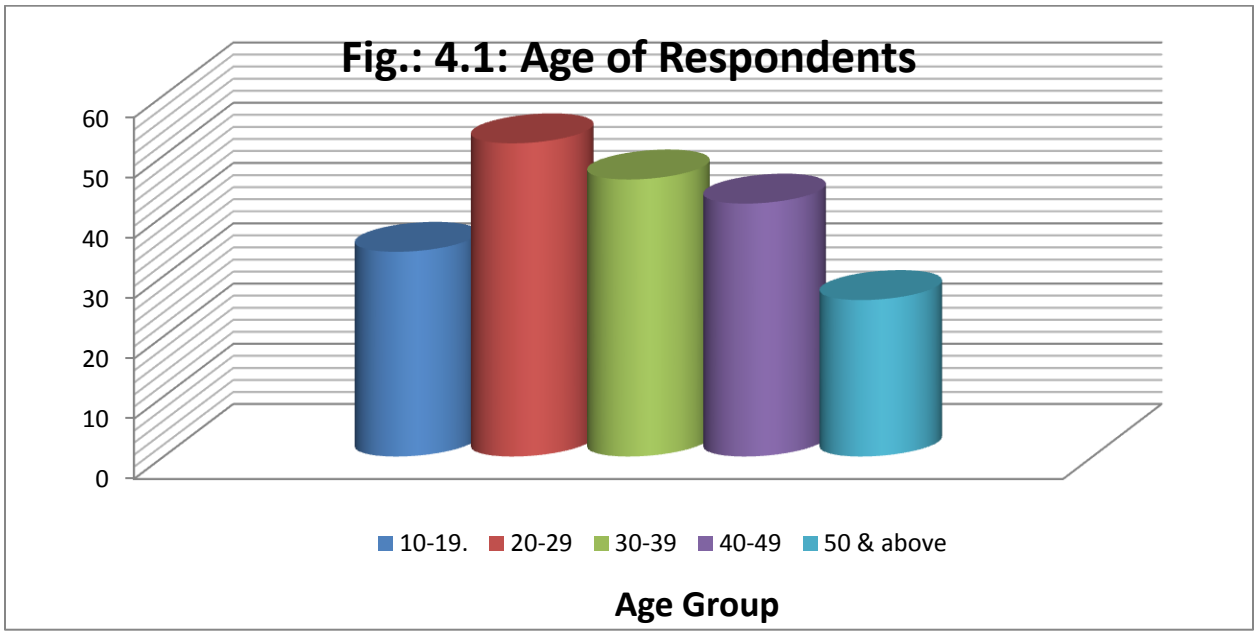
4.1 Introduction

This chapter takes a look at the presentation and analysis of data collected from the field, using the two instruments – structured questionnaire and in-depth interview. A total of 200 copies of the questionnaire were administered and all were retrieved. For the in-depth interview, two officials of the Kaduna Metropolis Agency for the Control of AIDS were interviewed. In addition, the last part of this chapter discussed the findings got from the data presented and analysed.

4.2 Data Presentation and Analysis

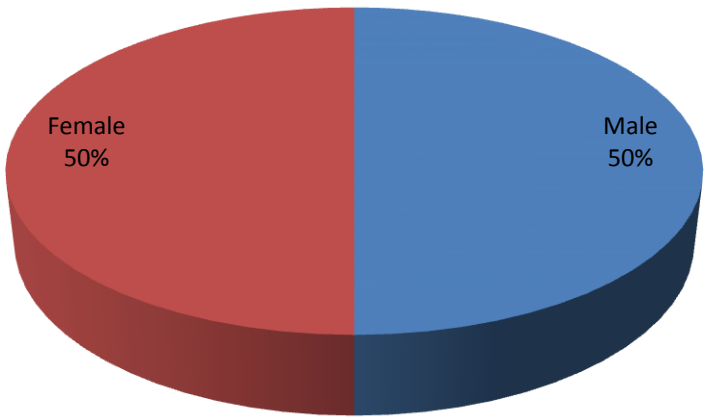
In this section, the data collected are presented both from the questionnaire and the interviews. Charts and tables were used to present the quantitative data, while the interviews were presented as qualitative data.

Section A: Demographic Characteristics of the Respondents

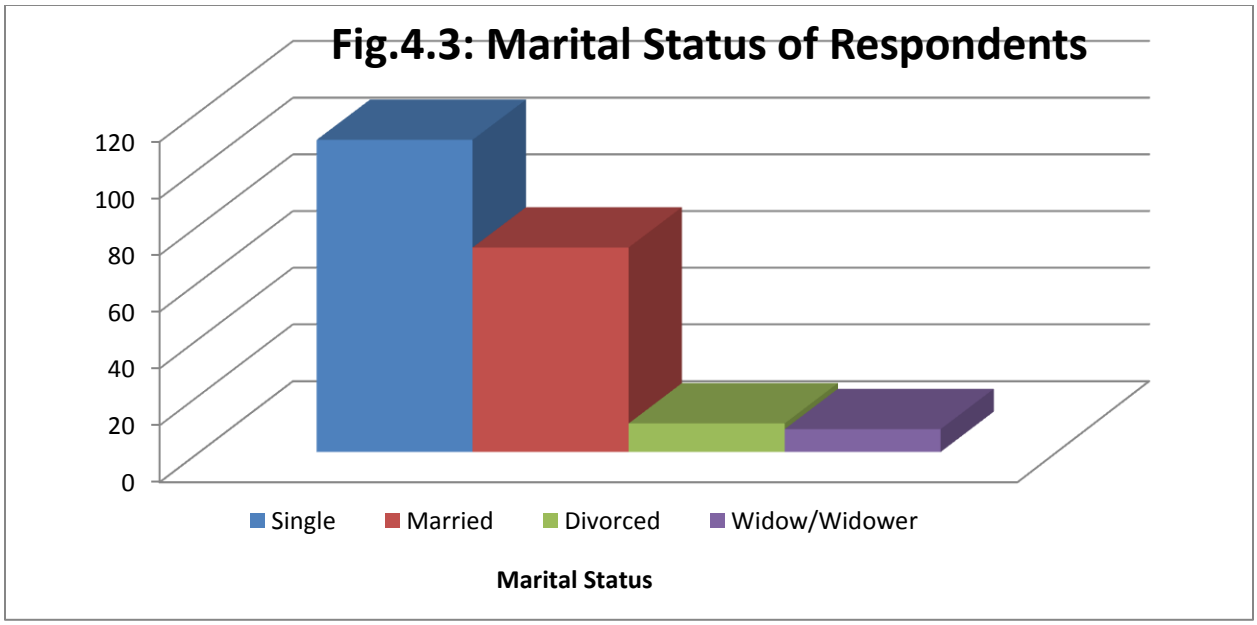


The above table shows that 52 respondents, (26%) fall in the 20-29 age bracket, while 46 respondents (23%) fall between 30-39 age brackets. In addition, 42 respondents (21%) fall between ages 40-49, 34 respondents (17%) fall between ages 10-19, while 26 respondents (13%) fall between 50 and above. The data show that most of the respondents fall between 20 and 49. This may be because they are mostly youths, and this shows that they are the age most affected with the HIV/AIDS pandemic. However, some respondents fall between ages 50 and above because they could be affected by the HIV/AIDS virus and hence, need information on the pandemic. Children and teens are not left out in the information because they may also be affected by the virus.

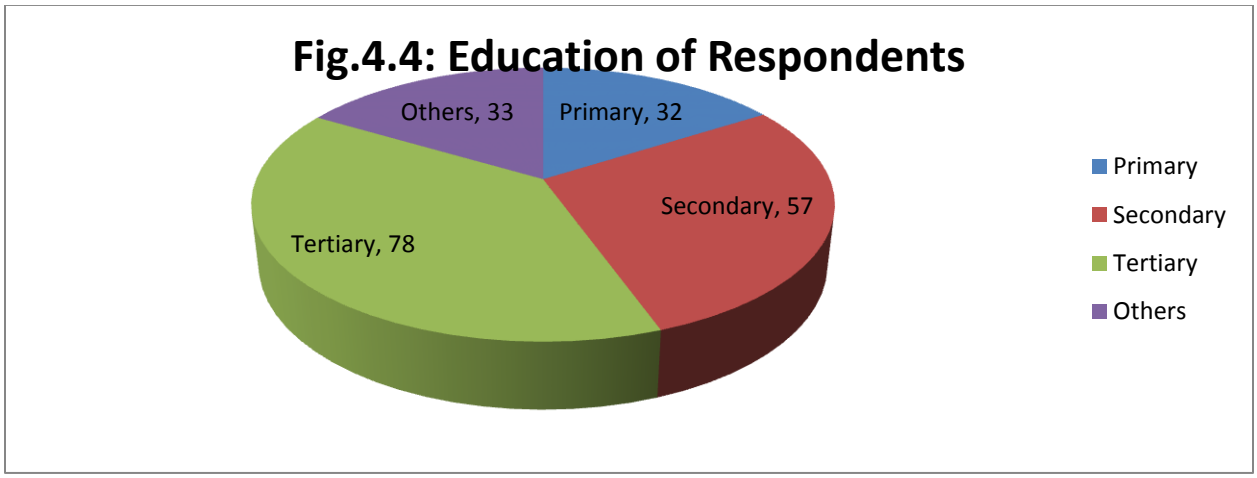
Fig. 4.2: Sex of Respondents



The table above shows that the number of male and female respondents is the same and as such the total sample size is equally divided between the two sexes. Hence, each of the sexes has 100 respondents (50%) each. The reason for this is to give equal chance of participation to the two sexes, since HIV/AIDS affect both of them.



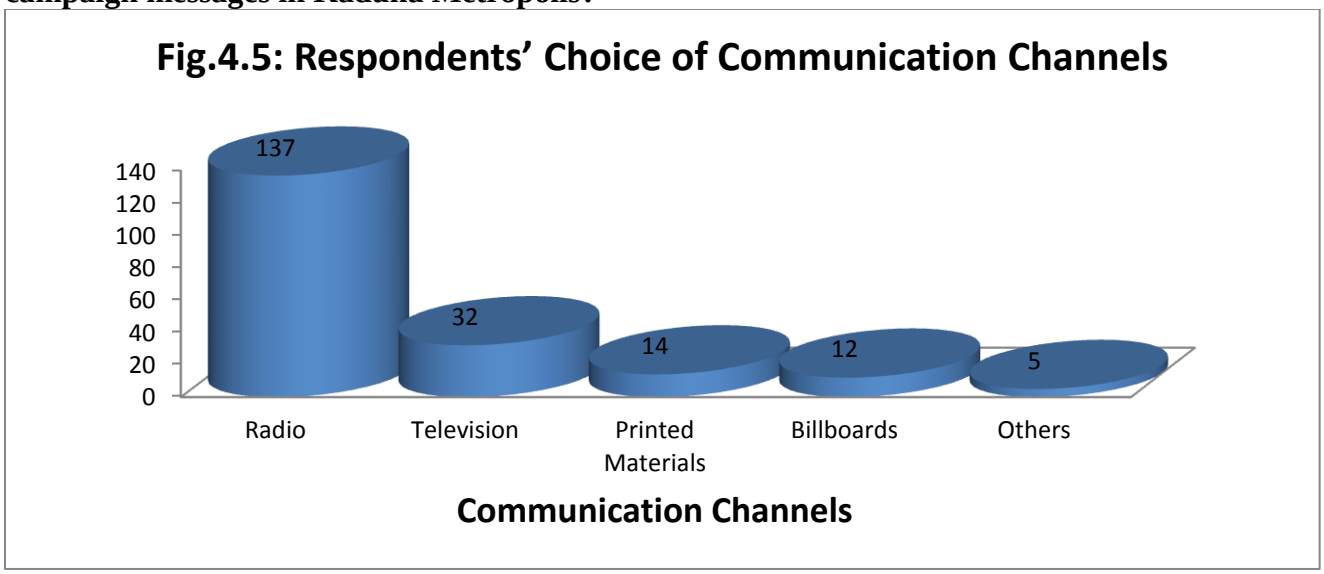
The marital status of the respondents shows that 110 of them (55%) are single, while 72 (36%) are married. In addition, only 10 respondents (5%) are widows, while 8 respondents (4%) are widowers. This implies that most of the youth's respondents in the metropolis are singles and have the tendencies for sexual experimentation, exploration and exploitation among themselves with the likelihood of contracting the dreaded disease. The table also shows, a few widows and widowers fell among the respondents thereby implying that HIV/AIDS cuts across all marital status.



From the table, it could be deduced that 78 respondents (39%) have acquired tertiary educational qualification, while 57 respondents (28.5%) have secondary school education. Also, 32 respondents (16%) have primary education and 33 respondents (16.5%) have acquired other formal and non-formal education. The implication of this is that most of the respondents are educated. The essence of this distribution is to confirm whether their levels of education may go a long way in determining their level of acceptability of HIV/AIDS campaign messages.

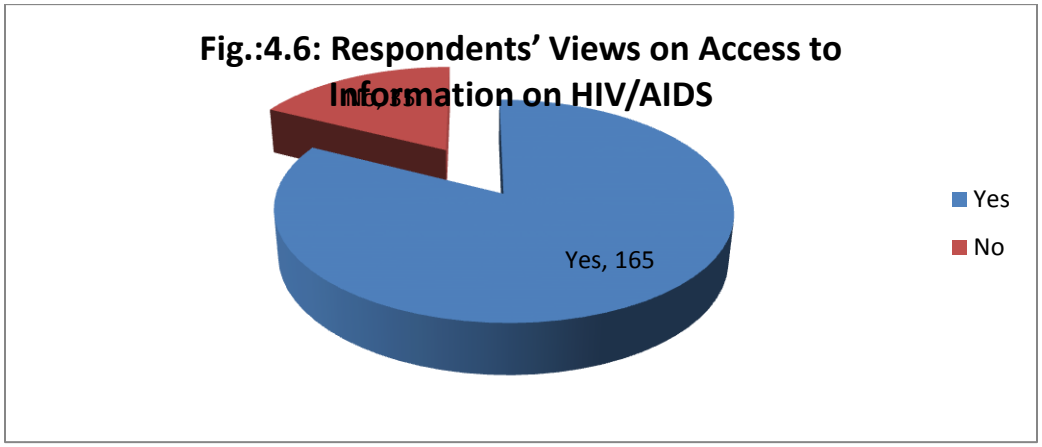
Section B: Analysis of Research Questions

Research Question 1: Which communication channel do respondents receive HIV/AIDS campaign messages in Kaduna Metropolis?

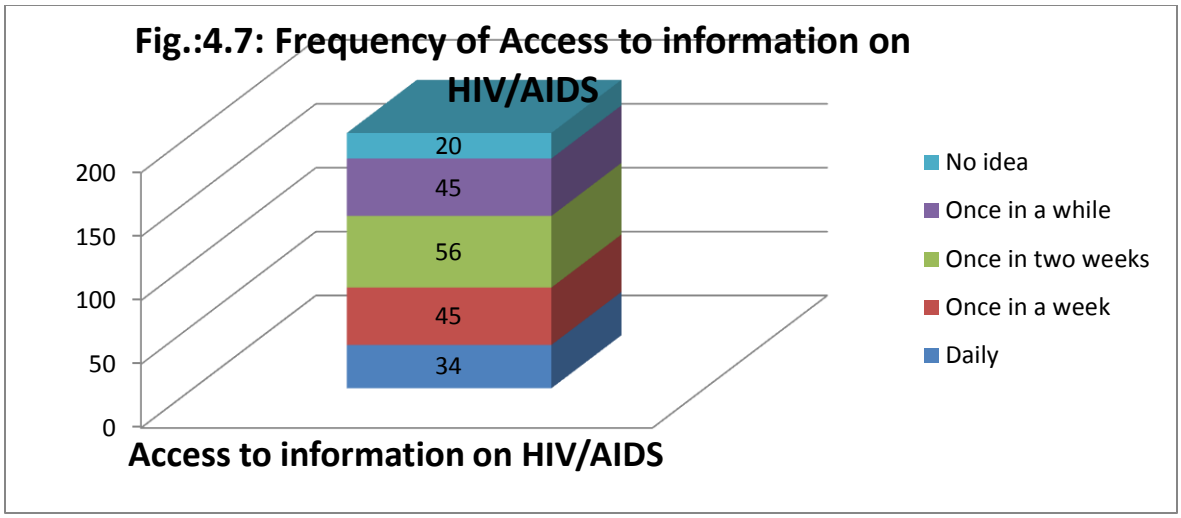


From the table, it could be deduced that 137 respondents (68.5%) chose radio as a major source of information on HIV/AIDS messages, while 32 respondents (16%) chose television for the same reason and 14 respondents (7%) chose printed materials. Further, 12 respondents (6%) chose billboards, while 5 respondents (2.5%) chose other channels of communication. The choice of radio by most of the respondents may not be far from the fact that many of the respondents have access to radio ahead of any other medium of communication. This is largely due to the level of literacy of the people within the metropolis. In addition, radio has the advantages of ubiquity and affordability which makes the respondents to choose it. However,

other respondents may have chosen television because they have access to it and may belong to the class of the society which can provide the alternating current needed for maintaining the television set in case of power failure. Some respondents who chose the billboards may have done so because they see billboards by the road side and as such, need make little effort to access it, while those who chose printed materials may belong to the elitist class. However, a few respondents may have access to other support media like public relations, propaganda and drama among others. This may be responsible for their choice of the others.



From the table, it could be deduced that 165 respondents (82.5%) chose the 'yes' option, while only 35 respondents (17.5%) chose the 'No' option. Those who chose yes may have done so because of the availability of the information on HIV/AIDS which is common among the people of the area. The commonality of information on HIV/AIDS might not be unconnected with extent to which KADSACA and other related health agencies were able to create awareness on the spread and the danger of the pandemic to the socio-economic and physical health wellbeing of the people in the areas.



The table shows that 56 respondents (28%), have access to information on HIV/AIDS fortnightly, while 45 respondents (22.5%) selected once a week and once in a while, respectively. However, 34 respondents (17%) do so daily, while 20 respondents have no idea on when they access the information. The respondents who access the information may be radio listeners, who go about with their radio set, such that they can listen to it while working, driving or being engaged in other activities. Those who do so once in two weeks and once in a while may have chosen these options based on their personal schedules and their interest in a particular programme aired on the media. Those who have access to the information daily may be categories as active listeners and as such, pay attention to all the messages about HIV/AIDS in the city.

From the interview, it was discovered that communicating HIV/AIDS issues to the people of Kaduna Metropolis is a combined effort of all the stakeholders in the state and beyond. Key issues considered in meeting up with the communication needs of the people of the area include languages, religious barriers and indigenous traditions. Although the Hausa language is used to communicate to most people in the state, many more people are denied access to information. For instance, a message passed through a radio programme could miss its target, if such message

does not give room for proper scheduling and consideration of the people to whom it is meant. The of Director, Monitoring and Evaluation, KADSACA Dr. Ahmed stated that coping with the diverse population has been a major problem, since the city of Kaduna is the Headquarters to the nineteen northern states of Nigeria. According to him:

> We have tried our best over the years to communicate these issues to the people. All we've been doing is to create room for more people to come into the campaign using the local dialects, apart from the Hausa language which is currently used across the state and beyond. For this reason, we've decided to take the campaign to the villages by involving the local people directly in what we do. By so doing, we'll surely achieve greater results. Also, we use the traditional rulers to meet with their people in communicating to them on the need to embrace positive healthy lifestyle to curb HIV/AIDS pandemic in our environment.

Research Question 2: What is the influence of HIV/AIDS campaign on respondent sexual behaviour in Kaduna Metropolis?

Table 4.1: Respondents' Views on Whether HIV/AIDS campaign in Kaduna metropolis has influence on their sexual behaviour

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	23	11.5	11.5	11.5
	No	87	43.5	43.5	55.0
	Not Sure	90	45.0	45.0	100.0
	Total	200	100.0	100.0	

From the above table, it could be seen that the percentage of the respondents who are not sure on whether the HIV/AIDS campaign have influence on the sexual bahaviour of respondents is 45%. This is against 43.5% and 11.5% who chose the no and yes options respectively. The high level of respondents which signified here that the campaigns doesn't influenced their sexual orientation might be connected to certain religious and traditional belief that AIDs (*Kanjamo*) is primarily a white man disease that could not affect the black race. More so, another reason that could have been adduced to the ineffective nature of the campaign on sexual orientation might be linked to contents, language, style in which the message were developed, produced and communicated to the people in the area.

Table 4.2: Ways in which the HIV/AIDS campaign influence the Respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Control sexual behaviour	45	22.5	22.5	22.5
	Information on the existence of HIV/AIDS in the locality	38	19.0	19.0	41.5
	Improved decency	42	21.0	21.0	62.5
	Help to live healthy lifestyle	65	32.5	32.5	95.0
	No idea	10	5.0	5.0	100.0
	Total	200	100.0	100.0	

According to result in the table above, the valid percentage the respondents who chose improved decency as a benefit for the HIV/AIDS campaign is 21.0%, while 22.5% of respondents chose control of sexual bahaviour. In measuring the influence of HIV/AIDS campaign on Kaduna metropolis, tables 4.1 to 4.2 were further cross tabulated as follows:

Cross tabulation to show Relationship between HIV/AIDS campaign and Sexual Behaviour in Kaduna Metropolis

			Var8: Respondents' Views on Whether HIV/AIDS campaign in Kaduna metropolis have influence on their sexual behaviour			Total
			Yes	No	Not Sure	Yes
Var9: Ways in which the HIV/AIDS campaign influence the Respondents	Control sexual behaviour	Count	7	16	22	45
		% within Var9: Ways in which the HIV/AIDS campaign influence the Respondents	15.6%	35.6%	48.9%	100.0%
	Information on the existence of HIV/AIDS in the locality	Count	3	19	16	38
		% within Var9: Ways in which the HIV/AIDS campaign influence the Respondents	7.9%	50.0%	42.1%	100.0%
	Improved decency	Count	5	23	14	42
		% within Var9: Ways in which the HIV/AIDS campaign influence the Respondents	11.9%	54.8%	33.3%	100.0%
	Help to live healthy lifestyle	Count	7	25	33	65
		% within Var9: Ways in which the HIV/AIDS campaign influence the Respondents	10.8%	38.5%	50.8%	100.0%
	No idea	Count	1	4	5	10
		% within Var9: Ways in which the HIV/AIDS campaign influence the Respondents	10.0%	40.0%	50.0%	100.0%
Total		Count	23	87	90	200
		% within Var9: Ways in which the HIV/AIDS campaign influence the Respondents	11.5%	43.5%	45.0%	100.0%

This is translated into the chi-square as follows:

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	5.812(a)	8	.668
Likelihood Ratio	5.854	8	.664
Linear-by-Linear Association	.205	1	.651
N of Valid Cases	200		

A 5 cells (33.3%) have expected count less than 5. The minimum expected count is 1.15.

From the cross tabulation and chi-square tests, it could be deduced that there is significant relationship between the rate of HIV/AIDS campaign and sexual bahaviour in Kaduna metropolis.

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Contingency Coefficient	.168	.668
N of Valid Cases		200	

a) Not assuming the null hypothesis.

b) Using the asymptotic standard error assuming the null hypothesis.

Table 4.3: Choice of campaign that influence the Respondents most

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Radio campaign	142	71.0	71.0	71.0
	billboard campaign	12	6.0	6.0	77.0
	television campaign	29	14.5	14.5	91.5
	printed materials	10	5.0	5.0	96.5
	Others	7	3.5	3.5	100.0
	Total	200	100.0	100.0	

The analysis in the table shows that most of the respondents (71%) chose radio ahead of other media used for HIV/AIDS campaign. This may be because many of them have access to radio as well as the ubiquity characteristics of the radio medium.

This is presented as follows:

Cross tabulation to Indicate the relationship between choice of campaign that influence the Respondents most and Respondents' Views on Whether HIV/AIDS campaign in Kaduna metropolis have influence on their sexual behaviour

			Var8: Respondents' Views on Whether HIV/AIDS campaign in Kaduna metropolis have influence on their sexual behaviour			Total
			Yes	No	Not Sure	Yes
Var10: Choice of campaign that influence the Respondents most	Radio campaign	Count	19	60	63	142
		% within Var10: Choice of campaign that influence the Respondents most	13.4%	42.3%	44.4%	100.0%
	billboard campaign	Count	0	5	7	12
		% within Var10: Choice of campaign that influence the Respondents most	.0%	41.7%	58.3%	100.0%
	television campaign	Count	3	14	12	29
		% within Var10: Choice of campaign that influence the Respondents most	10.3%	48.3%	41.4%	100.0%
	printed materials	Count	1	7	2	10
		% within Var10: Choice of campaign that influence the Respondents most	10.0%	70.0%	20.0%	100.0%
	Others	Count	0	1	6	7
		% within Var10: Choice of campaign that influence the Respondents most	.0%	14.3%	85.7%	100.0%
Total		Count	23	87	90	200
		% within Var10: Choice of campaign that influence the Respondents most	11.5%	43.5%	45.0%	100.0%

This is represented in the chi-square below:

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	10.413(a)	8	.237
Likelihood Ratio	12.592	8	.127
Linear-by-Linear Association	.737	1	.391
N of Valid Cases	200		

A 8 cells (53.3%) have expected count less than 5. The minimum expected count is .81.

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Contingency Coefficient	.222	.237
N of Valid Cases		200	

a Not assuming the null hypothesis.
b Using the asymptotic standard error assuming the null hypothesis.

From the interview, it was gathered that communicating HIV/AIDS in Kaduna Metropolis uses various tools. Such channels of communication include radio, television, print media, billboards, talk shows, drama and others. Also, the campaign is spread across to the various hospitals across the towns and villages in the state using various languages of the people.. These were the views of the Dr. Haliru Musa Abubakar, the Executive Director of Kaduna Metropolis Agency for the Control of AIDS (KASACA). According to him:

> There are various channels we use to achieve our aim. Chief among them is the mass media. When I say mass media I mean radio, television, newspapers, magazines and others. However, we use other communication channels like house-to-house campaign strategy, talk shows in schools, markets, places of worship, we also act drama in various for a to express our minds on the dangers of HIV/AIDS in Kaduna Metropolis. Thank God, the State Governor has given us the needed support to meet the information and communication need of the people. This has helped us in achieving greater goals.

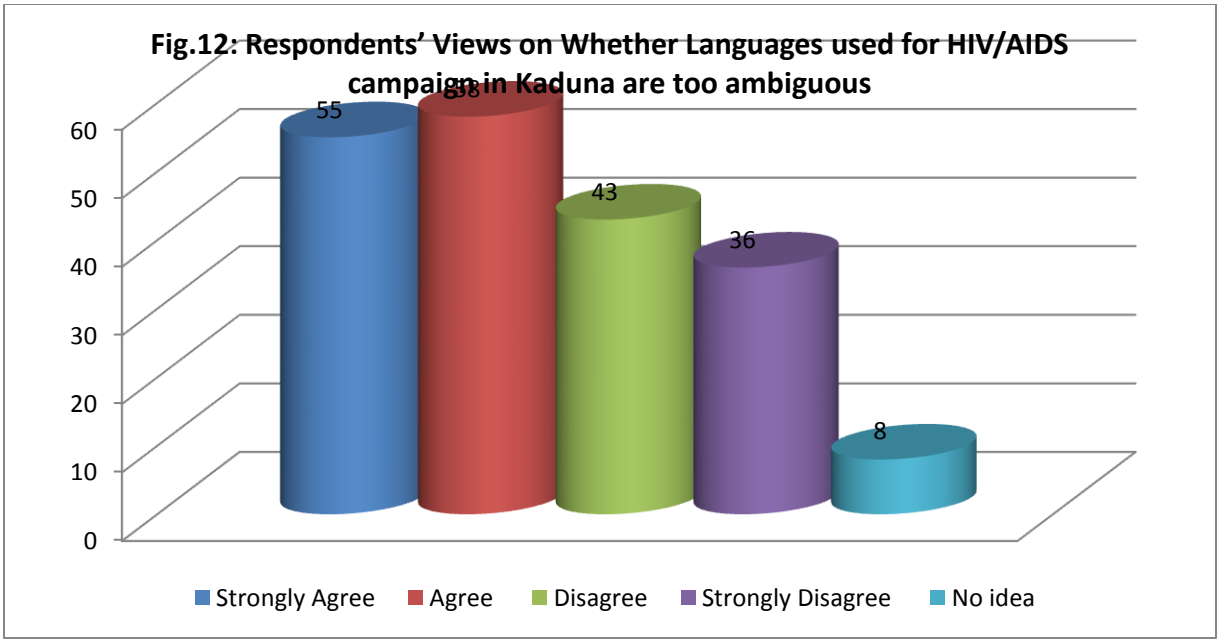
Research Question 3: What are the strengths and weaknesses in existing HIV/AIDS campaign messages in Kaduna Metropolis?

Table 4.4: Respondents' Views on whether or not HIV/AIDS messages in Kaduna use relevant channels

Variable	**Frequency**	**Percentage**
Strongly Agree	45	22.5
Agree	52	26
Disagree	41	20.5
Strongly Disagree	48	24
No idea	14	7
Total	**200**	**100**

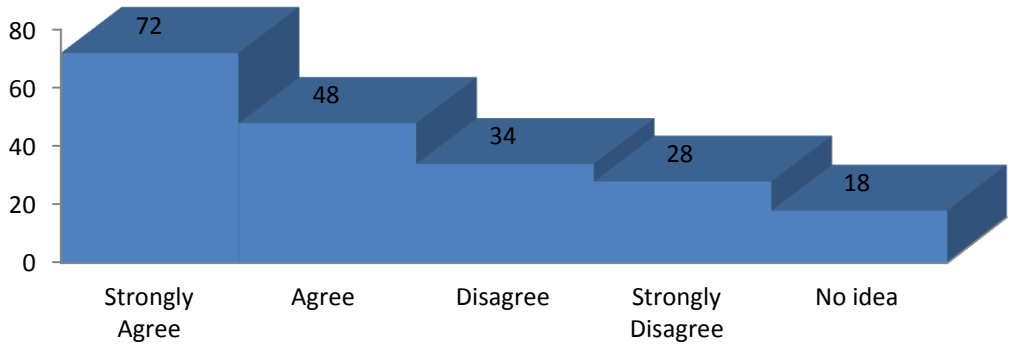
Source: Field Survey, 2015

From the table, it could be seen that 52 respondents (26%) and 45 respondents (22.5%) chose the agree and strongly agree options, respectively, while 48 respondents (24%) and 41 respondents (20.5%) chose the strongly disagree and disagree options respectively. The table shows whether HIV/AIDS messages in Kaduna metropolis use relevant channels. The respondents who chose the strongly agree and agree options may have done so because they have not paid attention to the messages on the media or they may not use the relevant media channels needed for them to access such messages. Also, the choice of the various options by the respondents depends largely on their perception and attention to such messages. However, 14 respondents have no idea on this development. This may be as a result of poor exposure to the various communication channels.



According to the above table, 55 respondents (27.5%) and 58 respondents (29%) strongly disagree and agree respectively, to the fact that the messages on HIV/AIDs in Kaduna use ambiguous language and therefore prevents people from understanding it. In addition, 43 respondents (21.5%) and 36 respondents (18%) disagree and strongly disagree respectively. This means that most of the respondents claim that they do not understand the messages spread about HIV/AIDS. Their choice may have been influenced by the fact that many of such messages come in English language, without a translation in the local languages. This cuts off many listeners from accessing them. Also, the respondents who chose the 'disagree' and the 'strongly disagree' option may have done so because they believe that the HIV/AIDS messages may have been spread to all nooks and cranny of Kaduna metropolis, as such, no member of the public could claim not to know about it. Only 8 respondents (4%) have no idea of these options. Their choice may have been influenced by their level of understanding of the messages.

Fig.13: Respondents' Views on whether there is no update on the HIV/AIDS campaign in Kaduna Metropolis and that messages are repeated for a long time



To the above options provided, 72 respondents (36%) and 48 respondents (24%) chose the strongly agree and agree options respectively. This may be as a result of the several messages about HIV/AIDS spread across the city of Kaduna which have lasted over the years, without change in the content by the various media channels. Further, 34 respondents (17%) and 28 respondents (14%) chose the 'disagree' and 'strongly disagree' options respectively. This may be as a result of the fact that messages about HIV/AIDS are needed to be permanent irrespective of how long it takes. However, 18 respondents (9%) have no idea on any of the options. This may be as a result of the need to change some messages only when they are needed and not to change them while the attitude has not changed.

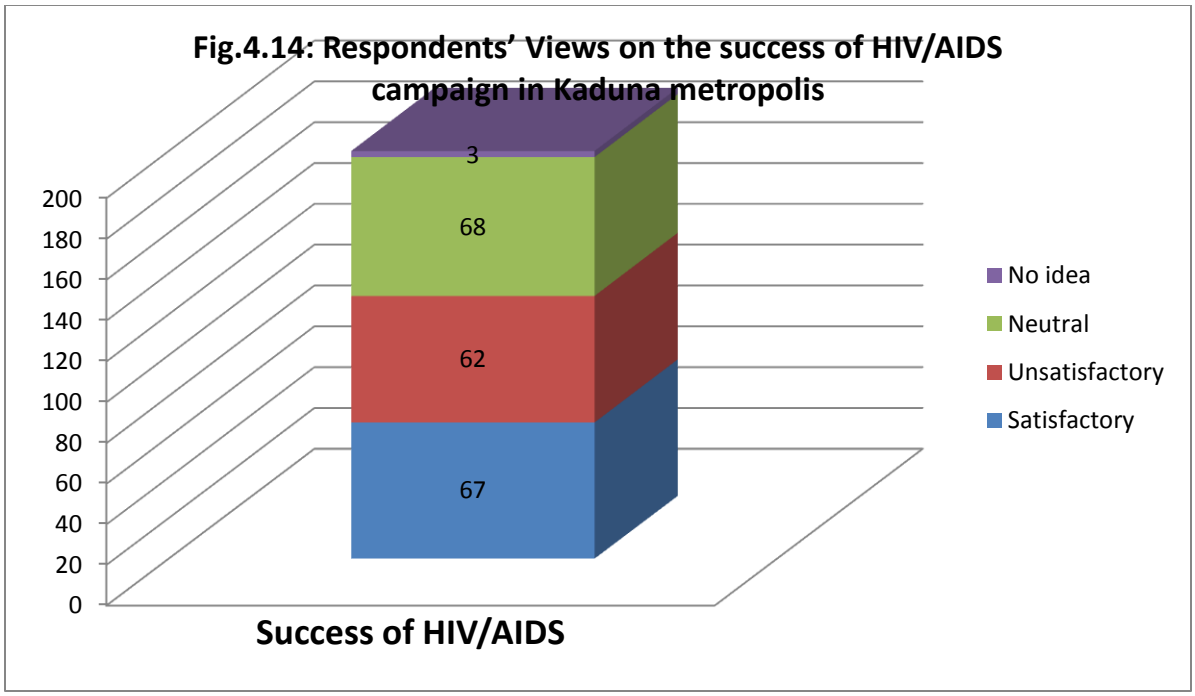


Table 14 shows that 67 respondents (33.5%) are satisfied with the success so far recorded in the HIV/AIDS campaign in Kaduna metropolis, while 62 respondents (31%) are unsatisfied. Those who selected the 'satisfactory' option may have done so because they feel that everyone around them knows about HIV/AIDS and no one need much more messages about it any longer. For those who are unsatisfied with the campaign, their choice may have been influenced by the fact that many more population keep growing every year and people need more sensitisation on the HIV/AIDS in order to keep them away from attitudes that can lead to its spread. In addition, 68 respondents (34%) were neutral on these options. Their choice may have been influenced by inability to determine how satisfactory the HIV/AIDS campaign has been so far. However, only 3 respondents (1.5%) have no idea about the options.

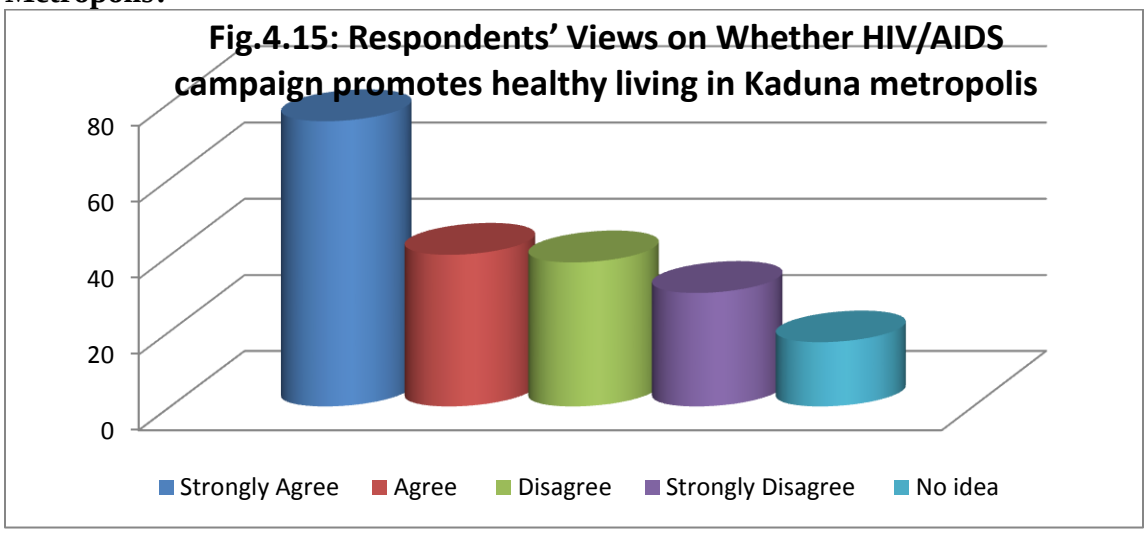
The implication of this is that most of the respondents are aware of the messages, but a few of them may still not have any idea of its success. From the table, it could be understood that the task of communicating HIV/AIDS messages appear to increase on daily basis. This is because of the perceived awareness among the people. Such awareness however, seem to be misunderstood

as all people know about HIV/AIDS is that it is a deadly disease that has no cure. On the contrary, the challenges stem from the fact that people do not know that one can live a normal life with HIV/AIDS combined with the issue of stigmatisation which has become a problem in developing countries over the years.

According to Mr. Nuhu Peter, a Monitoring and Evaluation Officer of KADSACA,

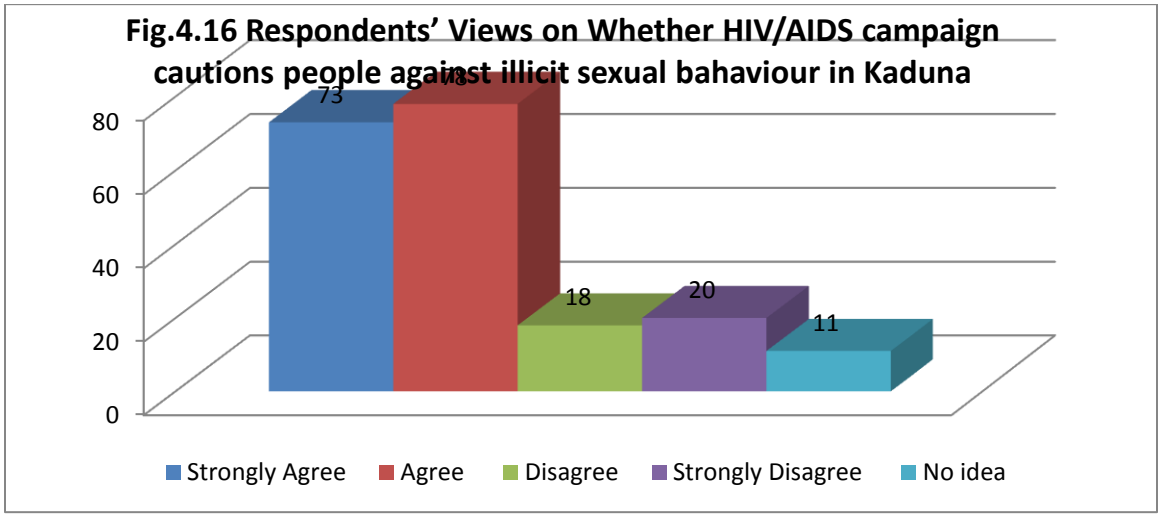
> the problem of stigmatisation has become a major one since the people in some communities still believe that HIV/AIDS victims are devilish and should be kept away from the people. Another major challenge is that of understanding the language of the people of the community. Most areas in Kaduna Metropolis speak the Hausa language, but people still seem not to yield to the messages due to some cultural and religious restrictions. In some situations, the infected persons are given drugs but they still refuse to take such drugs because they believe in the local drugs given to them by native doctors. These challenges hamper the success of the campaign against HIV/AIDS in Kaduna metropolis and beyond.

Research Question 4: What is the relevance of HIV/AIDS campaign messages in Kaduna Metropolis?

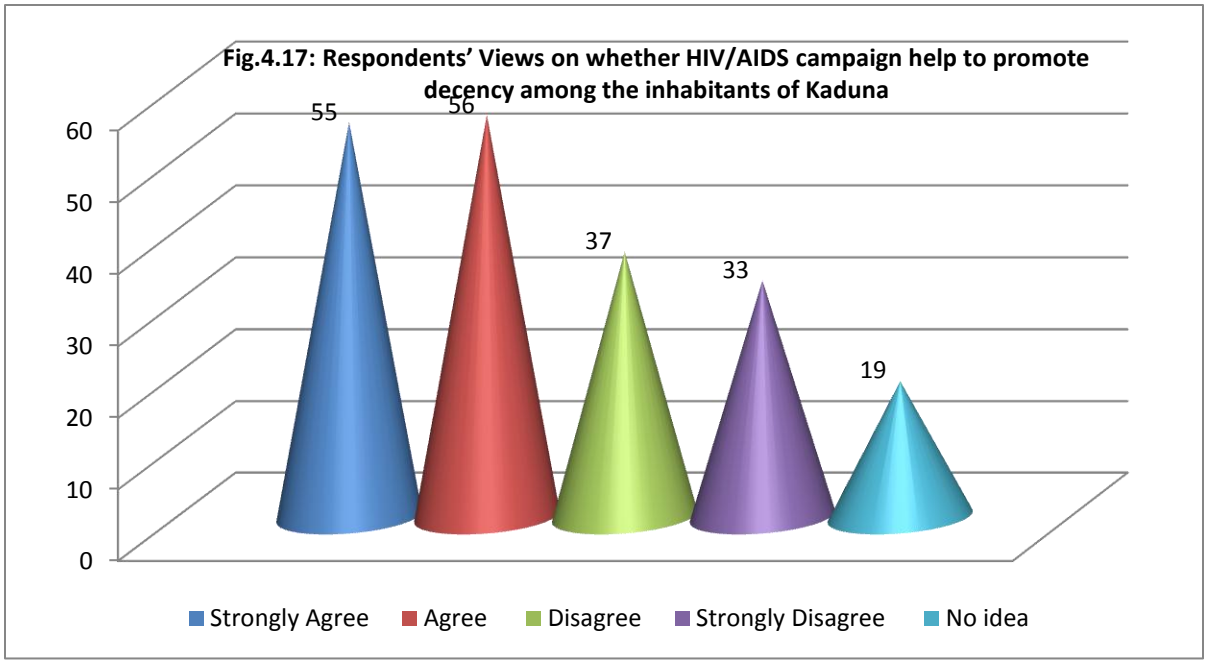


From the figure, 75 respondents (37.5%) and 40 respondents (20%) 'strongly agree' and 'agree' respectively that HIV/AIDS campaign promotes healthy living among the people of Kaduna metropolis. Their choice may have been influenced by the main aim of such messages, which has its root on the need for attitudinal change towards healthy living among inhabitants of Kaduna metropolis. On the other hand, 38 respondents (19%) and 30 respondents (15%) chose the

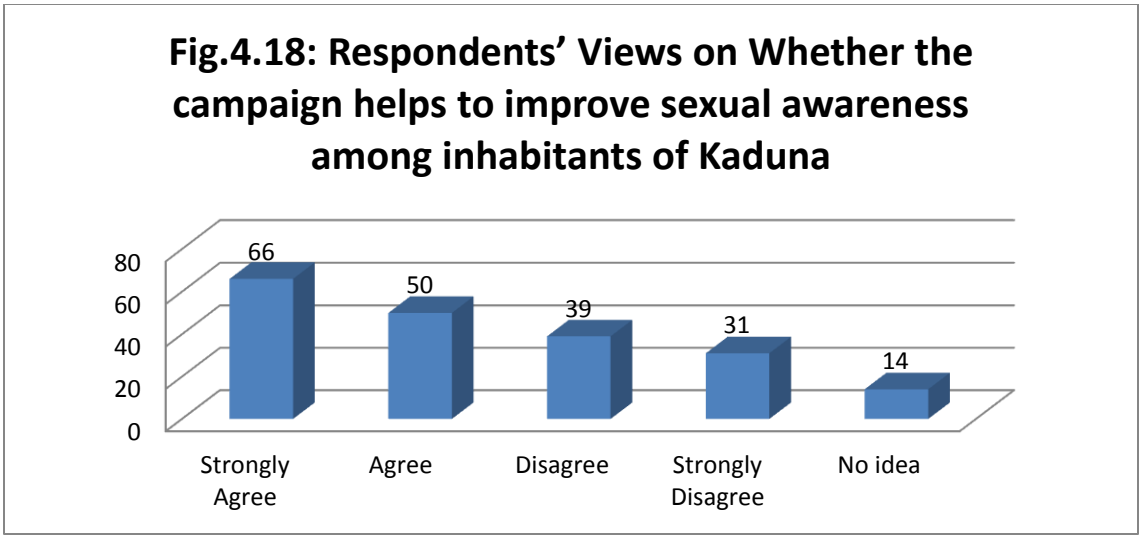
'disagree' and 'strongly disagree' options respectively. This is because many of the respondents may not believe that the messages alone can make people change their behaviour but a consistent sensitisation on the need for self-control. In addition, 17 respondents (8.5%) have no idea on this development.



According to the figure, 73 respondents (36.5%) and 78 respondents (39%) chose the 'strongly agree' and 'agree' option respectively on whether HIV/AIDS campaign cautions people against illicit sexual bahaviour. This choice by the respondents may have been influenced by the fact that media messages are meant to orient people to live a healthy life and to caution them against indulging in illicit sexual practices. On the contrary, 18 respondents (9%) disagree while 20 respondents (10%) strongly disagree on the options available. These choices might have been influenced by the fact that behaviour is highly personal and may not necessarily be influenced by media messages. Also, some of the respondents may have chosen these because they feel that media messages on HIV/AIDS are not accessible to everyone in the same proportion. However, 11 respondents (5.5%) chose the 'no idea' option. This may be because they do not have requisite information about the relevance of such messages.



The figure shows that 55 respondents (27%) strongly agree, 56 respondents (28%) agree, 37 respondents (18.5%) disagree and 33 respondents (16.5%) strongly disagree on whether the HIV/AIDS campaign messages promote decent living among the inhabitants of Kaduna metropolis. The respondents who 'agree' and 'strongly agree' may have done so because they believe that the HIV/AIDS messages are targeted towards promoting decency through sensitisation of members of the public. Those who selected the 'disagree' and 'strongly disagree' options may have done so because they may believe that the campaign messages alone cannot make the inhabitants of Kaduna live decently, rather, the messages have to be put into practice in order to instill decency into the people. Also, the other factors like family background and the environment may have influence on the people's behaviour. This may also influence the decisions by the respondents on the various options. However, 19 respondents (9.5%) have no idea about any of the options. This is because they may have decided to remain on the fence, based on their personal analysis of decency.



This figure measured the sexual bahaviour of the respondents. Based on the available data, 66 respondents (33%), 50 respondents (25%), 39 respondents (19.5%) and 31 respondents (15.5%), chose the strongly agree, agree, disagree and strongly disagree options respectively. The choice of strongly agree and agree by some respondents may have been influenced by their beliefs that HIV/AIDS campaign creates sexual behaviour among the people generally and particularly in Kaduna metropolis. On the contrary, the respondents who chose the 'disagree' and 'strongly disagree' options may have done so because they feel that mere messages may not have any influence on the sexual awareness of the people. Only 14 respondents (7%) have no idea on this issue. This may be because of their level of awareness or lack of proper attention to issues concerning HIV/AIDS in their environment.

In the in-depth interview, it was deduced that stigmatisation is a factor in determining the level of effectiveness of HIV/AIDS messages. Stigmatisation against people living with HIV/AIDS is prevalent in Kaduna Metropolis, as is common with developing countries. Many communities are guided by cultural beliefs such that those who have HIV/AIDS are looked at as outcast. In Kaduna Metropolis, many people living with HIV/AIDS cannot boldly seek for employment or even tell anyone their health status for fear of stigmatisation. The campaign against

stigmatisation started about a decade ago, with a view to enlightening the Nigerian public on the dangers of not caring for persons living with HIV/AIDS. The Most at Risk and BCC Coordinator of Society for Family Health-SFH Mrs. Susan Ogabo stated thus:

> Stigmatisation is one factor that has kept us behind in the fight against HIV/AIDS in Kaduna Metropolis. That is why we've recorded a little victory. However, we're trying our best to inform the people more about the need to care for persons living with the virus…

From the reaction above, it could be deduced that the fight against HIV/AIDS need to focus more on sensitising the people against stigmatisation. Based on this, perception of the people will be changed, while they learn to lead a healthy lifestyle.

Research Question 5: How have messages on HIV/AIDS helped to control the spread in Kaduna metropolis?

Table 4.5: Respondents' Views on whether HIV/AIDS campaign has helped in controlling the spread of the virus in Kaduna metropolis

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	52	26.0	26.0	26.0
	No	91	45.5	28.5	54.5
	Not Sure	57	28.5	45.5	100.0
	Total	200	100.0	100.0	

From the table, it could be deduced that most of the respondents (45.5%) indicated that HIV/AIDS campaign has not aided in the control of the spread of the virus in Kaduna metropolis. This indicates that the messages about the HIV/AIDS may have not achieved its aim. This is also buttressed by the respondents' reactions on the negative sides of the options, in which 28.5% chose the 'not sure' option. These categories of respondents may not have paid attention to the messages on HIV/AIDS from any of the media.

Table 4.6: Respondents' Views on whether HIV/AIDS campaign has contributed to reduced sexual promiscuity in Kaduna metropolis

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	57	28.5	28.5	28.5
	Agree	38	19.0	19.0	47.5
	Disagree	42	21.0	21.0	68.5
	Strongly Disagree	38	19.0	19.0	87.5
	No idea	25	12.5	12.5	100.0
	Total	200	100.0	100.0	

From the above table, it could be seen that most of the respondents (87%) strongly disagree that HIV/AIDS camping has contributed to reduced sexual promiscuity in Kaduna metropolis. This may been caused by the fact that many of the respondents may not know the rate of prevalence of the disease and the extent to which such messages have been spread to the audience. Also, 68.5% of the respondents disagree on this claim, while only 47.5% and 28% agreed and strongly agree respectively. This may be because the some of the respondents may have been active in listening to messages on HIV/AIDS.

This is presented in the crosstabs as follows:

Cross tabs showing Relationship between HIV/AIDS Campaign and Control of the Spread of the Virus

			Var19: Respondents' Views on whether HIV/AIDS campaign has helped in controlling the spread of the virus in Kaduna metropolis			Total
			Yes	No	Not Sure	Yes
Var20: Respondents' Views on whether HIV/AIDS campaign has contributed to reduced sexual promiscuity in Kaduna metropolis	Strongly Agree	Count	10	14	33	57
		% within Var20: Respondents' Views on whether HIV/AIDS campaign has contributed to reduced sexual promiscuity in Kaduna metropolis	17.5%	24.6%	57.9%	100.0%
	Agree	Count	8	10	20	38
		% within Var20: Respondents' Views on whether HIV/AIDS campaign has contributed to reduced sexual promiscuity in Kaduna metropolis	21.1%	26.3%	52.6%	100.0%
	Disagree	Count	11	13	18	42
		% within Var20: Respondents' Views on whether HIV/AIDS campaign has contributed to reduced sexual promiscuity in Kaduna metropolis	26.2%	31.0%	42.9%	100.0%
	Strongly Disagree	Count	15	13	10	38
		% within Var20: Respondents' Views on whether HIV/AIDS campaign has contributed to reduced sexual promiscuity in Kaduna metropolis	39.5%	34.2%	26.3%	100.0%
	No idea	Count	8	7	10	25
		% within Var20: Respondents' Views on whether HIV/AIDS campaign has contributed to reduced sexual promiscuity in Kaduna metropolis	32.0%	28.0%	40.0%	100.0%
Total		Count	52	57	91	200
		% within Var20: Respondents' Views on whether HIV/AIDS campaign has contributed to reduced sexual promiscuity in Kaduna metropolis	26.0%	28.5%	45.5%	100.0%

This is presented in the chi-square:

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	11.479(a)	8	.176
Likelihood Ratio	11.694	8	.165
Linear-by-Linear Association	8.294	1	.004
N of Valid Cases	200		

A 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.50.

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Contingency Coefficient	.233	.176
N of Valid Cases		200	

a Not assuming the null hypothesis.

b Using the asymptotic standard error assuming the null hypothesis.

Other ways to control HIV/AIDS in Kaduna Metropolis are enumerated in the interview. Hence, the prevalence rate of HIV/AIDS in Kaduna Metropolis has called for concern from both government and non-governmental organisations. According to the Dr. Haliru Musa Abubakar, The Executive Director of KASACA:

> Controlling HIV/AIDS is a task for all of us. The good aspect is that it cuts across both the rich and the poor but the bad aspect is that the poor are affected because of poverty. Let me also say this that an uninformed person about HIV/AIDS is poor no matter his level of education or status in the society. This means that many economically poor people have access to this information and may even be used to communicate to the world on the need to live a healthy lifestyle to avoid the spread of HIV/AIDS.

From the reaction by the director, one could deduce that HIV/AIDS campaign cuts across the classes of the society – rich or poor. To control its spread therefore, the various segments in the society will have to come together to face the task. Other ways to control the prevalence rate

include the use of unambiguous terms in communicating to the people of Kaduna metropolis and beyond.

4.3 Discussion of Findings

Campaign about HIV/AIDS pandemic has been on for many years now. However, communication strategies set up to carry out the campaign are faced with several issues and challenges. Beyond sending a message to an audience, another step to consider in such messages is the principle of knowledge, attitude and practices of such messages. From the data presented and interpreted, it could be deduced that the problem of HIV/AIDS pandemic is not only in the awareness of it, but also in the practice of what has been publicised by the various channels of communication. In addition, the diverse respondents have different opinions about any issue on the HIV/AIDS. First, while some have forgotten the importance of the message, others have gotten used to it to the extent that they no longer value it. A look at the various research questions would buttress the data.

Research Question One: Which communication channel do respondents receive HIV/AIDS campaign messages in Kaduna Metropolis? Table 5 shows that many of the respondents chose radio against other media channels used for HIV/AIDS campaign. This choice by the respondents is as a result of the fact that radio is a major source of information in the developing world, Nigeria inclusive. In addition, radio is accessible and has an advantage of ubiquity. However, it could be observed that television ranked second among the channels of communication. This may be as a result of the locale of the study, which makes it easier for people to have access to television sets via direct electricity. Further, most of the respondents have access to the information about HIV/AIDS (figure 6), however, this is limited as indicated

in figure 7, since the respondents have different time of exposure to the various channels. Hence, while some access such information daily, others do same at intervals of fortnight, or once in a while. In the interview, it was discovered that communicating HIV/AIDS issues in Kaduna metropolis gives room for an all-round participation, such that all the stakeholders are involved in the process. This is in accordance with the views of Abroms and Maibach (2008), that the development of a communications campaign must be strategic and aligned to the achievement of specific and measurable outcomes. Critical elements to a campaign's success include understanding the target audience, including the most efficacious media to reach them; pre-testing messages; modifying the campaign, if needed, based on post-test results; and measuring the cost-effectiveness of the media used. Principles for HIV and AIDS communication campaigns include realistic goals; behaviour substitution rather than elimination; environmental support for behavioural change; cost effectiveness; programme accessibility to the target audience and attention to legal and socio-cultural obstacles to change.

Research Question Two: **What is the influence of HIV/AIDS campaign on respondent sexual behaviour in Kaduna Metropolis?**

This was measured in the cross tabulation, the respondents' reaction show that most of them are not sure of the influence because they could not determine it, since sexual behaviour is a personal affair. However, some agree while others disagree to the positive influence of the campaign(Table 8). This also influenced their decisions on how such influences can take place as indicated in table 9, especially when it is transmitted on radio (Table 4.1 and 4.2). The choice of radio campaign may have been influenced by the fact that many of the respondents actually prefer radio to any other medium of communication. However, it should be noted that other media channels like interpersonal, group, billboards and other printed materials can influence the

respondents based on the campaign, at a particular point in time. Although a growing body of evidence supports the effectiveness of mass media interventions on many of these outcomes, systematic reviews suggest that the size of the effect can be small to moderate. The effects of mass media may be short term, and reinforcement of messages is needed to sustain behaviour change. A dose-response effect to mass media messages has been demonstrated: higher exposure to mass media resulted in increased positive behavioural change (Palmgreen, Noar and Zimmerman, 2007). Moreover, individuals need to be exposed to a variety of prevention messages, because risk factors for HIV change over an individual's lifetime.

The chi-square tests shows that there is significant relationship between the campaign against the spread of HIV/AIDS and the influence of such messages on the audience. This influence could be a positive one. This means that the messages get to the audience as and when due while many of the respondents may not act according to the messages they receive. This negatively affects the extent to which the message can influence the bahaviour of the audience towards controlling the spread of HIV/AIDS in Kaduna metropolis. Another factor that can determine the exposure and or influence on the audience is their willingness to accept the message ahead of personal beliefs and emotions. This will go a long way in attitudinal change and personal discipline against the spread of the virus. This finding is in line with the tenets of the Health Belief Model which states that a person will take action towards positive change only when he understands the consequences of persistence on a type behaviour, the dangers of not changing such a behaviour and the personal interest which affects a person's objective judgments.

Research Question Three: What are strengths and weaknesses in existing HIV/AIDS campaign messages in Kaduna Metropolis?

The reactions of the respondents were based on several weak points in the campaigns – the ambiguous language used for the messages, the channels used for the messages, the problem of

lack of updating their messages used over the years and the level of success so far recorded with such messages (Figures 11, 12, 13 and 14). Although the respondents views on these issues were different and at various levels, their problems may have stemmed from the fact that the HIV/AIDS messages may have been communised among the people, such that the values of such messages become low in the minds of the people, thereby reducing its relevance. This is the case in which the media plays a particular message for over a decade without changing it to meet up with the new turn of the HIV/AIDS ailments. This affects the level of positive change expected from disseminating such messages. Table 14 in particular measures the success of the programmes or communications in Kaduna metropolis. To this end, the respondents were mostly not sure of their stance as they may not necessarily have the requisite information to show make their choices. While 33.5% were optimistic by choosing the satisfactory option, about 31% were against it. Also, a greater percentage of the respondents could not determine their stand.

This may be because they have no access to the information to know the prevalence rate of HIV/AIDS in Kaduna metropolis. It should be noted that acceptability of the campaign by the residents of Kaduna will be determined by factors such as the provision of information in the numerous languages that dominate the state, periodic review of the campaign messages to enable people have the latest information in the development and to ensure that the stakeholders are carried along in the design and implementation of sensitisation among the people. A deliberate and conscious effort by the people is determined by their level of practice of an attitude projected in the media. For instance, the use of condom during sex must be included in the information and communication strategies, such that the audience will personally and sub-consciously imbibe it as a habit. Mass media programs should be implemented through multiple channels with mutually reinforcing messages. Radio and television, the most commonly used mass media, have

been used creatively to target various populations through formats such as dramas, serials, and diaries (Tufte, 2002).

Edutainment," a combination of education and entertainment, can be used to model and demonstrate behavioural patterns that affect people's risk of HIV, such as partner communication.

Studies also show that promoting branded products and programs as well as specific service delivery points are more likelyto achieve the intended outcome as opposed to generic messages. Small media (posters, pamphlets, and flyers) that are typically distributed locally may enjoy a long shelf life (Annan, 2004). However, mass media is most effective when it is reinforced with community interventions. This is in line with the tenets of the health belief model that bahaviour change can be achieved through constant repetition of messages through the same channels over time, thereby increasing the audience consciousness towards such health attitudes (Anaeto, et al, 2008).

Research Question Four: How relevant was HIV/AIDS campaign messages to youths in Kaduna Metropolis?

Respondents' views were measured based on the advantages of the campaign on several suggested areas such as information on healthy lifestyle, promotion of decent living among inhabitants of Kaduna metropolis, guiding against unsafe sexual habits and increase awareness about sexual behaviours (Figures 15, 16, 17, 18). The implications of these reactions by the respondents are embedded in their behaviours, especially as the issues concern sex and personal choice of behavioural patterns. While some respondents strongly agree to the proposition in table 15, many others also disagree to these ideas. Another category of respondents are the ones who do not have specific choice about a particular issue. Be that as it may, the choices made by the respondents are dependent upon personal perceptions on the advantages of the HIV/AIDS

campaign in Kaduna metropolis. In addition, many of the people living in Kaduna metropolis may not appreciate the relevance of the campaign especially as it is assumed that everyone knows about the HIV/AIDS virus. For this reason, there was no conscious effort towards bahaviour change. This development may be inimical to the success of the programme. The relevance of the campaign stems from the fact that campaigns without a periodic checks and balances may not yield adequate results. This corroborates Abraham's (2007) opinion that monitoring and evaluation would help to do a routine check on the growth recorded in the fight against HIV/AIDS. However, this is in line with the assumptions of the health belief model. The HBM also considers 'modifying factors' important to behaviour change. These include demographic variables, socio-psychological variables and structural variables that influence how a person perceives the disease severity, threats and susceptibility. Factors such as age, gender, peer pressure or prior contact with the disease also impact on the decision-making process (Sood and Nambiar, 2006). These factors go a long way in discussing the actions taken so far. Mass media interventions aim to prevent HIV by increasing knowledge, improving risk perception, changing sexual behaviours, and questioning potentially harmful social norms. Campaigns may utilise radio, television, and other outlets and ideally operate as part of multi-level efforts, in which mutually reinforcing messages are offered through interpersonal, community, and national channels. Mass media interventions are a critical part of an effective prevention approach (Palmgreen, Noar and Zimmerman, 2007).

Research Question Five: What were the contributions of messages to the control of the spread on HIV/AIDS among youths in Kaduna metropolis?

To answer this question, a cross tabulation between the HIV/AIDS campaign strategies and the spread of the virus in Kaduna metropolis was presented. According to the crosstab, the spread of HIV/AIDS in Kaduna metropolis may have been a function of lack of proper use of the available

media used for disseminating the information by the audience or the problem of lack of knowledge and attitude and practice needed for such attitudinal change. It should be noted that presentation of messages for attitudinal change and practices matters in the acceptance by the audience. From the chi-square tests, it could be deduced that the campaign strategies are not commensurate with the spread of the virus. This means that the messages disseminated to the audience do not meet their targets, since the spread of the virus continues, despite the messages. This is in line with the views of Agha (2003), when he cited lack of proper communication as a cause of lack of social change in the society. Based on this, the social life of the people may not be improved despite their exposure to such messages of change, unless they are taught on the ways to explore the various behavioural changes. The assumptions of the Health Belief Model posit perceived severity – individual's assessment of the seriousness of the condition, and its potential consequences, determines the level of acceptability. Among the constructs of the Health Belief Model is the perceived efficacy, this means many people do not look at the campaign alone, but look out for the results gotten from the past works on HIV/AIDS.

CHAPTER FIVE

5.0 SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

In this chapter, efforts were made to summarise the entire chapters in this work. Also considered in this chapter include the conclusion, recommendations, contribution to knowledge and suggestion for further studies.

5.2 Summary of Chapters

This study investigated the communication strategies used for HIV/AIDS campaign in Kaduna Metropolis. The basic ideas of the work lie in the various communication strategies and their contributions to the control of the HIV/AIDS pandemic in Kaduna Metropolis. Also, the study became necessary because of the need to keep in the minds of the people the consciousness of controlling HIV/AIDS, through regular sensitisation, evaluation and monitoring of such process as well as the knowledge, attitude and practice, among the inhabitants of Kaduna metropolis.

Chapter one takes a look at the introduction, problem statement and significance of the study. Also considered in this chapter were the research questions and objectives of the study, as well as scope of the study.

In addition, relevant literature was reviewed for the purpose of this study. Chapter two explains the various pieces of literature used for the study, based on conceptual, empirical and theoretical perspectives. The concepts reviewed bothers on communication strategies for health awareness, role of the HIV/AIDS control agencies and the relevance of the communication strategies. In the empirical review, several studies were considered as it relates to this study, with particular focus on the source, the method employed and the findings derived from such studies.

Chapter three takes a look at the research methodology. Based on this, several issues were considered – the research design, location of the study, population and sampling. To this end, the survey research design and in-depth interview were used for the study, while the research instruments were structured questionnaire and interview schedule. The population was drawn from the four local government areas that make up Kaduna metropolis, namely Kaduna North, Kaduna South, Chikun and Igabi, while the sampling was drawn from the areas.

Chapter four takes a look at the presentation, interpretation and analysis of data, while chapter five focuses on the summary and conclusion of the entire study.

5.3 Conclusion

This study has focused particularly on the place of communication in ascertaining healthy living among inhabitants of Kaduna Metropolis. Information is indispensable for human development and could be described as the knowledge communicated or received concerning particular circumstances. Communication is an input, which reduces the level of uncertainty in any decision-making process. Therefore, it is a crucial factor for a healthy life. Access to quality health information is critical to many facets of health care design and delivery. Based on this, meeting up the HIV/AIDS campaign becomes necessarily difficult because it needs active sensitisation of people to accept the messages and practice them as the case may be. Though human behaviour is complex, and behaviour change, under any circumstance, can be difficult to achieve and maintain, the health belief model posits that any behaviour change that must be positive should focus on people participation in order to yield greater results. The nature of HIV/AIDS infection particularly makes behavior change a great challenge. On the one hand, the risky behaviour associated with HIV/AIDS transmission largely involve sexual acts – and often people's deepest, most intimate feelings. These scenario present critical challenges in HIV/AIDS

communication and highlight the need for more focused efforts on behavior change, which must go well beyond the basic education and materials dissemination that have been the hallmark of many HIV/AIDS – related communication programs. The mass media—consisting of print outlets, such as newspapers and magazines, and broadcast outlets, such as radio and television—have important roles to play in improving peoples bahaviour. This is because the mass media clearly have the capacity to inform and educate people. At the very least, they can provide the foundation for possible behaviour change. They can also affect people's perception of social norms, which in turn support people's efforts to change behaviour towards HIV/AIDS prevention and control. The media can also play a powerful advocacy role for policies that support sustainable behaviour change at the population level. Furthermore, radio and television are important channels for enter-educate approaches such as soap opera and drama series, which are powerful catalysts for behaviour change. With all the communication strategies combined, HIV/AIDS can be defeated not only in Kaduna Metropolis but in Nigeria in general.

5.4 Recommendations

From the findings of this study, the following recommendations are made:

- ✓ Since it was discovered that many of the people of Kaduna metropolis listen to radio ahead of any other media channels used for HIV/AIDS, more attention should be given to radio as the best communication strategy for campaign against the spread of HIV/AIDS.
- ✓ Also, since it was discovered that the campaign against HIV/AIDS has influence on the spread, more strategies should be used to create more attitudinal change among the inhabitants of Kaduna metropolis, especially their sexual bahaviour. For example, symposia, workshops, seminars, among others.

- ✓ Based on the findings that some messages used for the campaign are outdated, the government and the development partners should collaborate in creating and sending new messages, to meet up with the communication demand of the people concerning HIV/AIDS.
- ✓ In addition, since it was discovered that less efforts is put at sensitising people against stigmatisation, the campaign should focus more on sensitising people against it. This will enlighten them on the need to care for people living with HIV/AIDS.
- ✓ Since it was discovered that there is poor practices of the messages and other communication channels used for HIV/AIDS are not practiced by the audience, it is hereby recommended that more should be done to do a periodic review of the strategies to enable improvement in the control. This could be done through periodic evaluation of results of the campaign, to determine which communication strategies are effective.
- ✓ The government and other stakeholders should plan more in assisting the people living with HIV/AIDS and improve on the control of the spread. This can be done through proper monitoring and evaluation of the process of communicating issues related to HIV/AIDS.

5.5 Contribution to Knowledge

This study focuses on the need to evaluate the communication strategies used for the control of HIV/AIDS pandemic in Kaduna Metropolis. From the findings and the recommendations of the study, the following contributions were added to the body of knowledge:

- ✓ The promotion of healthy lifestyle through communicating HIV/AIDS issues to the people of Kaduna Metropolis in particular and Nigeria in general.

- ✓ This study has also contributed to the research in the area of health communication in particular and development communication in general, by teaching how communication can be used for attitudinal change, towards healthy lifestyle.
- ✓ The effectiveness of HIV/AIDS messages lies in the knowledge, attitude and practice.

5.6 Suggestions for Further Studies

1. This study can be improved upon to include more states in the North West zone of Nigeria. This will provide more reliable information, needed for further research on HIV/AIDS.
2. Also, a study can be conducted using each of the communication strategies suggested in this study. This will bring out more results in effectiveness of the channel to be used for sensitisation.
3. Another study can be conducted to focus on the level of acceptability of health messages by the people of an area. This will determine the role of participation in combating the spread of the virus.

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APPENDICES

APPENDIX I

Department of Mass Communication,
Faculty of Social Sciences,
Ahmadu Bello University,
Zaria.

Dear Respondent,

I am a Master of Science (MSc.) student of the above-named University. I am embarking on a research titled: **An Evaluation of the Impact of HIV/AIDS Prevention Communication Strategies on Behavioural Pattern in Kaduna Metropolis.** This is in partial fulfillment of the requirements for the award of an MSc degree in Mass Communication.

I hereby solicit for your candid opinion on the questions raised in this questionnaire. I assure you that all information provided here will be used for no other reason than academic purposes.

I implore you to fill the questionnaire as accurately as possible to aid the authenticity of the information.

Yours faithfully,

Abah, Mary Ene
MSc./Soc-Sci/7617/2009-2010

Questionnaire

Please tick as appropriate

Section A: Demographic Characteristics

1. Age

(a) 10-19 _____ (b) 20-29 _____ (c) 30-39 _____ (d) 40-49 _____ (e) 50 and above. _____.

2. Gender

(a) Male _____ (b) Female_____.

3. Marital Status (a) Single_____(b) Married_____(c) Divorced____(d)Widowed_____

4. Education (a) Primary_____(b) Secondary_____(c) Diploma/NCE_____(d) B.A/BSc/HND and above.

Section B: Research Questions

Research Question 1: What channels of communication are used for HIV/AIDS campaign in Kaduna Metropolis?

5. What channel of communication do you access?

(a) Radio (b) Television (c) Printed materials (d) Billboard (e) others

6. Do you access information about HIV/AIDS?

(a) Yes (b) No

7. If yes, how frequent do you access such information?

(a) Daily (b) Once a week (c) once in two weeks (d) once in a while (e) no idea

Research Question 2: What is the influence of HIV/AIDS campaign on sexual bahaviour in Kaduna Metropolis?

8. Does HIV/AIDS campaign in Kaduna metropolis have influence on your sexual behaviour?

(a) Yes (b) No (c) not sure

9. If yes, how does the campaign influence you?

(a) helped me to control my sexual behaviour (b) informed me of the existence of HIV/AIDS in the locality (c) improved decency (d) helped to live a healthy lifestyle (e) no idea

10. Which of the campaign influence you most?

(a) Radio campaign (b) billboard campaign (c) television campaign (d) printed materials (e) others.

Research Question 3: What are the strengths and weaknesses of existing HIV/AIDS campaign messages in Kaduna Metropolis?

11. HIV/AIDS messages in Kaduna do not use the relevant channels

(a) Strongly Agree (b) Agree (c) disagree (d) strongly disagree (e) no idea

12. Languages used for HIV/AIDS campaign in Kaduna are too ambiguous

(a) Strongly Agree (b) Agree (c) disagree (d) strongly disagree (e) no idea

13. There is no update on the HIV/AIDS campaign in Kaduna Metropolis, messages are repeated for a long time.

(a) Strongly Agree (b) Agree (c) disagree (d) strongly disagree (e) no idea

14. How do you view the HIV/AIDS campaign in Kaduna metropolis?

(a) Satisfactory (b) Unsatisfactory (c) Neutral (d) No idea

Research Question 4: What is the relevance of HIV/AIDS campaign messages in Kaduna Metropolis?

15. HIV/AIDS campaign promotes healthy living in Kaduna metropolis

(a) Strongly Agree (b) Agree (c) disagree (d) strongly disagree (e) no idea

16. HIV/AIDS campaign cautions people against illicit sexual bahaviour in Kaduna

(a) Strongly Agree (b) Agree (c) disagree (d) strongly disagree (e) no idea

17. The campaign help to promote decency among the inhabitants of Kaduna

(a) Strongly Agree (b) Agree (c) disagree (d) strongly disagree (e) no idea

18. The campaign helps to improve sexual awareness among inhabitants of Kaduna

(a) Strongly Agree (b) Agree (c) disagree (d) strongly disagree (e) no idea

Research Question 5: How have messages on HIV/AIDS helped to control the spread in Kaduna Metropolis?

19. Do you think HIV/AIDS campaign has helped in controlling the spread of the virus in Kaduna metropolis?

(a) Yes (b) No (c) not sure

20. HIV/AIDS campaign has contributed to reduced sexual promiscuity in Kaduna metropolis

(a) Strongly Agree (b) Agree (c) disagree (d) strongly disagree (e) no idea

APPENDIX II

INTERVIEW QUESTIONS

To staff of Kaduna State Ministry of Health

i. What communication strategies do you use in the campaign against HIV/AIDS?

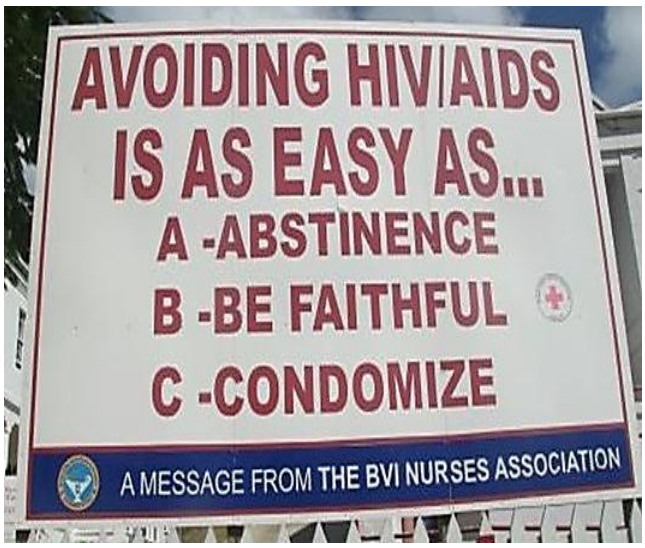
ii. What are your challenges in the HIV/AIDS campaign?

iii. What do you think are the ways to control the prevalence of HIV/AIDS in Kaduna State?

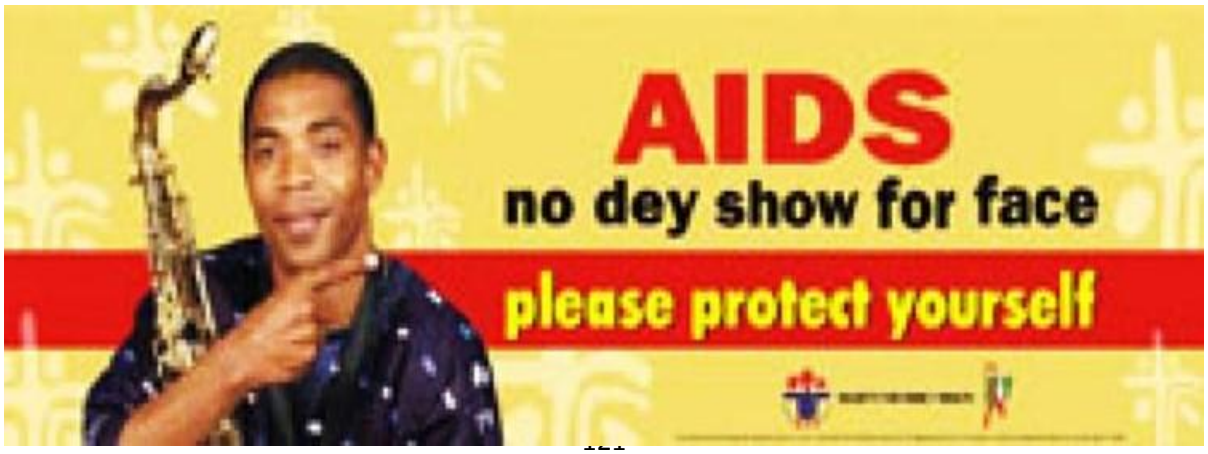
iv. How do you cope with communicating HIV/AIDS issues with the diverse population in Kaduna State?

Appendix III











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