

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. The study then recommended that school heads, corporate organization heads, religious and community leaders should be used to enhance the success of the campaign against stigmatization of people living with HIV in the country.

Keywords: Stigmatization, 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%.

40 This translates to about 2.95 people (1.2million men and 1.73 million women) living with the
41 virus in the country. The number of new infections is put at 323,000 adults and 57,000
42 children. Infection rates among young people aged 15-19 put at 3.3%; 20-24 at 4.6% and
43 25-29 at 5.6% are considered very high (UNFPA, 2009).^[3]

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

48 Youths and young adults in Nigeria are particularly vulnerable to HIV, with young women at
49 higher risk than young men. There are many risk factors that contribute to the spread of HIV,
50 including prostitution, high-risk practices among itinerant workers, high prevalence
51 of sexually transmitted infections (STI), clandestine high-risk heterosexual and homosexual
52 practices, international trafficking of women, and irregular blood screening (Douek and
53 Roederer, 2009^[4]; Weiss, 1993).^[5] According to UNAIDS (2014)^[6], in 2013 there were
54 around 24.7 million people living with HIV in sub-Saharan Africa. Women accounted for 58%
55 of the total number. There were also an estimated 1.5 million new HIV infections in sub-
56 Saharan Africa in 2013. Sub-Saharan Africa to which Nigeria belongs accounted for almost
57 70% of the global total of new HIV infections in 2013. In sub-Saharan Africa, 1.1 million [1.0
58 million – 1.3 million] people died of AIDS related causes in 2013. Treatment coverage was
59 only 37% of all people living with HIV in sub-Saharan Africa. 67% of men and 57% of women
60 were not receiving ART in sub-Saharan Africa in 2013. In Nigeria 80% of people do not have
61 access to treatment (UNAIDS, 2014)^[7].

62

63 Again, the greatest worry over the whole issue is the heart-rending stigmatisation and social
64 ostracism which people living with HIV/AIDS are saddled with in Nigeria. Some have been
65 banished by their communities, abandoned by their families, excommunicated by their

66 churches or sacked from their jobs, while those trading are refused patronage. Landlords
67 evict some from their homes, while others are shunned in the streets. For instance, a report
68 by the Ireland based Refugees Documentation Centre, Legal Aids Department and the
69 Research Directorate indicates that, in Nigeria, there is a strong stigma associated with
70 HIV/AIDS (This Day, 2008^[8]). The report confirms that the stigmatization and discrimination
71 of people infected by the virus is 'commonplace' in Nigeria. The discrimination is borne out of
72 the fact that both Christians and Muslims in the country see immoral behaviour as being the
73 cause of the HIV/AIDS epidemic. Hence, due to fear of stigmatization, many HIV/AIDS-
74 infected persons refuse being open about their infection (UNGASS, 2008^[9]). This
75 stigmatization and social ostracism consequently prevent many infected persons from
76 seeking medical care, thereby quickening their death, while others die out of frustration,
77 rejection, depression and neglect (International Union for the Scientific Study of Population
78 2005^[10]).

79

80 Collaborating, the US Department of State country report on Nigeria also stated that there
81 was widespread discrimination against persons living with HIV/AIDS, which the public
82 consider a disease resulting from immoral behavior. Persons living with HIV/AIDS often lost
83 their jobs or were denied health care services. Public education campaigns have been
84 initiated in the past to reduce stigma and change perceptions of the disease notes the US
85 Department of State Bureau of Democracy, Human Rights, and Labor (2009)^[11], in its 2008
86 Human Rights Report on Nigeria, but these do not seem to have made any significant
87 change. Reports also had it that discrimination and stigmatisation of those with HIV is
88 widespread in Nigeria, especially in the private sector, and this makes it difficult for many to
89 declare their status for fear of losing their jobs (Immigration and Refugee Board of Canada,
90 2007)^[12].

91

92 The stigma associated with HIV/AIDS is also an important contributory factor to the spread
93 of HIV/AIDS. The association of HIV with sex workers, men having sex with men and beliefs
94 that attribute moral fault to people living with HIV/AIDS all contribute to the impact of stigma
95 and often give rise to intolerance and discrimination. Stigma creates poverty, by turning the
96 individual into an outcast (UNAIDS, 2014)^[13].

97

98 HIV is a condition in humans in which progressive failure of the immune system allows life-
99 threatening opportunistic infections and cancers to thrive. Infection with HIV occurs by the
100 transfer of blood, semen, vaginal fluid, pre-ejaculate, or breast milk. Within these bodily
101 fluids, HIV is present as both free virus particles and virus within infected immune cells
102 (Sepkowitz, 2001^[14]; Kallings, 2008^[15]).

103 On the other hand, acquired immunodeficiency syndrome (AIDS) is a disease of the
104 human immune system caused by infection with human immunodeficiency
105 virus (HIV). During the initial infection, a person may experience a brief period of influenza-
106 like illness. This is typically followed by a prolonged period without symptoms. As the illness
107 progresses, it interferes more and more with the immune system, making the person much
108 more likely to get infections, including opportunistic infections and tumors that do not usually
109 affect people who have working immune systems (Brookins, 2012)^[16]. HIV
110 is transmitted primarily via unprotected sexual intercourse (including anal and even oral sex),
111 contaminated blood transfusions, hypodermic needles, and from mother to child during
112 pregnancy, delivery, or breastfeeding. Some bodily fluids, such as saliva and tears, do not
113 transmit HIV. Prevention of HIV infection, primarily through safe sex and needle-exchange
114 programs, is a key strategy to control the spread of the disease (Sepkowitz, 2001)^[17].

115 There is no cure or vaccine; however, antiretroviral treatment can slow the course of the
116 disease and may lead to a near-normal life expectancy. While antiretroviral treatment

117 reduces the risk of death and complications from the disease, these medications are
118 expensive and may be associated with side effects (Sepkowitz, 2001) ^[18]. Meanwhile in
119 Nigeria, the problem of stigmatization and social ostracisation of the victims boost denials
120 and prevent most of the victims from accessing antiretroviral treatments. A problem which
121 some believe could be addressed through effective marketing communication campaigns.

122
123 All these put to question, the effectiveness of the health policy trust and the communications'
124 strategies used as social marketing tools in the HIV/AIDS campaigns in Nigeria, which is the
125 main focus of this study.

126

127 1.2 Statement of the Problem

128 In spite of the behaviour change campaigns (BCC) in Nigeria, the national HIV
129 prevalence rate had steadily increased from 1.8% in 1991 to 5.8% in 2001 with a decline
130 to 5.0% in 2003 and 4.4% in 2005 and 4.9% in 2014. However, there is wide variation in
131 the prevalence rate across age groups, geographic locations and occupations, due to
132 varied socio-cultural and religious beliefs. 15 states have HIV prevalence rates above
133 the national average of 4.4% with Benue State having the highest prevalence rate of
134 10%, while Jigawa, Ekiti and Oyo have the least prevalence rates of less than 2.1%
135 (UNAIDS Country Report, 2013) ^[19]. Furthermore, a prevalence rate of 5.2% was
136 reported for the age group 15-24 years, with adolescent girls being three times more
137 vulnerable than boys. Although the national average for HIV prevalence rate is 4.4%,
138 Nigeria ranks third globally in terms of actual number of people living with HIV/AIDS,
139 estimated at 3.86 million adults in 2007 (UNGASS, 2007).^[20] Behaviours driving the
140 HIV/AIDS epidemic in the general population are said to include risky sexual behaviour
141 (56.13% of women and men aged 15-49 years reporting having multiple sexual
142 partners), high rate of unsafe sex practices and low condom utilization (35%). This is
143 largely due to high sexual networking and unsafe sex practices (UNFPA, 2009) ^[21]. This

144 study is aimed at examining the effectiveness of the health policy thrust and
145 communications' programmes used in the HIV/AIDS campaign in the country so far.

146 **1.3 Study Objectives**

147 The objectives of the study included:

- 148 i. To ascertain the effectiveness of behaviour change communications media being
149 used as tools for successful HIV/AIDS campaign in Nigeria.
- 150 ii. To determine the potency of health policy thrusts as tools for successful HIV/AIDS
151 campaign in Nigeria.

152 **1.4 Methodology**

153 Survey research design was adopted for this study. For the area of the study, one
154 (1) Local Government was selected from each of the 36 States in Nigeria. The
155 justification for this selection was to achieve a fairly national representation. The
156 population of the study encompass people in the mobile age group of 15 years to
157 55 years, considered to be more sexually active in the population, and decision
158 makers, health workers and opinion leaders, giving us an estimated population of
159 76,033,000 mathematically deduced from Nigeria's current internationally
160 accepted population of 176 million people. The research frame included:
161 students, travelling traders, civil servants, politicians, drivers, commercial sex
162 workers in the country on one hand; and parents, health workers, community
163 leaders, health policymakers/implementers and school heads on the other hand.
164 The sample size was statistically computed using Taro Yamane's formular at 7%
165 margin of error and 93% level of confidence, giving us 204. The main
166 instrument for data collection was hard copy and electronic questionnaire
167 (Equestionnaire). The hard copies were hand-delivered and hand-collected, while

the electronic questionnaire version were via the Internet, especially to some physically inaccessible places. Teachers in secondary schools across the country were used in distributing and collecting the questionnaire. Proportionate criteria was used to allocate the questionnaire to the 36 LGAs. The validity of the survey instrument was done through content-validation, while the reliability was confirmed through test-retest method. The main instrument for primary data collection was structured questionnaire, while Likert's 4-points scale was used in analysing the data.

1.5 Data Presentation and Analysis

A report by Indexmundi (2009)^[22], says that in percentage terms Nigeria ranks 17th in Africa in HIV/AIDS Adult Prevalence Rate. But when this is translated to the country's estimated population of about 178million in 2012, that amounts to about 6,000,000 people, thereby putting the country as the third largest in the world in population terms. This is a huge challenge to the country's health initiatives.

The respondents' demographic data in table 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 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).

194

195 **Test of Objective 1:** To ascertain the effectiveness of behaviour change communications

196 media being used as tools for successful HIV/AIDS campaigns and anti-stigmatization in

197 Nigeria.

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, workshops and symposia were significantly potent as tools for successful HIV/AIDS campaigns in Nigeria	60 (240)	101 (303)	19 (38)	24 (24)	2.97	Agreed
	Grand Mean = 3.09					3.09	Agreed

198 **Source: Field Survey, 2014.**

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

203

204 **Table 4: Test of Hypothesis 2:** To determine the potency of health policy thrusts as tools
205 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

206 **Source: Field Survey, 2014.**

207

208 Data displayed on table 4 reflect that 150 respondents agreed that the health policy
209 programmes in place in Nigeria are quite adequate and significantly potent as tools for
210 successful HIV/AIDS campaign in the country. With a Grand Mean of 2.88, this indicates a
211 rejection of the null-hypothesis and acceptance of the alternative hypothesis.

212

213 1.6 Discussion of Results

214 This study revealed that the communications media tools of radio and televisions,
215 newspapers and magazines, billboards and Internet, public lectures and displays,
216 seminars, workshops and symposia, direct mails, door to door visitations and
217 churches/market place visitations, used were significantly effective as tools for
218 successful HIV/AIDS campaigns in Nigeria. Unfortunately, however, it could be seen
219 that the effectiveness was more in the reduction of HIV prevalence amongst
220 the populace, but, have not done much in the area of reducing stigmatization

221 attacks against the victims. Consequently, this stigmatization worsens the
222 HIV prevalence rate, by fuelling acts of denials and making people afraid to
223 go and ascertain their HIV status, or even go for treatment or counseling
224 when they do.

225 The study also revealed that the health policy programmes in place were
226 significantly potent as tools for successful HIV/AIDS campaign in Nigeria. However,
227 a greater quantum of this policy, resources, time and efforts are devoted towards
228 HIV prevention and treatment, while little is done about cares, well-being and
229 citizens' treatment of the people living with HIV/AIDS which has largely remained in
230 the negative.

231

232 In a new national survey conducted by the federal government for the 2012
233 National HIV/AIDS and Reproductive Health Survey-Plus (NARHS Plus), it
234 was reported that Nigeria's HIV/AIDS prevalence rate dropped to 3.4 per
235 cent in 2012. However, a State by State analysis shows that some of the
236 States in the country are still within the dangerous rates of above 10% of
237 their population. For instance, Rivers State leads other states in the country
238 with a prevalence rate of 15.2 per cent.

239 Taraba State ranked second with a prevalence rate of 10.5 per cent;
240 followed by Kaduna State with 9.2 per cent. Nasarawa State has 8.1 per
241 cent while the Federal Capital Territory (FCT) 7.5 per cent. Ekiti State
242 however has the least prevalence rate of 0.2 per cent, Zamfara 0.4 per cent,
243 Bauchi 0.6 per cent and Ogun 0.6per cent.

244 The Federal and State Governments in conjunction with international and local NGOs
245 have been doing a lot to surmount the scourge. For instance, under the National

246 Action Committee on AIDS (NACA) programmes people are counselled nationwide, in
247 collaboration with development partners. In collaboration with UNICEF, 50 religious
248 leaders were trained as master trainers for HIV counseling; 200 health workers were
249 trained on the Prevention of Mother to Child Transmission (PMTCT) in 2013. HIV
250 Counseling and Testing sites are being set up all over the country. However, one
251 problem that seems to have defied all solutions is the problem of stigmatisation and
252 social ostracism of people living with HIV/ AIDS. This calls to attention, a revisit and
253 review of the social-marketing strategy being used to achieve a positive behaviour-
254 change amongst the citizens, through an injection of more traditional and culture-
255 centred techniques.

256
257

1.7 Conclusion

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

263

1.8 Recommendations

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

268 Particular emphasis and priority should be given to the use of traditional media
269 (oramedia) in order to effectively reach the country's rural people that constitute over
270 70% of the population.

271 Health policy and communications experts should be involved in the packaging and
272 execution of the social marketing programme initiatives.

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

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

280

281 REFERENCES

- 282 1. CIA.gov (2009), HIV-AIDS World Prevalence Record: Countries Comparisons.
283 Accessed 12/11/12. [https://www.cia.gov/library/publications/the-world-](https://www.cia.gov/library/publications/the-world-factbook/fields/2155.html)
284 [factbook/fields/2155.html](https://www.cia.gov/library/publications/the-world-factbook/fields/2155.html)
- 285 2. Macro International (2009), "Nigeria: HIV-AIDS Prevalence Rate Survey," Accessed
286 12/11/12. Available At:
287 http://www.indexmundi.com/nigeria/hiv_aids_adult_prevalence_rate.html
- 288 3. UNFPA (2009), Donor Support For Contraceptives and Condoms For STI/HIV
289 Prevention 2009. UNFPA Publication.
- 290 4. Douek, D.C.; Roederer, M. & Koup, R.A. (2009), "Emerging Concepts in the
291 Immunopathogenesis of AIDS". *Annu. Rev. Med.* **60**: 471–84.
- 292 5. Weiss, R.A. (1993), "How does HIV cause AIDS?". *Science* **260** (5112): 1273–9.
- 293 6. ^[6]United Nations Programme on HIV/AIDS (UNAIDS, 2014), FACT SHEET 2014,
294 GLOBAL STATISTICS, People living with HIV,
295 [http://www.unaids.org/en/media/unaids/contentassets/documents/factsheet/2014/20](http://www.unaids.org/en/media/unaids/contentassets/documents/factsheet/2014/20140716_FactSheet_en.pdf)
296 [140716_FactSheet_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/factsheet/2014/20140716_FactSheet_en.pdf).
- 297 7. ^[7] UNAIDS (2014), note 6 above.
- 298 8. This Day (14 October 2008) Nigeria: People Living With HIV/Aids Decry
299 Stigmatisation Esin, Hilda <http://allafrica.com/stories/printable/200810150207.html>
300 (Accessed 18 March, 2015).
- 301 9. United Nations General Assembly Special Session on AIDS (UNGASS) (31
302 January 2008) *Nigeria UNGASS Report 2007*,
303 [http://www.ecoi.net/file_upload/1329_1212736994_nigeria-2008-](http://www.ecoi.net/file_upload/1329_1212736994_nigeria-2008-countryprogress-report-en.pdf)
304 [countryprogress-report-en.pdf](http://www.ecoi.net/file_upload/1329_1212736994_nigeria-2008-countryprogress-report-en.pdf) ((Accessed 18 March, 2015).)
- 305 10. International Union for the Scientific Study of Population (2005), *HIV/AIDS Stigma*
306 *and Discrimination in Nigeria*: Oyediran, Kola. Oladipo, Olaronke. and Anyanti,
307 Jennifer, <http://iussp2005.princeton.edu/download.aspx?submissionId=51685>

- 308 ((Accessed 18 March, 2015).
- 309 11. US Department of State (Bureau of Democracy, Human Rights, and Labor) (25
310 February 2009) *2008 Human Rights Report: Nigeria*.
311 <http://www.state.gov/g/drl/rls/hrrpt/2008/af/119018.htm>, ((Accessed 18 March,
312 2015).
- 313 12. Immigration and Refugee Board of Canada (13 February 2007) *NGA102418.E –*
314 *Nigeria: Treatment of persons with HIV/AIDS by society; medical/health services*
315 *available to persons with HIV/AIDS (2005 -2007)*.
316 http://www2.irbcisr.gc.ca/en/research/rir/index_e.htm?action=record.viewrec&got
317 [orec=450907](http://www2.irbcisr.gc.ca/en/research/rir/index_e.htm?action=record.viewrec&got). (Accessed 18 March, 2015).).
- 318 13. UNAIDS (2014), note 6 above.
- 319
- 320 14. Sepkowitz K.A. (2001), "AIDS—the first 20 years". *N. Engl. J. Med.* 344 (23): 1764–
321 72.
- 322
- 323 15. Kallings, L.O. (2008), "The first postmodern pandemic: 25 years of
324 HIV/AIDS," *Journal of Internal Medicine* **263** (3): 218–243.
- 325 16. Brookins, Miranda (2012), Examples of Above the Line Advertising, Accessed
326 22/08/13. Available at: [http://smallbusiness.chron.com/examples-above-line-](http://smallbusiness.chron.com/examples-above-line-advertising-10173.html)
327 [advertising-10173.html](http://smallbusiness.chron.com/examples-above-line-advertising-10173.html)
- 328 17. Note 14 above.
- 329 18. See 14 above.
- 330 19. UNAIDS (2013), Report On The Global AIDS Epidemic' A United Nations AIDS
331 Control Program Publication.
- 332 20. UNGASS (2007), HIV-AIDS: UNGASS Country Progress Report On Nigeria.
- 333 21. UNFPA.org (2009), HIV-AIDS Country Reports, Accessed 12/11/12. Available at:
334 <http://nigeria.unfpa.org/hivaids.html>
- 335 22. Indexmundi (2009), Rank Country HIV/AIDS - adult prevalence rate (%), Accessed
336 13/11/12. Available at:
337 http://www.indexmundi.com/nigeria/hiv_aids_adult_prevalence_rate.html