

# Evaluation of Behavioural Change Campaigns on HIV/AIDS Patients in Kogi State, Nigeria

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## Abstract

The continued upsurge in the spate of the spread of HIV/AIDS in Nigeria has become a perturbing paradox that demands a more critical evaluation. The spate of HIV/AIDS pandemic in Kogi State, North Central Nigeria presents a worrisome scenario. Such a paradox becomes more pernicious considering the various campaigns launched by successive administrations in the state through its agency – The Kogi State Agency for the Control of AIDS (KOSACA) to create awareness, direct people to where they could be tested, counselled, monitored, evaluated and cared for, people's responses to this carrion call remained low as the indices show. In the talons of a seemingly vicious circle of defeated efforts despite communications for behavioural change, this research seeks to investigate and evaluate the appropriateness of the channels and language of communication to the target population. Through a survey of persons living with HIV/AIDS, the research discovers that that pattern of communication flows to the patients especially HIV/AIDS was effective. This same mode of communication flow cannot be said to be effective for the general public as it worked for a controlled group like the ones under investigation. The paper recommends that the channels through which this information is passed to the target audience should be properly scrutinized and the content of the message too, properly vetted and adapted to a specific audience as a more generalized content fails in its intent.

**Keywords:** behaviour change, HIV/AIDS, health communications, language, communication pattern.

## Background of the Study

Before the advent of Civilian Administration in Nigeria in 1999, the country's response to HIV/AIDS was very weak relative to needs, and primarily limited to the health sector. This situation, however, changed with the restoration of democratic governance in 1999. On assuming office, the new government led by President Olusegun Obasanjo accorded the highest national priority to addressing HIV/AIDS.

The President took personal responsibility for leading responses. According to Shuaib (2000: 10), the President "appointed a Presidential AIDS Council (which he chaired) and created the multi-sector National Action Committee on AIDS (NACA), which was situated in the President's office and encompasses representatives from most line ministries as well as civil society, the private sector and academia". The President also mandated all State Governors to replicate similar structure at their level.

Kogi state Action Committee on AIDS (KOSACA) now Kogi State Agency for the Control of AIDS (KOSACA) was thus inaugurated on the 18<sup>th</sup> of January, 2002 by the then Executive Governor of the state, Prince Abubakar Audu (Ajana, 2002 :21). There were 30 members of the committee with representations drawn from eight (8) Government Line Ministries, Civil Society Organisation (CSO), Faith-Based Organisations (FBOS), the Private Sector, the Media and the Network of People Living with HIV/AIDS (PLWHAS).

This was fashioned after Federal Government Agency with the mandate to coordinate and supervise the multi-sector HIV/AIDS response in the State in such a way that there is synergy and no duplication. KOSACA is also to provide technical and logistic assistance to organizations and groups working on HIV/AIDS in the State.

Multi-sectorality, which is in line with International best practice, is aimed at harnessing the energies of all sectors in responding to the epidemic. And this is necessary because the HIV epidemic in Nigeria has become generalized in scope and impacts, and therefore health interventions, even though indispensable, are insufficient to stop the spread of the virus and mitigate the impacts of HIV/AIDS. To achieve this, KOSACA produced and aired radio and TV jingles in English and Local languages; and produced and distributed IEC Materials, such as billboards, T-shirts, posters, stickers, handbills, etc. Youths Organizations were also assisted to form anti-HIV/AIDS Clubs, especially in schools, while technical capacity building was provided to other NGOs to enable them to carry community-based activities. This study, therefore evaluates the behavioural change campaigns so as to ascertain if there is a quantum change from high-risk behaviour among those living with HIV/AIDS in Kogi State, North Central Nigeria. This is necessary to be able to ascertain what these efforts have translated into in terms of behaviour change and prevalence of the disease in Kogi State.

## Statements of the Problem

The spate of HIV/AIDS pandemic in Kogi State, North Central Nigeria presents a worrisome scenario. Despite various campaigns launched by successive administrations in the state through its agency – The Kogi State Agency for the Control of AIDS (KOSACA) to create awareness, direct people to where they could be tested,

counselled, monitored, evaluated and cared for, people's responses to this carrion call remained low. Observers and analysts have reasoned that campaigns without strategic planning for each HIV/AIDS programme and proper channels of communication may not produce desired outcome. It is important too that appropriate channels of communicating HIV/AIDS should have wave length, proper programming/time schedules for the target population, otherwise it will still amount to nothing.

Another critical issue in HIV/AIDS Campaigns is the medium of language employed in the dissemination of HIV/AIDS messages to the target population. Kogi State is multi-ethnic in terms of languages spoken in various areas of the state. Many HIV/AIDS programmes in the state since 2002 till today have been in English Language. The entire campaigns have been too elitist in nature. It was as if the campaigns were solely for the elites and working class in the state. Not much of the other languages like Igala, Yoruba, Ebira, Ogori, Bassa, even pidgin, e.t.c were heard as much as English Language. Indigenous languages spoken within each state remain the languages of grass root mobilization. HIV/AIDS epidemic in the state cuts across all classes- educated, illiterates, businessmen, farmers, etc. The more diverse the medium of Language employed for campaigns to the recipients, the more accessible the message, the more the import of the campaigns on the target population. [Hopkins, 2010; 35] Review of literature has shown that most media contents are "non-informative and fear-laden". In collaborating this, Jinad (1999:7) states that in "a survey of AIDS messages in the mass media and the credibility of the channels for communicating messages were conducted and the result was that media messages about HIV/AIDS in the country were generally non-informative and fear-laden".

From the above quotation here, an inference can be made that the success/failure of both the channels and the contents of information to the public are contingent on the efficacy of campaigns. If the content of the message is empty, it is assumed nothing is sent out. Again, if the channel of communicating this message lacks credibility, few people will tune to it, because of its incredible status.

In another related manner, the pattern of communication flows and the contexts of diffusing information to its target population are very sensitive in all forms of campaigns. The HIV/AIDS campaigns in the state hardly used media-mix approaches in disseminating information to various institutions in the state. For example, schools, hospitals, companies, agencies, hotels, barracks, churches, mosques, etc. Distributing information to these organizations requires either top – down, bottom – up or horizontal flow of information to those segments of the population in the state. Again, those forms of communication flow described above here may not likely to work in the market places, motor parks, streets and other vulnerable groups in the society, hence the necessity for the media-mix approaches.

This has been grossly inadequate in campaigns in the state so far.

Finally, the frequency and the intensity of the campaigns leave much to be desired. Information according to Gerbner (1987) is "power and acquisition of power is wisdom". Heavy bombardments of HIV/AIDS campaigns on the Kogites, no doubt would lead to synchronisation and compliance. There appears to be paucity of appropriate information from the Kogi State Agency for the control of AIDS (KOSACA) in the state. This trend calls for general evaluation of the behavioural change campaigns on the HIV/AIDS patients in Kogi State.

### **Objectives of the Study**

This study is aimed at achieving the following objectives:

- I. To evaluate the appropriateness of the channels of communication to the target population.
- II. Medium of language employed in diffusing the message of change is contingent on the message recipients. Therefore, this study examines the medium of languages(s) adopted in campaigns in the multi-ethnic state like Kogi State.
- III. To determine to what extent has pattern of communication flow hampered free flow of information to its target population.
- IV. To ascertain way(s) the context of the campaigns can facilitate the reception of message of the change.
- V. To establish the adequacy of the content of the messages of the behavioural change campaigns on HIV/AIDS victims.

### **Research Questions**

- I. How appropriate were the channels of communication for behavioural change campaigns?
- II. How suitable was the medium of language(s) employed in behavioural change campaigns to HIV/AIDS clients?
- III. To what extent can it be said that pattern of information flow hampered reception of messages?
- IV. How did the content of messages of behavioural change campaigns influence attitudinal change to high-risk behaviours?

#### V. In what ways have the communication contexts affect the flow of information to its destination?

##### **Empirical studies on Behavioural Change Campaigns**

In order to shed more light on the subject under investigation, and to put this work in its proper context, a review of scholarly work and other related literature is requisite here.

A critical review of the effects of HIV/AIDS on the patients, on the economy and on the society shows that the effect is quite enormous.

WHO Report, (2001:6) reviews that "HIV/AIDS has spread to every corner of the world and is still growing rapidly. The epidemic is reversing development gains, robbing millions of lives, widening the gap between the rich and poor and undermining social and economic security". Developing Communication Programme aimed at teaching and educating the masses about HIV/AIDS pandemic has a potential effect of mobilising the public towards achieving a goal.

The report of the study carried out by Jinad, 1999, contends that more often than not, the language of communication is really non-informative. (Jinad, 1999:7). In another related study carried out by Ovohrere (2008:224) on the HIV/AIDS stigma and Radio Broadcasting in Delta State to find out what attitudinal barrier hampered significant change in behaviour to HIV/AIDS Messages. The outcome of its findings revealed that fear of contracting HIV/AIDS and religious/moral beliefs are the major attitudinal barriers that impede significance change in behaviour as attested to by 34%.

In another related study carried out by oyeeye(2012:61) to determine the success of HIV/AIDS campaigns among those affected with the virus showed that there were other factors that rendered the campaigns unsuccessful. According to Oyeeye, factors such as natural urge to have sex; poverty; lack of care for the victims and desire to revenge among others. A telephone-mediated interview conducted with twenty-five(25) effected victims, revealed that various behavioural change campaigns were not potent as natural urge to have sex for female sex workers; total abstinence is as bad as allowing AIDS to kill them; others within the same group said that they engaged in an unprotected sex because nobody to take care of their needs and lastly, the desire to revenge because, the victims acquired the disease from somebody. The group, however recommended that the government, and the spirited individuals should support the victims as sex has been come a crucial means of survival in Nigeria for a long time.

In the same vein, a three study vision project in response to the HIV/AIDS epidemic in Nigeria, facilitated by U.S Agency for international development (USAID) showed that mass media campaigns was high in the fight against the epidemic. The results showed that a good percentage of the respondents sought for information about the disease from either the radio, television or printed advertisements. (keating, meeker and Adewuji, 2006:35). The implication of the result is that naturally people would ordinarily prefer TV because of its obvious advantages in terms of sound and sight. In many advanced countries of the world where literacy level are high, mass media are very important organs in public health awareness campaigns. This may not be entirely successful in Nigeria because a good number of the population dwells in rural areas, hence the need to use both the western and traditional media for campaigns in this regard.

In a survey research carried in South/Eastern Nigeria on HIV/AIDS education and prevention for reproductive age women in a community-oriented family planning programme. Uwakwe (2001) demonstrated the use of audio-visual campaigns and Mass Communication as an intervention strategy to achieve result. He made use of films and videos for the dual purposes of entertainment and information dissemination for the participants. Questions and free discussions were encouraged while posters and handbills were also distributed and discussed in several sessions.

Post-intervention results showed significant improvements on knowledge and attitudes about HIV/AIDS related behaviours as well as heterosexual practices. The outcome of this further revealed that observed changes were significantly higher in experimental group than in the control group. Most importantly, there was marked improvement on frequency of discussing HIV/AIDS with other people by participants.

The point of departure between literature reviewed so far and the current study is that, the reviewed cases here used general information principle to address various cases of HIV/AIDS education and prevention to both knowledgeable group (aware group) and unknowledgeable group (unaware group). This current study focuses on the evaluation of the opinion of those who had been tested and confirmed to have contracted the virus, and are still attending antiretroviral therapy hospitals in Kogi State. These are patients who have been fully educated about HIV/AIDS infections and have experiences to share. What these patients need are care and further information on how to survive so as not to go back or further spread the virus through risk behaviour. This is the area where this study is very critical.

##### **Theoretical Frameworks**

The theoretical frameworks on which this study is anchored are: Communication for Social Change Model,

## Social Learning Theory and the Extended Parallel Process Model.

Alfonso Gucin in 2001 initiated the social change theory, but Luis Ramiro Beltran furnished the theory with a more ample researches. Communication for social change (CFSC) is not an actual theory but rather a model that synthesizes two competing approaches to development communication. For many years, arguments raged over whether the role of communication in support of development was to deliver top – down, high-quality information and motivational messages to mass audiences or to enhance bottom – up communication that originated from participatory communication processes; that expressed the needs and priorities of communities. Rukundema T. and population services international (2005:25) emphasize the complementary role of both top – down and bottom – up communication in engaging communities in building local wisdom, in expanding horizontal communication (i.e, “communication that occurs between individuals operating at the same level”) and through increase access to media.

At the heart of the CFSC approach is a process of community dialogue and collective action through which the community itself identifies priorities, develops a vision and plan action, and mobilizes internal and external resources to carry it out. Whenever a community goes through this process, changes in both individual outcomes (such as increased knowledge and healthier behaviour) as well as social outcomes (such as strengthened community leadership, broader participation, and social cohesion) are expected to occur (Barungi, 2007:16). This model can be used to describe and explain why most community efforts at mitigating the HIV/AIDS pandemic are successful or unsuccessful, and it can also be used to increase the likelihood that community action will be successful.

Social Learning theory focuses on the learning that occurs within a social context. It considers that people learn from one another, including such concepts as observational learning, imitation and modelling. Among others, Albert Bandura (1970s) is considered the leading proponent of this theory.

The foundation of social learning theory (also called Cognitive or Observational learning theory) is the belief that people learn to act by observing the actions of others, observing what happens as a result of those actions, evaluating the results in relation to their own lives, and then rehearsing and attempting to reproduce those actions themselves.

The most common application of social learning in health communication is the use of role models (e.g. Celebrities, authority, figures) for the delivery of programme messages. Programme planners and researchers use social learning theory to guide programme decision making in several ways. For instance, the theoretical framework helps to pinpoint what types of messages will be most compelling.

**The Extended Parallel Process Model:** In 1992, Kim Witte introduced a new theory called Extended Parallel Process Model (EPPM). In her paper, “Putting the Fear Back into Fear Appeals” The Extended Parallel Process Model, Witte (1992) believed that the role of fear as a motivator had become de-emphasized in the theories proposed following Janis’ initial research.

The Extended Parallel Process Model (EPPM) seeks to explain when and why fear appeals work and when they fail. It is based on the idea that in order to motivate people to take action to protect their health, messages must accomplish two tasks. First, people must be made to feel that the threat posed by the health problem is real and serious. In other words, both perceived susceptibility and perceived severity of the threat must be high. This is the part of the theory that addresses the fear component. Second, once people are in a heightened state of awareness because of the fear, they must believe that they have the capability to take action that will avert the threat. At this stage, people’s confidence in their ability to act (i.e., their self-efficacy and their belief about the effectiveness of the act (i.e., the response efficacy) must both be high. This is the part of the theory that addresses the efficacy component.

The theory further states that the combination of high fear and low efficacy can be counterproductive; if people’s fear levels have been aroused and then they are led to believe that there is nothing they can do, then they will avoid dealing with the issue altogether. This is known as “fear-control strategy”, which people use to manage heightened levels of negative emotions like anxiety. If however, high levels of fears are combined with levels of efficacy, then people invoke a “danger-control strategy”, which prompts them to take meaningful steps that will minimize the threat including taking precautions or preventive measures.

## Research Methodology

### Research Design

The research design chosen for this study was descriptive survey. This research design helps researcher to study the characteristics of a sample through questioning that helps a researcher to make generation concerning its population of interest. In related manner, survey measures many variable, test multiple hypotheses, and infer temporal order from questions about past behaviours, experiences or characteristics.

### Population of Study

The population of study for this work covers all those who had been tested for HIV/AIDS and proved positive and are currently undergoing monitoring at the various antiretroviral therapy centres within Kogi State, North Central Nigeria. Available records showed that there are nine (9) ART centres across the length and breadth of the state. That is, from Kogi East, central and West. These may appear grossly inadequate but available data have shown that very negligible numbers of these patients attended their monthly monitoring, evaluation and counselling. The medical records indicated that 1,930 clients attended ART clinics. This population basically is the target of this study. The sampling technique adopted for this study was purposive sampling.

### Sample Size

The total population for this study was 1,930. This covered all those who were confirmed to be positive at the ART hospitals in the state. This figure given above was the total number of patients found at the nine designated hospitals across the three senatorial districts in Kogi State. The researcher therefore carried out total enumeration on the population.

### Instruments of Data Gathering

The instruments used in data gathering were questionnaires and in-depth interview guide.

The administration of questionnaires was done by nine (9) research assistants who are health workers within those hospitals along with the researcher. This was done because the population involved was quite large and there are many languages spoken within Kogi state. As a result of this language difficulty and wide areas this study covered, the selection of the nine (9) research assistants to work with the researcher became inevitable.

Frequency distribution tables and simple percentages were used in analysing the data obtained through the use of questionnaires

### Data Presentation, Analysis and Discussion of Findings

The data obtained in the course of this study through the instruments of questionnaire and in-depth interview guide are presented on the tables of analyses below:

The items on tables 1.1 to 1.6 are basically personal information which is very relevant to this study. The responses obtained from the respondents on the second set of questionnaire items are summarised on the second set that is from tables 2.1-15 below:

Table	Variable	Category	Frequency	Percentage
1.1	Sex	Male	610	31.77
		Female	1,310	68.23
	<b>Total</b>		<b>1920</b>	<b>100</b>
1.2	Age	15-25	740	38.54
		26-35	725	37.76
		36-45	330	17.19
		46 & above	115	5.99
	<b>Total</b>		<b>1920</b>	<b>100</b>
1.3	Socio-Economic Status	High	350	18.23
		Middle	300	15.63
		Low	620	32.29
		Zero	640	33.33
	<b>Total</b>		<b>1920</b>	<b>100</b>
1.4	Educational Attainment	Ph. D/M. Sc	290	15.10
		B.A/B. Sc	600	31.25
		HND	400	20.83
		SSCE/NECO	600	31.25
		No formal education	20	1.04
	<b>Total</b>		<b>1920</b>	<b>100</b>
1.5	Means of Livelihood	Office Work	790	41.15
		Business	790	41.15
		Farming	10	0.52
		Petty-trading	20	1.04
		Others	300	15.63
	<b>Total</b>		<b>1920</b>	<b>100</b>
1.6	Annual Income Level	1,500,000.00 & above	350	18.23
		850,000.00 & above	300	15.63
		250,000.00 & above	620	32.29
		18,000.00 & above	650	33.85
	<b>Total</b>		<b>1920</b>	<b>100</b>

Source: Field Survey, 2012.

Table 1.1 above showed the demographic information of the respondents. The data showed on the table

revealed the females have higher percentage in terms of number in the ART centres in the state. Out of the total population of 1,920 respondents, 1,310 of them representing 68.28% are females while 610 respondents representing 31.77% are males. Both sexes are involved.

Data on table 1.2 above showed overwhelming involvement of those between the ages of 15-25 years having 38.54%, 26-35 years have 37.76% (36-45 years) respectively. If put together, it gives you total aggregate of 76.30% of those infected with the Viruses, while those within the ages-36-45 and 46 above are barely 23.70%. That is, those between the ages 36-45 are 17.19% (330) while those within 46 years and above are 5.99% (115). Those data express high vulnerability of those within the ages 15-45. This result portends bad omen for the labour forces and its attendant economic consequences for future of the country. The prevalence among the working class presents a worrisome scenario in Kogi State.

In like manner, indicators on table 1.3 showed that among various working classes and other occupations shown on the table of analysis, that those who fall within low and zero social economic status are more affected than those of high and middle classes. The table further revealed that 350 respondents representing 18.23% belong to high class and 300 respondents, representing 15.63% were within middle class. In the same vein, those with low and zero social economic status constituted high percentages of 32.29% and 33.33% respectively. In this case, the prevalent rate of infections is much higher with low and zero income earners.

Table 1.4 above shows educational attainments of the respondents. The information available on the table shows that those who possess BA/B.Sc and SSCE/NECO have a high population of 600 (31.25%) each, indicating that they are the dominant groups. Closely followed by those two sets, are those with HND and MA/M.Sc/Ph.D groups. While HND has 400 respondents representing 20.83%, the M.Sc / Ph.D have 290(15.10%) respondents.

The last in the series are those with little or no formal education who constitute just 1.04% (20) of the total respondents. The literacy level of the respondents as made available on the table of analysis is above 98%. That is, judging from those who obtained NECO/SSCE to BA/HND to M.Sc/Ph.D. This particular information about the respondents is very crucial to the researcher, especially that the study is evaluating the level of information access, knowledge acquisition and application for behavioural change.

Table 1.5 above indicates that those working in offices and business constitute 41.15% (790) each, that is, workers and business tycoons. This is closely followed by the respondents who are not farmers, petty-traders, workers or business tycoon, but engaged in other activities not specified. This 'others' are 300(15.63%) respondents. Petty-trading has 20(1.04%) respondents, while the farmers have 10(0.52%) respondents. One important feature of the respondents here is that, 82.30% (1,580) of those in ART centres are either civil servants or business men and women. This information eliminates the possibility of poverty or lack of care as often insinuated as one of the causes of people's resistance to call for total abstinence. Another interesting feature noticed in the data analyzed here is that of low prevalent rate among farmers and petty-traders that have 0.52% and 1.04% respectively. Again, one surprising feature is that of 'others' which is next to the workers and business men/women. This group (others) constitutes 15.63% (300) of the respondents at the ART centres. The inference one can make about the entire incident of HIV/AIDS is that, nature and exposure to life generally may be a serious factor.

Furthermore, table 1.6 above shows distribution of incomes among different categories of the respondents whose opinions are sampled. From the table of analysis above, the researcher discovers that those whose income levels are within the range of 18,000 and above to 250,000-849,000 constitute 66.14% (1,270), while those within the range of 850,000 and above to 1, 500,000 and above constitute 33.86% (650). This further reveals that the lower income earners ranked higher than the higher income earners. Table 2.1 and 2.2 ascertain the listenership view of the respondents and their choice of channels.

Tables 2.1 and 2.2; Responses of the Respondents

Table	Variable	Category	Frequency	Percentage
2.1	Do you listen to HIV/AIDS campaigns in the state	Yes	1,100	57.30
		No	820	42.70
		Total	1,920	100
2.2	Which channels do you listen to the programme	Churches/Mosques	520	27.08
		Radio	550	28.65
		Television	400	20.83
		Billboards	200	10.42
		Handbills	150	7.80
	<b>Total</b>		<b>1,920</b>	<b>100</b>

Source: Field Survey, 2012.

Table 2.1 above seeks to know the listenership of the respondents. The responses indicate that

1,100(57.30%) listen to HIV/AIDS campaigns in the state, while 42.70% (820) say they have not listen to the campaigns. The inference the researcher can make from on the table is that, the awareness level of the respondent knowledge of HIV/AIDS is high to warrant quantum change of behaviour. On the other, they were not aware constituted a fairly high population of 42.70% average. The deduction the researcher can make from this disparity judging from prevailing situation at various ART centres in Kogichurches and television appear to be most preferred.

**Table 3:** Sought to Know How Often They Hear/Listen to HIV/AIDS Campaigns

Variable	Category	Frequency	Percentage
How often do you hear /listen to HV/AIDS Campaigns	Very often	350	18.23
	Often	600	31.25
	Rarely	400	20.83
	Not at all	570	29.69
<b>Total</b>		<b>1,920</b>	<b>100</b>

Source: Field Survey, 2012.

The responses on table 3 above show that 18.23% (350) said they listened to the campaigns very often, 31.25% (600) listened often, while 20.83% (400) and 29.69% (570) of the respondents said they rarely and never listened to the campaigns at all. Campaigns in the context which it is implied here means being exposed to HIV/AIDS Messages. It is not possible not to have been exposed to HIV/AIDS Messages at various designated hospitals where antiretroviral drugs are administered. The exceptions are cases of hearing impairments; use of languages other than the ones certain clients are used to; and lastly, inability of the clients to come to the hospitals on time during meetings. These are reasons why one can claim non-exposure to HIV/AIDS campaigns. Worthy of note too in these data is that 49.48% are exposed to the messages. 29.69% who responded not being exposed to the messages may have resolved not to listen to the messages otherwise there is a provision for counselling twice monthly at various ART centres in the state.

**Table 4:** Probes to know the Preferred Channels

Variable	Category	Frequency	Percentage
Which of the channels do you prefer to listen to	TV	1,300	67.71
	Radio	300	15.63
	Churches/Mosques	250	13.02
	Billboards	20	1.04
	Handbills	50	2.60
<b>Total</b>		<b>1,920</b>	<b>100</b>

Source: Field Survey, 2012.

The data gathered above show that television is a preferred channel among others. Out of the total population of 1,920 respondents, 1,300(67.71%) preferred to listen to television. Next to TV on the table of analysis, is radio that has 300(15.63%) respondents, while churches/mosques have 250 respondents representing 13.02%. on the other hand, billboards and handbills have 20(1.04%) and 50(2.60%) respondents respectively. One serious feature of these respondents is that, they have preference for one medium of communication or the other. From the diverse views expressed above, it is obvious that Media Mix approach would be necessary in the coverage of HIV/AIDS campaigns in order to meet diverse needs of their patients.

**Table 5:** Reasons for Preferred Channels

Variable	Category	Frequency	Percentage
Please state or explain reason for their preferred channels or why you prefer to listen to those channels	Because you can see the actions	1,300	67.71
	Its convenience	300	15.63
	Confidence of the speaker	250	13.02
	Its portrayals	50	2.60
	You can read it and visit again and again for understanding	20	1.04
<b>Total</b>		<b>1,920</b>	<b>100</b>

Source: Field Survey, 2012.

The responses on table 5 above show reasons advanced by the respondents for their preferences for the channels where they heard the campaigns. In their responses, 1,300(67.71%) said they prefer TV because they can see the actions; 300(15.63%) respondents also vouched for radio because of its convenience; 250(13.02%) of the respondents prefer churches/mosques because of the trust and confidence they have on the speaker, while

50(2.60%) and 20(1.04%) respondents prefer billboards and handbills respectively because of its portrayals and its quality (be in permanent state) of being read again and again for better understanding.

Rating of the appropriateness of the channels of communication; the data available on the same table 5 showed that those who said the channels of communication of HIV/AIDS were excellent, 250(13.02%); good were 270(14.06%); average was 400(20.83%); Fair was 400(20.83%) poor was also 400(20.83%), while none of the options above has 200(10.04%) respondents. The data further revealed that the responses between 'excellent and good' constituted 27.08% while 'average, fair and poor' on the aggregate formed 80.49% of the total responses obtained. Those who were indifferent in the rating formed 10.04%. This on the average indicates that the channels of communication used were appropriate.

**Table 6:**Medium of Language Employed in the Campaigns

Variable	Category	Frequency	Percentage
Which of the languages have you heard of HIV/AIDS Campaigns in kogi state	Standard English language	550	28.65
	Pigin English	250	13.02
	Yoruba Language	200	10.42
	Igala Language	200	10.42
	Ebira Language	150	7.82
	Others (specify)	520	27.00
Total		1,920	100

Source: Field Survey, 2012.

This questionnaire item in table 6 seeks to know the medium of language employed for campaigns.

The data on the above table show that those who hear the campaigns in Standard English constitute 28.65% (550) of the total respondents, while Pidgin English-a sub-standard of English has 13.02% (250). Other Indigenous Languages like Igala, Yoruba, and Ebira constitute 10.42% (200) each. Other Languages not specified have 27.00% (520). The general deduction one can make from this analysis is that; various languages are used in attempt to reach their clients. What may have accounted for the differences in response rate could be number of times that a particular Language is used and secondly, the possibility of one understanding more than two Languages in the state in addition to English Language which is the official language in Nigeria.

**Table 7:**Suitability of the Medium of Language Employed for Campaigns

Variable	Category	Frequency	Percentage
How suitable was the Medium of languages Employed in the campaigns against high-risk behaviour	Very Suitable	220	11.45
	Suitable	500	26.04
	Not Suitable	500	26.04
	Indifference	700	36.46
Total		1,920	100

Source: Field Survey, 2012.

The data analyzed on the above table showed that those who agreed that the languages employed in the campaigns against high-risk behaviour constituted 11.45% (220) of the respondents; 26.04% (500) of the respondents said it was suitable; another 26.04% (500) of the respondents said it was not suitable, while 36.46% (700) were indifferent to the whole argument. From the analysis above, if we add the responses of those who said the languages employed were 'very suitable' to 'suitable' (37.49%), they are less than the responses of those who were 'indifferent' and 'not suitable' which constituted 62.10% of the total respondents. Again, it is also very difficult to find out here where those who are indifferent in their responses actually belong.

**Table 8:** Rating of the effectiveness of the medium of languages employed for campaigns.

Variable	Category	Frequency	Percentage
How would you rate The effectiveness of the medium of language employed in disseminating HIV/AIDS messages To its target population	Very effective	220	11.45
	Effective	500	26.04
	Not effective	480	25.00
	No idea	720	37.50
Total		1,920	100

Source: Field Survey, 2012.

The data analyzed on the table above indicates that 11.45% (220) of the respondents say the medium of language employed in disseminating HIV/AIDS Messages to its target population is 'very effective'; 26.04% (500) say is 'effective' meanwhile, 25.00% (480) say is 'not effective', while 37.50% (720) of the respondents say 'no idea'. From the table of analysis here, one can say that 37.49% of the responses obtained between 'very effective' and 'effective' are a good indication that the medium of language employed in disseminating



HIV/AIDS Messages is fair. 'No idea' responses which represent 37.50% (720) can either support outright 'not effective' or outright effective or very effective as the case maybe. And 'no idea' responses can stem from lack of understanding of the information needed from the respondents.

**Table 9:** Impact of Pattern of Information Flow of Reception of Campaigns

Variable	Category	Frequency	Percentage
To what extent has Pattern of information flow Hampered the reception of the message	To a very great extent	680	35.42
	To a great extent	700	36.46
	To a little extent	300	15.63
	To no extent	240	12.50
Total		1,920	100

Source: Field Survey, 2012.

The above table shows to what extent information flow has hampered the message reception. The data analyzed show that 35.42% (680) of the respondents say the pattern of information flow to a very great extent hampered reception of message; 36.46% (700) of the respondents say to a great extent; 15.635 (300) say to a little extent, while 12.50% (240) say to no extent. The responses between 'to a very great extents' and 'to a great extent' constitute 71.88% (1,380) of the total response rate indicating that to a great extent, pattern of information flow can hamper message reception.

**Table 10:** The Content of the Messages of Behaviour Change Campaigns

Variable	Category	Frequency	Percentage
Do you believe that the content of the messages of behaviour change campaigns against high-risk behaviour has any influence on you	Yes	1,250	65.10
	No	670	34.90
<b>Total</b>		<b>1,920</b>	<b>100</b>

Source: Field Survey, 2012.

These responses on table 10 above require definite answer of yes or no. From the responses obtained here, 65.10% (1,250) of the respondents say that the campaigns have influence on changing high-risk behaviour, while 34.90 % (670) say it has no influence on high-risk behaviour.

In a follow up question on the table 10 which seeks to know if the contents of behaviour change campaigns are adequate to warrant change of high-risk behaviour positively, the responses indicate that those who say 'yes' are 40.10% (772), while those who say 'no' constitute 59.90% (1,150) of the total respondents. This responses show that there are other factors other than the contents of the message that can change the behaviour of the clients.

**Table11:** Preferred Communication Context for HIV/AIDS Campaigns

Variable	Category	Frequency	Percentage
Which of these communication contexts would you prefer for dissemination of HIV/AIDS messages	Interpersonal communication	850	44.27
	Mass communication	500	26.04
	Small group communication	50	2.61
	Public communication	250	13.02
	Others (churches/mosques)	270	14.06
Total		1,920	100

Source: Field Survey

The above data analyzed on table11, indicate that the respondents prefer interpersonal communication context in the dissemination of HIV/AIDS messages to the clients instead of mass communication; small group communication; public communication and others, like churches/mosques. These data further reveal that 850 respondents representing 44.27% vouched for interpersonal communication, 500(26.04%) respondents prefer mass communication, while 250(13.02%) and 270(14.06%) respondents show their preference for public communication and churches/mosques respectively. Only 2.61% (50) of the respondents vouched for small group communication. From these responses, Media Mix approach can produce a good result in this case.

**Table 12:** Determining Channels for Accessing Information

Variable	Category	Frequency	Percentage
Channels of campaigns for behavioural change communication determine accessibility of the messages to the target population	Strongly agree	1300	67.71
	Agree	370	19.27
	Strongly disagree	150	7.81
	Disagree	100	5.21

The data on the above table showed that channels for behavioural change campaigns determine

accessibility to the target population. The data on the above table revealed that 67.71% strongly agree that it did guarantee access to the target population while 19.27% agreed, 7.81% strongly disagreed, as only 5.21% disagreed.

**Table13:**Determining the Imports ofthe Medium ofLanguage on the Target Population

Variable	Category	Frequency	Percentage
Medium of language employed inthe campaigns for HIV/AIDS programmes determines the imports of the messages on the target population	Strongly agree	1400	72.92
	Agree	250	13.02
	Strongly disagree	70	3.65
	Disagree	200	10.41

The data on the above table showed that the medium of language employed in HIV/AIDS campaigns programmes has impact on the target population. The available data on the above table indicated that those strongly agreed to this view were 1400 respondents representing 72.92% while those who agree were 250 respondents representing 13.02%. Meanwhile those who strongly disagree with the view and disagree have 3.65% and 10.41% respectively. From the measurement on the table it can be summarised that the medium of language employed in reaching out to your target audience helps in eliciting appropriate response or feedback from such target group.

**Table 14:** impediments to HIV/AIDS behavioural change campaigns

Variable	Category	Frequency	Percentage
State major impediments to HIV/AIDS behavioural change campaigns	Paucity of information	400	20.83
	Stigmatization of victims	500	26.04
	Ignorance	300	15.60
	Low level of education	400	20.83
	Illiteracy	320	16.70
<b>Total</b>		<b>1,920</b>	<b>100</b>

Source: Field Survey, 2012.

From the table of analysis above, the following responses are what the respondents say are the major impediments to behaviour change campaigns; those who say ‘paucity of information’ constitute 400(20.83%) of the total population of the respondents; others who say ‘stigmatization of victims’ also form 26.04% (500) of the respondents; 15.60% (300) of the respondents blame it on ‘ignorance’ while 20.83% (400) of the respondents also blame it on ‘low level of education’, 16.70% (320) of the respondents say it is ‘illiteracy’ that causes lack of behaviour change on the part of the clients.

**Table 15:**Rating of the Awareness Level of HIV/AIDS Patients

Variable	Category	Frequency	Percentage
How would you rate your own awareness level of HIV/AIDS pandemic in the state	Very high	950	49.48
	High	600	31.25
	Average	200	10.42
	Fair	100	5.21
	Poor	70	3.65
<b>Total</b>		<b>1,920</b>	<b>100</b>

Source: Field Survey, 2012

The data on the above table indicate that the awareness level of the HIV/AIDS Patients in the state is high. This is represented by their responses on the table above thus; 49.48% (950) of the total respondents agree that their awareness levels are ‘very high’, 31.25% (600) say too that their awareness is ‘high’ while 10.42% (200) affirm their awareness is average; 5.21% (100) and 3.65% (70) representing fair and poor awareness respectively disagree that the awareness levels are below standard. The responses between ‘very high’ and ‘high’ which constitute 80.83% (1,500) of the total responses are clear testimonies that the awareness level of HIV/AIDS Patients are high. Only 8.86% (170) say that their awareness levels are poor and fair. This is extremely too low a response.

**Table 16:** Solution to Wide Spread of HIV/AIDS Infections in Kogi State

Variable	Category	Frequency	Percentage
What are your solutions to wide spread of HIV/AIDS infections in Kogi State	Total abstinence	600	31.25
	Use of condoms	1000	52.08
	Know your HIV status	300	15.63
	Care for those infected with the virus	20	1.04
<b>Total</b>		<b>1,920</b>	<b>100</b>

Source: Field Survey, 2012.

The above data shown in the estimation of the respondents gave some of the solutions to widespread of HIV/AIDS in the State. 52.08% (1000) prescribe the use of condoms as a way of reducing the spread of the virus; 31.25% (600) of the respondents also recommend total abstinence; while 15.63% (300) of the respondents say people should know their HIV status. The last but not the least is the recommendation that those infected with virus should be cared for. This view is represented by 1.04% (20) of the total population whose opinions are sampled here. Those who are yet to contract the virus will be saved if those who have contracted the virus play safe.

### Conclusion

Previous researches and workshops, have shown “HIV /AIDS is a disease of ignorance and intolerance”. (Population Report; 1989; 1). The workshop participants also recognised communication programming as a crucial factor in the implementation of the UNAIDS priority areas, including greater involvement of people living with AIDS (GIPA) which is an essential communication tool for community mobilization and advocacy.

The outcome of this study has shown that those living with HIV /AIDS are much more informed about the epidemic than those who are yet to be tested for the Virus? The health workers/counsellors at various ART centres have passed adequate information or imparted adequate information to HIV/AIDS Patients so much that what hitherto was their source of health concern turned to hope; making them living more healthier.

It is discovered in the course of this study that effective communication to the HIV/AIDS patients would solve the problem of ignorance and intolerance. Once more, care for the patients also solves problem of stigmatization and rekindle hope of survival and living.

### Recommendations

This study has shown that communication plays a vital role in attitude change, formation and reformation. Therefore, the channels through which this information is passed to the target audience should be properly scrutinized and the content of the message too, properly vetted. The import of such message plays a vital role in the consciousness of the target audience.

From the analysis of the data collected, it was discovered that pattern of communication flows to the patients especially HIV/AIDS was effective. This same mode of communication flow cannot be said to be effective for the general public as it worked for a controlled group like the ones under investigation.

Kogi State Action on AIDS should develop strategic action plan on each problem area and set its agenda for implementations. For example, the government can develop strategic planning solely for “transmission from mother to child, Home-based care” etc and develop a concrete communication framework for executing these plans shown above. This will provide adequate information on specific problem area and solution to those in that area of need. This is a complete departure from developing general radio jingles and billboards for different problem areas. This will not be effective and workable as well.

Finally, Kogi State Government should partner with NGOS in the state to promote information that would lead people to where they will be tested and counselled.

Most states, in Nigeria have designated hospitals for this. This involves use of various communication contexts such as interpersonal communication, group communication and mass communication. Various media channels should be used to mobilize people to know their HIV status. Adhering to the above recommendations will no doubt bring about a change in risk behaviour.

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Appendix I  
 Appendix I Questionnaire

Table and Responses

FIGURES	QUESTIONS	RESPONSE	%	RESPONSE	%	RESPONSE	%	RESPONSE	%	%	Ng Respondents of
1	How would you rate the medium of communication between you and health workers?	Excellent 33	15.1	Good 150	68.8	Fair 25	11.5	Poor 10	4.6	100	218
2	How would you rate the relationship between you and health workers?	Very Cordial 151	69.3	Cordial 34	15.6	Not Cordial 33	15.1			100	218
3	How often do you come for counselling in a month?	Twice 200	91.7	Once 10	4.6	Four Times 8	3.7	Not at All 0	0	100	218
4	How consistent are messages disseminated compared to the ones outside ART centres?	Very Consistent 120	55.0	Consistent 40	18.3	Not Consistent 55	16.1	Indifference 23	10.6	100	218
5	How effective is the counsellor's choice of words in their interactions with patients?	Very Appropriate 180	82.6	Appropriate 20	9.2	Inappropriate 18	8.3			100	218
6	How would you rate the focus of the message of change communication to HIV/AIDS patients?	Very Effective 100	45.9	Effective 100	45.9	Ineffective 18	8.3			100	218
7	If the message does, does it lead to a change of risk behaviour?	Yes 200	91.7	No 18	8.3					100	218
8	To what extent can you say that behaviour change communication has changed risk behaviour?	To a Very Great Extent 120	55.0	To a Great Extent 80	36.7	To a Little Extent 10	4.6	To No Extent 8	3.7	100	218
9	Does pattern of communication flow any impact on changing risk behaviour?	Yes 200	91.7	No 18	8.3					100	218
10	What is the negative impact of communication flow on behaviour change communication recipients?	Very Consistency in Message 100	45.9	Consistency in Message 50	22.9	Inconsistency in Message 50	22.9	None of the Above 18	8.3	100	218
11	Which of these communication flows is most appropriate to the risky group?	Top - Down Communication 50	22.9	Bottom - Up Communication 50	22.9	Horizontal Communication 58	26.6	Both Top - Down and Bottom - Up Communications 60	27.5	100	218
12	Which of these communication contexts would you prefer to get your information on HIV/AIDS from?	Interpersonal Communication Context 50	22.9	Mass communication (Print/Electronic Media) 60	27.5	Bill boards 8	3.7	a and b 100	45.9	100	218