UNDER PEER REVIEW

Original Research Article

CHANGING CITIZENS' NEGATIVE ATTITUDE TOWARDS HIV/AIDS IN NIGERIA: THE POLICY THRUST AND COMMUNICATIONS STRATEGY

ABSTRACT

In this study, the negative attitude of some Nigerians which inhibits a total successful HIV/AIDS campaigns in the country is critically examined. This was motivated by the reported persistent high national prevalence rate of between 5% to 3.6% of this dreaded health problem over the past ten years. The study objectives were to: ascertain the effectiveness of communications' media being used in the HIV/AIDS campaigns in Nigeria; and determine the potency of the health policy in the country as tools for successful HIV/AIDS campaigns. The area of study was PortHarcourt city in the Rivers State of Nigeria, reputed as oil producing State with a high momentum of social life. The main instrument for data collection was structured questionnaire. Likert's 4-points scale and measure of central tendency was used in the presentation and analysis of the data. Results obtained indicate that the communications' media being used in the HIV/AIDS campaigns in Nigeria are quite effective; the health policy thrust in the country is also adequate for successful HIV/AIDS campaigns, however, some socio-cultural and religious factors, depending on the parts of the country inhibits peoples' acceptance of some of the anti-HIV/AIDS messages and products like condom. It was then recommended among other things that religious and community leaders should be used to enhance the success of the campaign.

Keywords: Negative Attitude, HIV/AIDS, Heath Policy, Marketing Communications, Nigeria.

1.1 Background to the study

Nigeria's country report show that HIV prevalence rate as at 2009 records was 3.9%, which is about 5.8million people in a country of over 170million people (CIA.gov, 2009) [1]. The country is also amongst the list of 20 countries with worst cases of problem in the world and the 3rd largest in terms of population figures (see figure 1 for a clearer picture of this). In a study by Macro International, it was discovered that in spite of the campaigns in Nigeria, only about 10% - 16% of Nigerian girls between ages 15 – 24 use condom, while 46%-55% of their male counterparts do (Macro Internationally, 2009) [2]. That puts the female population in the country at a greater risk of contracting the infection. According to the 2008 National HIV Sero-prevalence , Nigeria has an HIV prevalence rate of 4.6%. All the 36 states and FCT have HIV prevalence above 1% with 17 states having HIV prevalence greater than 5%.

UNDER PEER REVIEW

This translates to about 2.95 people (1.2million men and 1.73 million women) living with the virus in the country. The number of new infections is put at 323,000 adults and 57,000 children. Infection rates among young people aged 15-19 put at 3.3%; 20-24 at 4.6% and 25-29 at 5.6% are considered very high (UNFPA, 2009). [3]

The HIV epidemic in Nigeria is said to be complex and varies widely by region. In some states, the epidemic is more concentrated and driven by high-risk behaviours, while other states have more generalized epidemics that are sustained primarily by multiple sexual partnerships in the general population.

Youths and young adults in Nigeria are particularly vulnerable to HIV, with young women at higher risk than young men. There are many risk factors that contribute to the spread of HIV, including prostitution, high-risk practices among itinerant workers, high prevalence of sexually transmitted infections (STI), clandestine high-risk heterosexual and homosexual practices, international trafficking of women, and irregular blood screening (Douek and Roederer, 2009[4]; Weiss, 1993). [5]

All these put to question, the effectiveness of the health policy trust and the communications' strategies used as social marketing tools in the HIV/AIDS campaigns in Nigeria, which is the main focus of this study.

1.2 **Statement of the Problem**

In spite of the behaviour change campaigns (BCC) in Nigeria, the national HIV prevalence rate had steadily increased from 1.8% in 1991 to 5.8% in 2001 with a decline to 5.0% in 2003 and 4.4% in 2005 and 4.9% in 2014. However, there is wide variation in the prevalence rate across age groups, geographic locations and occupations, due to varied socio-cultural and religious beliefs. 15 states have HIV prevalence rates above the national average of 4.4% with Benue State having the highest prevalence rate of 10%, while Jigawa, Ekiti and Oyo have the least prevalence rates of less than 2.1% (UNAIDS Country Report, 2013) [6]. Furthermore, a prevalence rate of 5.2% was

UNDER PEER REVIEW

reported for the age group 15-24 years, with adolescent girls being three times more vulnerable than boys. Although the national average for HIV prevalence rate is 4.4%, Nigeria ranks third globally in terms of actual number of people living with HIV/AIDS, estimated at 3.86 million adults in 2007 (UNGASS, 2007). [7] Behaviours driving the HIV/AIDS epidemic in the general population are said to include risky sexual behaviour (56.13% of women and men aged 15-49 years reporting having multiple sexual partners), high rate of unsafe sex practices and low condom utilization (35%). This is largely due to high sexual networking and unsafe sex practices (UNFPA, 2009) [8]. This study is aimed at examining the effectiveness of the health policy thrust and communications' programmes used in the HIV/AIDS campaign in the country so far.

1.3 Study Objectives

The objectives of the study included:

i. To ascertain the effectiveness of behaviour change communications media being used as tools for successful HIV/AIDS campaign in Nigeria.

ii. To determine the potency of health policy thrusts as tools for successful HIV/AIDS campaign in Nigeria.

1.4 Research Questions

i. Were the behaviour-change communications' media used as tools for successful HIV/AIDS campaign in Nigeria significantly effective?

ii. Are the health policy progammes significantly potent as tools for successful HIV/AIDS campaign in Nigeria?

1.5 Research Hypotheses

The following null-hypotheses were tested:

i. The behaviour-change communications' media used as tools for successful HIV/AIDS campaign in Nigeria were not significantly effective.

UNDER PEER REVIEW

ii. The health policy progammes significantly potent as tools for successful HIV/AIDS campaign in Nigeria.

1.6 Methodology

Survey research design was employed in this study. A sample size of 204 was statistically determined at 7% margin of error and 93% level of confidence, by using Taro Yamane's formular for finite populations. The main instrument for primary data collection was structured questionnaire, while Likert's 4-points scale was used in analysing the data.

1.7 Review of Related Literature

1.7.1 Theoretical Framework

A number of theories and models that served as compass for better appreciation of this study include:

1.7.2 The transtheoretical Model of Behaviour Change

According to Prochaska (1992)[9], the transtheoretical model of behaviour change describes how people modify wrong health behaviour or acquire a positive health behaviour. The central notion of the model is the Stages of Change. The model focuses on the decision making of the individual and the emotions, cognitions, and behaviour. It involves a reliance on self-report (Velicer et al., 1985)[10]. The theory has been used to develop effective interventions to promote health behavior changes in many developed nations.

For instance, Velicer et al (1998)[11] pointed out that the model has been applied to a wide variety of health behaviours. These include smoking cessation, exercise, low fat diet, random testing, alcohol abuse, weight control, condom use for HIV protection, organizational change, use of sunscreens to prevent skin cancer, drug abuse, medical compliance, mamography screening, and stress management.

UNDER PEER REVIEW

The model holds that individuals weigh the pros and cons of accepting any health offering or changing their previous health habits (self-efficacy and temptation: the role of negative affect or emotional distress, positive social situations and craving).

According to Prochaska (1992)[12], this behaviour-change model offers an explanation of the stages through which an individual will progress during a change in health behaviour. This model is particularly associated with notions of 'relapse' behaviour, and has been used

widely in HIV/AIDS studies and campaigns. It divides behaviour change into the following stages:

- Pre-contemplation – lack of awareness of risk, or no intention to change risk behaviour
- Contemplation – beginning to consider behaviour change without commitment to do anything immediately
- Preparation – a definite intention to take preventive action in the near future
- Action – modification of behaviour, environment or cognitive experience to overcome the problem
- Maintenance – the stabilisation of the new behaviour and avoidance of relapse.
- This model was used as the basis for the US AIDS Community Demonstration Projects, which targeted five at-risk populations in five US cities. Messages were developed from the experiences of community members to model behaviour-change steps, and messages were developed to target people considered to be at each of these five stages (AIDSmap.com, 2012) [13]. It imply that although behavioural-skills training is generally a necessary part of an effective HIV-prevention programme, the provision of information, although it does not effect change in itself, can prompt people to think about changing and can help them maintain safer behaviour when they have made changes.

UNDER PEER REVIEW

1.7.3 The Theory of Reasoned Action and Planned Behavior

These theories on the other hand, (Ajzen & Fishbein, 1980[14]) state that adopting health protection behaviours are usually contingent on (a) the perceived desirability of the behavior (i.e., positive attitudes and expectancies about the behavior) and (b) the normative pressure to engage in the behavior (i.e., social norms). The theory of planned behavior particularly adds that perception that the behavior is easy also helps the individual to adopt it (i.e., perceived behavioral control). Supporting this viewpoint, social–cognitive theory (Bandura, 1982)[15] assumes that people will engage in protective behaviour when they perceive that they are capable of doing so, because self-efficacy is central to implementing behaviour. Bandura (1989) [16] posits that people are more likely to perform a behaviour once they acquire relevant knowledge and behavioural skills for it.

Fishbein et al., (1992)[17] observed that all of these theories imply that a number of different intervention strategies must be used to change negative health behaviour to the positive side. Each strategy requires different marketing communications techniques.)

1.7.4 HIV/AIDS

HIV is a condition in humans in which progressive failure of the immune system allows life-threatening opportunistic infections and cancers to thrive. Infection with HIV occurs by the transfer of blood, semen, vaginal fluid, pre-ejaculate, or breast milk. Within these bodily fluids, HIV is present as both free virus particles and virus within infected immune cells (Sepkowitz, 200[18]; Kallings, 2008[19]).

On the other hand, acquired immunodeficiency syndrome (AIDS) is a disease of the human immune system caused by infection with human immunodeficiency virus (HIV). During the initial infection, a person may experience a brief period of influenza-like illness. This is typically followed by a prolonged period without symptoms. As the illness

UNDER PEER REVIEW

progresses, it interferes more and more with the immune system, making the person much more likely to get infections, including opportunistic infections and tumors that do not usually affect people who have working immune systems (Brookins, 2012)[20].

HIV is transmitted primarily via unprotected sexual intercourse (including anal and even oral sex), contaminated blood transfusions, hypodermic needles, and from mother to child during pregnancy, delivery, or breastfeeding. Some bodily fluids, such as saliva and tears, do not transmit HIV. Prevention of HIV infection, primarily through safe sex and needle-exchange programs, is a key strategy to control the spread of the disease (Sepkowitz, 2001) [21].

There is no cure or vaccine; however, antiretroviral treatment can slow the course of the disease and may lead to a near-normal life expectancy. While antiretroviral treatment reduces the risk of death and complications from the disease, these medications are expensive and may be associated with side effects (Sepkowitz, 2001) [22].

AIDS is considered a pandemic—a disease outbreak which is present over a large area and is actively spreading (Sharp and Hahn, 2011)[23]. Mindful of its dangers, therefore, a lot of public education and enlightenment campaign are going on in Nigeria to forewarn the masses (Mershark, 2005)[24].

1.7.5 Communication Strategies

A number of mass media, outdoor and traditional media of communication are being used to advance the HIV/AIDS awareness campaign in Nigeria. They include:

1.7.5.1 Advertising

Bullmore (2007:3)[25] defined advertising as any paid-for communication overtly intended to inform and/or influence one or more people. Burnett (2008:17)[26] says “Advertising says to people, 'Here's what we've got. Here's what it will do for you. Here's how to get it.” While Ogilvy (2006:43)[27] says “I do not regard advertising as entertainment or an art

UNDER PEER REVIEW

form, but as a medium of information." Thus, advertising is a form of communication used to persuade an audience (viewers, readers or listeners) to take some action with respect to products, ideas, or services. Most commonly, the desired result is to drive consumer/target publics' behavior with respect to an offering. Advertising messages are usually paid for by sponsors and viewed via various traditional media; including mass media such as newspaper, magazines, television commercial, radio advertisement, outdoor advertising or direct mail; or new media such as websites and text messages. This is unarguably one of the most potent tools to be used for a successful rebranding campaign. Examples of above the line media are newspapers, magazines, television , radio, billboards and the Internet (Brookins, 2012)[28]. While examples of below the line advertisement media include direct mail, direct marketing, seminars, workshops, symposia, public lectures, exhibitions and displays (McFarlin, 2012)[29].

1.7.5.2 Social Marketing Communications

Squido (2009)[30] reports that social marketing was "born" as a discipline in the 1970s, when Philip Kotler and Gerald Zaltman realized that the same marketing principles that were being used to sell products to consumers could be used to "sell" ideas, attitudes and behaviours. Kotler and Andreasen (2005:3)[31] also see social marketing as differing from other areas of marketing only with respect to the objectives of the marketer and his or her organization. This technique has been used extensively in international health programs, and is being used with more frequency in the United States at the national, state and local levels for such diverse topics as HIV/AIDS, drug abuse, smoking, alcoholism, exercise and human trafficking. So, social marketing has proved a very vital tool in heath communication campaigns.

1.7.5.3 Traditional Communication Media (Oramedia)

UNDER PEER REVIEW

Africa traditional media of communication are the indigenous means of communication by African community people amongst themselves. It includes communication channels like talking drums, the folk songs, drama, festivals, town criers, traditional wears, the artefacts, art works, paintings, stories, and among others cultural architecture that reflects in the palaces, shrines, and African cities, towns and villages (Ugboaja, 1985[32]; Osho, 2011[33]). It is the local means of communication by the rural African people which essentially sustain their information needs. Oramedia is also the enduring, sustaining and inevitable culture and tradition of the African people (Osho, 2011) [34]. They are transmitted from one generation to the other. People grew up with them and get accustomed to them in their day-to-day interactions. Oramedia embodies both verbal and non-verbal means of communication and this makes it more appealling, affective, enduring, long-lasting in effect and understandable.

1.8 Data Presentation and Analysis

1.8.1 Presentation and Analysis of the Secondary Data

Table 1: HIV/AIDS - Adult Prevalence Rate in Africa: 2009 Comparative Analysis

S/N	COUNTRY RANKING	HIV PREVALENCE RATE, 2009 (%)
1	Swaziland	25.9
2	Botswana	24.8
3	Lesotho	23.6
4	South Africa	17.8
5	Zimbabwe	14.3
6	Zambia	13.5
7	Namibia	13.1
8	Mozambique	11.5
9	Malawi	11
10	Uganda	6.5
11	Kenya	6.3
12	Tanzania	5.6
13	Cameroon	5.3

UNDER PEER REVIEW

14	Gabon	5.2
15	Equatorial Guinea	5
16	Central African Republic	4.7
17	Nigeria	3.6
18	Cote d'Ivoire	3.4
19	Congo Republic	3.4
20	Chad	3.4

Source: Indexmundi (2009)[35], Rank Country HIV/AIDS - adult prevalence rate (%), http://www.indexmundi.com/nigeria/hiv_aids_adult_prevalence_rate.html

A comparative analysis of table 1 above shows that by percentage rate, Nigeria ranks 17th amongst countries with worst records of HIV/AIDS in Africa, with 3.6% in 2009. But when this is translated to the country's estimated population of about 180million in 2012, that amounts to 6,480,000 people, thereby putting the country as the third largest in the world with worst record of the problem in population terms. This is a huge challenge to the country's health initiatives.

1.8.2: Presentation and Analysis of the Primary Data

Table 2: Respondents' Demographic Data

Options	Frequency	Percentage
Sex:		
Male:	117	57.35%
Female	87	42.65%
Age:		
21 – 30 years	39	19.12%
31-40 years	67	32.84%
41 – 50 years	53	25.98%
50 years Or Above	45	22.06%
Education:		
O'Levels/Equivalent	23	11.27%
OND/NCE	47	23.04%
HND/BA/B.Sc	79	38.73%
MBA/M.Sc/PhD	55	26.96%
TOTAL	**204**	**100%**

Source: Field Survey, 2012.

The respondents' demographic data in table 2 above show that 57.35% of them were male, while 42.65% were female; 19.12% were in the age bracket of 21 to 30 years, 32.84% in the age range of 31 to 40 years; 25.98% in the age range of 41 to 50 years, while 22.06% were

UNDER PEER REVIEW

50 years or above. 11.27% had only O'Levels qualifications, 23.04% had National Diplomas or equivalents, 38.73% had 1st Degrees, while 26.96% had Masters or Ph.Ds.

This part is based on 4-points Likert scale for the analysis.

Decision Rule

Reject, if Mean < 2.50 (Reject if Mean is equal to or less than 2.49).

Accept, if Mean > 2.50 (Accept, if Mean is equal to or greater than 2.50).

Table 3: Test of Hypothesis 1: The behaviour-change communications' media used as tools for successful HIV/AIDS campaign in Nigeria were not significantly effective.

S/N	Questions	SA	A	D	SD	Mean	Decision
1	Communications above-the-line media tools of radio and televisions used were significantly effective as tools for successful HIV/AIDS campaigns in Nigeria	86 (344)	103 (309)	10 (20)	5 (5)	3.32	Agreed
2	Communications above-the-line media tools of newspapers and magazines used were significantly effective as tools for successful HIV/AIDS campaigns in Nigeria	51 (204)	127 (381)	15 (30)	11 (11)	3.07	Agreed
3	Communications above-the-line media tools of billboards and Internet were significantly effective as tools for successful HIV/AIDS campaigns in Nigeria	49 (196)	135 (405)	12 (24)	8 (8)	3.10	Agreed
4	Communications below-the-line media tools of direct mails, door to door visitations and churches/market place visitations were significantly potent as tools for successful HIV/AIDS campaigns in Nigeria	71 (284)	111 (333)	17 (34)	5 (5)	3.22	Agreed
5	Communications below-the-line media tools of public lectures and displays were significantly potent as tools for successful HIV/AIDS campaigns in Nigeria	62 (248)	83 (249)	28 (56)	30 (30)	2.86	Agreed
6	Communications below-the-line media tools of seminars,	60 (240)	101 (303)	19 (38)	24 (24)	2.97	Agreed

UNDER PEER REVIEW

	workshops and symposia were significantly potent as tools for successful HIV/AIDS campaigns in Nigeria						
	Grand Mean = 3.09					**3.09**	**Agreed**

Source: Field Survey, 2014.

Data displayed on table 3 above indicate that with a cumulative Grand Mean of 3.09, this indicates a rejection of the null-hypothesis and acceptance of the alternative hypothesis that the behaviour-change communications' media used as tools for the HIV/AIDS campaign in Nigeria were significantly effective.

Table 4: Test of Hypothesis 2: The health policy programmes in place are not significantly potent as tools for successful HIV/AIDS campaign in Nigeria**.**

S/N	Questions	SA	A	D	SD	Mean	Decision
7	The health policy programmes in place are significantly adequate	64 (256	86 (258)	19 (38)	35 (35)	2.88	Agreed
8	The health policy programmes in place are quite anti-HIV	65 260	79 (237)	31 (62)	29 (29)	2.88	Agreed
	Grand Mean = 2.88					**2.88**	**Agreed**

Source: Field Survey, 2014.

Data displayed on table 4 reflect that 91 respondents strongly agreed that the health policy programmes in place in Nigeria are quite adequate and significantly potent as tools for successful HIV/AIDS campaign in the country, with a Grand Mean of 2.88. Hence, indicating a rejection of the null-hypothesis and acceptance of the alternative hypothesis.

1.9 Summary of Result

After the secondary and primary data analysis, the following results were obtained:

i. Communications media tools of radio and televisions used were significantly effective as tools for successful HIV/AIDS campaigns in Nigeria.

ii. Communications media tools of newspapers and magazines used were significantly effective as tools for successful HIV/AIDS campaigns in Nigeria.

iii. Communications media tools of billboards and Internet were significantly effective as tools for successful HIV/AIDS campaigns in Nigeria

UNDER PEER REVIEW

iv. Communications media tools of direct mails, door to door visitations and churches/market place visitations were significantly potent as tools for successful HIV/AIDS campaigns in Nigeria.

v. Communications media tools of public lectures and displays were significantly potent as tools for successful HIV/AIDS campaigns in Nigeria.

vi. Communications media tools of seminars, workshops and symposia were significantly potent as tools for successful HIV/AIDS campaigns in Nigeria.

vii. The behaviour-change communications' media used as tools for successful HIV/AIDS campaign in Nigeria were also significantly effective.

viii. The health policy programmes in place were significantly potent as tools for successful HIV/AIDS campaign in Nigeria.

1.10 Conclusion

Millions of lives are being lost globally from the HIV/AIDS pandemic. This very health problem constitutes a drain to many countries' lean financial resources, especially in Sub-Saharan Africa with poor economic bases. Preventive medicine is the best answer to the problem, through well-planned, multi-media social communications' campaigns designed to improve public awareness over the problems as this study testifies.

1.11 Recommendations

1. A combination of conventional media and traditional communications media should be used to enhance the success of the HIV/AIDS social marketing campaign in Nigeria.

2. Particular emphasis and priority should be given to the use of traditional media (oramedia) in order to effectively reach the country's rural people that constitute over 70% of the population.

UNDER PEER REVIEW

3. Health policy and communications experts should be involved in the packaging and execution of the social marketing progamme initiatives.

4. All the relevant stakeholders and opinion leaders in the country like traditional rulers, religious leaders, students' union leaders, town union leaders, market association leaders, heads of schools/institutions and professional association leaders should be carried along in the campaigns.

5. The social marketing campaigns should also inculcate messages aimed at educating the populace to stop the stigmatisation of people living with HIV, in order to reduce the problem of denials amongst the populace.

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UNDER PEER REVIEW

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UNDER PEER REVIEW

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