

Influence of HIV/AIDS Campaigns on the Sexual Behaviour of Students of Kogi State University, Anyigba

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Abstract

The paper examines the influence of HIV/ AIDS media campaigns on the sexual behaviour of Kogi State University Students. Survey research method was adopted while questionnaire was used as an instrument of data collection. Findings show that the students of Kogi State University are exposed to the campaigns on HIV/AIDS on a regular basis. Findings also reveal that the media have been very effective in their campaigns against HIV/AIDS and that the messages on HIV/AIDS have been able to give adequate information on the dangers of unprotected sex. The study concludes that the media have given enough attention to the issue of HIV/AIDS campaigns, but the extent to which the campaigns influence the sexual behaviour of the students is low. The paper, among, others, therefore, recommends that the mass media should use behavioural change communication in their campaigns against HIV/AIDS.

Keywords: Influence, HIV/AIDS, campaigns, sexual behaviour, students

Introduction

Human immune deficiency virus (HIV) is a viral infection that may or may not result in Acquired Immune Deficiency Syndrome (AIDS), depending on the management of the infected person (Tinuola, 2011). HIV/AIDS is the killer in our day, especially of our youths. HIV/AIDS has become one of the most devastating diseases humanity has ever faced; it has become a major public health concern with about half of new infections occurring in young people (Durojaiye, 2011, cited in Asemah, Edegoh and Nwammuo, 2013). Durojaiye (2011), cited in Asemah, Edegoh and Nwammuo, 2013) further contends that sexual behaviour change remains the most effective way of preventing transmission. HIV/AIDS is a global pandemic which is ravaging the lives of many people. The disease affects the white and the black, the rich and the poor, the aged, as well as, the young, the educated and the illiterate. Indeed, all nations of the world are groaning under the excruciating burden of HIV/AIDS. Acquired Immune Deficiency Syndrome (AIDS) is a disease of human immune system. It is caused by the Human Immunodeficiency Virus (HIV), which attacks the white blood cell and destroys the body's ability to fight infection (Asemah, Edegoh and Nwammuo, 2013). Improving HIV/AIDS prevention efforts, especially those focused on young people, is a key challenge in the fight against the pandemic. The great public health challenge of our generation is HIV/AIDS. It has prompted an unprecedented response from governments, international organisations and the private sector. Yet even as more attention and resources are being directed at prevention and treatment programmes, need continues to exceed the efforts being made (James, Hoff, Davis and Graham, n.d). The incidence of HIV/AIDS in Nigeria has been high and the discovery of HIV/AIDS generally has been on the increase, especially in the last few years. Traditionally, HIV/AIDS is caused by so many things, ranging from using unsterilised materials, unscreened blood transfusion, unsafe sexual intercourse, etc. The issue of HIV/AIDS eradication is the major topic in Nigeria almost every day (Laittosproject, 2013).

The disease alters human immune system, making people much more vulnerable to infections and disease. This susceptibility worsens as the disease progresses (Medical News Today, 2013, cited in Edegoh, Asemah and Ude-Apeh, 2013). The major difference between HIV and AIDS is that HIV is the

virus which attacks the T-cells in the immune system while AIDS is the syndrome which appears in advanced stages of HIV infection. HIV is a virus while AIDS is a medical condition (Nordqvist, 2012, cited in Edegoh, Asemah and Ude-Apeh, 2013). Global HIV burden stood at 27 million people in 2010 while in 2012, it was reported that over 34 million people were infected with the virus, including millions who have developed AIDS. In Nigeria, as well as other developing nations of Africa and the world at large, the story is more pathetic. With 3.4 million Nigerians living with HIV/AIDS, Nigeria has become the second largest country where the disease has afflicted so many people (NACA, 2013).

In the absence of a vaccine for therapeutic cure, education through effective interpersonal and mass communication strategies is a social vaccine against HIV/AIDS prevention (Population Report, 1989, cited in **Ahmad, 2009**). Although, the human Immunodeficiency Virus (HIV) has been identified as the etiological agent causing AIDS, transmission of this virus depends largely on human behaviour related to sexuality and drug use. Communication can play a significant role in preventing high risk behaviour and creating awareness among target population (**Ahmad, 2009**). Edegoh, Asemah and Ude-Akpeh (2013) notes that the media of communication through which these campaigns on HIV/AIDS are made available to the audience include the print media of newspapers, magazines and the electronic media of radio, television (to name a few). These mass media channels disseminate campaign programmes to make the audiences have balanced knowledge of the scourge especially on how they could stay protected from the disease. The media are known to be the most effective means of combating the disease by the instrumentality of campaign structure to establish a relative influence; this is the quickest means of eradicating the HIV/AIDS menace, as well as, restructuring the attitude of the masses through suggested ways like: the use of condoms, sticking to one partner and avoiding casual sex. The mass media, according to Asemah (2009, p. 37), whether electronic or print, often set agenda for the public to follow; they monitor trends and events in our society and raise their agenda based on what they have monitored. It is only when individuals are aware of an issue that they get concerned about it (Asemah, 2009, p. 38). This, therefore, implies that, through the mass media, HIV/AIDS awareness could be brought to the door steps of the target audience. Furthermore, the mass media constitute a formidable force in the HIV/AIDS prevention and control efforts in Nigeria. Information through the mass media is the powerful tool used in combating HIV/AIDS in absence of a known cure for the deadly disease, because the mass media are obliged to provide information for adequate enlightenment of the people on health related issues in the health sector, which leads us to the fact that knowledge comes from information gathering, that entails effective communication.

The media generally have been at the centre stage and have played a central role in the fight against HIV/AIDS. Organisations that are involved in the fight against the scourge use the print media; namely: newspapers, magazines and other printed materials as well as the electronic media of radio and television to ferret their messages to the people. Specifically, television has been used to advantage by HIV/AIDS campaign planners in reaching out to the people particularly the most affected proportion of the population – the youths. Several television messages designed for the prevention and control of HIV/AIDS abound, namely: the ABC message (Abstinence, being faithful to a partner and use of condom), the zip up campaign, which advocates that youths should zip up and stay away from casual sex (or sex before marriage), *AIDS no day show for face*, a pidgin English programme/ad intended to reach the youths particularly the uneducated, and “the spread the news, not the virus” media campaign, to name a few (Asemah, Edegoh and Nwammuo, 2013).

Decades of studies on the consequences of mass media exposure demonstrate that effects are varied and reciprocal, the media impact audiences and audiences also impact media by the intensity and frequency of their usage. The results of mass media for promoting social change, especially in developing countries, have become important for public health. The broadcast media especially, are used to promote positive health behaviour in the audience. This enables the people, especially those in the rural areas to

get information and knowledge about diseases like HIV/AIDS, cholera, typhoid, malaria and other deadly diseases. The mass media generally have a great role to play in this wise (Asemah, 2012). Thus, this study investigates the attitudes of Kogi State University students toward HIV/AIDS media campaigns.

Statement of the Problem

The HIV/AIDS pandemic has been a major health hazard that has plagued the world at large, especially Africa, over the few last decades considering that a cure to AIDS has not yet been found. According to Sachs (2005), cited in Mankanchang (2010), the HIV/AIDS pandemic is one of the most ferociously contagious diseases in history. In the absence of pharmacological, immunological and medical interventions, the change in behaviour and attitude of the public may only be considered a possible way for the prevention and cure for HIV/AIDS (UNAIDS-WHO 1998, cited in Mankanchang, 2010). Although, the Human Immunodeficiency Virus (HIV) has been identified as the etiological agent causing AIDS, transmissions of this virus depends largely on human behaviour related to sexuality and drug use. Communication plays an important role in this process, because it disseminates information that may prevent risk behaviour and spread awareness, leading to the reduction of a social stigma. Communication is a very instrumental and fundamental aspect of human life that has played a great role in the process of development. According to Lull (2000, p. 10), cited in Mankanchang (2010), communication is the social nexus where interpersonal relations and technological innovation, political, economic incentives and socio-cultural ambitions, light entertainment and serious information, local environment and global influences, form and content, substance and style, all intersect, interact and influence each other. AIDS prevention programmes disseminated through media or community awareness campaigns are directed towards changing sexual practices and the use of intravenous needles.

HIV/AIDS is a behavioural problem and its transmission can be avoided if individuals adopt the necessarily behaviour that will prevent them from being exposed to risky situations. Despite the campaigns of the mass media through various channels of communication on HIV/AIDS, there are still a good number of people out there who engage in casual sex without the use of contraceptives or better still, abstaining from pre-marital sex completely. The main reason for the media campaign against HIV/AIDS is founded on the premise that since the disease cannot be eradicated, efforts should be made to discourage behaviour that could increase chances of infection and spread of the sickness. Risk factors that could guarantee greater chances of infection and spread have been identified to include: careless and casual sex with people whose HIV/AIDS status is unknown, as well as, engaging in promiscuous life style. Thus, the study investigates the influence of HIV/AIDS media campaigns on the sexual behaviour of Kogi State University Students.

Theoretical Construct and Review of Related Literature

The paper is anchored on health belief model, theory of reasoned action and AIDS risk reduction and management model. Health belief model explains health behaviour; it is a psychological model that attempts to explain and predict health behaviour. This is done by focusing on the attitudes and beliefs of individuals. The HBM was first developed in the 1950s by social psychologists, Hochbaum, Rosenstock and Kegels, working in the U.S. Public Health Services. The health belief model is based on value expectancy theory (Melkote and Steeves, 2001), which assumes that individuals will take preventive actions (risk-reduction behaviour) when they are susceptible to a disease (self-perception of risk) and acknowledge the consequences as severe; they believe that taking preventive actions will be beneficial in reducing the threat of contracting the disease. The model was developed in response to the failure of a free tuberculosis (TB) health screening programme. Since then, the HBM has been adapted to explore a variety of long and short-term health behaviour, including sexual risk behaviour and the transmission of HIV/AIDS. The HBM was spelled out in terms of four constructs, representing the perceived threat and net benefits: perceived susceptibility, perceived severity, perceived benefits and perceived barriers. These

concepts were proposed as accounting for people's readiness to act. An added concept, cues to action, would activate that readiness and stimulate overt behaviour. A recent addition to the HBM is the concept of self-efficacy or one's confidence in the ability to successfully perform an action. This concept was added by Rosenstock and others in 1988 to help the HBM better fit the challenges of changing habitual unhealthy behaviour, such as being sedentary, smoking or overeating. The theory is relevant to the study because it lays emphasis on how the media can be used to communicate health issues to the members of the public.

The theory of reasoned action (Ajzen and Fishbein, 1975) is an extension of HBM. This theory explains individual behaviour by examining attitudes, beliefs and behavioural intentions, as well as, observed and expressed acts. It is based on the idea that the most immediate determinant of a person's behaviour is his/her behavioural intention. One's actions can only be influenced by influencing one's intentions. Intention in turn, is a joint function on one's positive or negative feeling, leading to "perform or not to perform" that particular action. This theory highlights intentions by focusing on attitudes towards risk reduction, response to social norms and behavioural intentions vis-à-vis risky behaviour (UNAIDS, 1999, cited in Hanan, n.d). Thus, it is relevant to the study.

The AIDS risk reduction and management model was proposed by Catania 1990. This model combines elements from health belief model and social cognitive theory to describe the process through which individuals change their behaviour and it also explains why individuals fail to change their behaviour regarding AIDS prevention. The ARRM identifies three stages in behaviour change and management.

Stage one is labelling high-risk behaviour as problematic, which incorporates the notion of susceptibility from health belief model. This involves knowing which sexual activities are associated with HIV transmission, believing that one is personally susceptible to contracting HIV and believing that AIDS is undesirable.

Stage two is making a commitment to changing high-risk behaviour. This notion came from cognitive learning theory.

Stage three is seeking and enacting solutions that are taking steps to actually adopt the new behaviour than adhering to the previous one. This enactment is influenced by social norm and problem solving options and it may include seeking help (Melkote and Steeves, 2001. p. 134).

These stages provide useful diagnostic tool to determine at which stage a target group is situated and, therefore, the most appropriate intervention. Therefore, this model identifies target audience that needs information, as well, as points out that behaviour change may not be achieved in a one-shot campaign. Thus, the model is relevant to the study. Although, there have been theoretical debates on how and why mass media communications influence behaviour, there is considerable empirical evidence showing that the mass media can be used for attitude and behavioural changes associated with HIV/AIDS (Beneo, 2004, cited in Asemah, Edegoh and Nwammuo, 2013). Mass media HIV/AIDS campaigns, as noted by Mahre and Flora (2000) utilise multiple channels of delivery. Those that employ television media appear to be most cost-effective, as television broadcasts reach the majority of the population. Television campaigns usually yield the strongest impact in terms of HIV/AIDS awareness, transmission of knowledge, interpersonal communication and behavioural change, as opposed to campaigns, using other channels, such as radio or print media (Sood and Nambiar, 2006).

The HIV/AIDS pandemic has been among the most serious natural disasters in recent centuries. Adeyi, Kanki, Odutolu and Idoko (2006) contend that in the worst affected regions, notably Sub-Saharan Africa, this steadily progressing catastrophe threatens to become a calamity of cataclysmic proportions. The authors conducted a pilot study between 1990 and 1996 on "public awareness of HIV/AIDS through two newspapers that were widely read in Nigeria" and the study revealed that with increase in frequency of reports, newspapers could be used as one of the many tools to educate the Nigerian populace on

dangers of HIV/ AIDS. Ghosh and Bhatt (2006), cited in Komolafe-Opadeji and Odeku (n.d) observe that HIV is too complex and too multifaceted for any stakeholder or constituency to deal with.

The educational role of mass media, as noted by Bertrand, O' Realy, Denison, Anhang and Sweat (2006) as a whole is crucial, as HIV/AIDS communication is most often received from this channel, rather than from interpersonal sources. Moreover, there is evidence that mass media exposure may promote interpersonal communications about HIV/AIDS. Although, mass media campaigns have shown improvements in knowledge of HIV transmission, their implications for HIV-related discrimination are not well documented. This is unfortunate, since HIV/AIDS related stigma has been identified as a key barrier to fighting the epidemic. Using the media, therefore, becomes a powerful way of reaching large numbers of young people with HIV and AIDS information and prevention messages. However, measuring the extent to which media-based AIDS education reaches young people and the effect that it has is often difficult. As noted by Singh (2006), the task before visual and non-visual vehicles or media, besides creating awareness and providing knowledge base about HIV/AIDS, is also to remove the misconceptions about the transmission of the virus and the social ostracism of affected persons. Lack of information leads to denial and rejection of PLWHA at personal and societal levels as the mankind, at large have not yet realised that even they are carrying the risk of contracting HIV and thus, AIDS is not an issue for others. The media, as noted by Singh (2006) have the potential to create widespread awareness on HIV/AIDS, to promote the positive attitudes towards people living with HIV/AIDS and influencing people to change high risk behaviour that make them vulnerable to the infection. It has a pivotal role to play in a fight against AIDS. It is a well known saying that "education is the vaccine against AIDS." An effective media can raise the awareness level and can also bring about sustainable behaviour change, thereby reducing vulnerability to the virus. Thus, Asemah (2012) contends that mass media campaigns are widely used to expose high proportions of large populations to messages through routine uses of existing media, such as television, radio and newspapers. Communication, according to Sharma (n.d), cited in Asemah (2012) is at the heart of health care and health promotion. McIntyre (n.d), cited in Asemah (2012) notes that:

Given that many health decisions occur in places other than medical settings, it is imperative that people are provided access to accurate health information. Patients and health consumers have expressed greater desire for more health information, but are often unable to obtain the relevant materials. This has increased the salience of understanding the development of effective health communication practices. A variety of approaches are employed to find health information. Health orientated people, those engaged in healthy lifestyles, health issues and health information practices, are more likely to discern health information, even if it is unintended. People who pursue active health information strategies tend to have healthier outcomes than those using passive approaches.

The foregoing aptly captures the relevance of the media in health communication. Active involvement with communication is related to greater amounts of information processing and involvement, when an issue is positively associated with information-seeking related to that topic. According to Moynihan, cited in Asemah (2012), the news media are an important source of information about health and medical therapies and there is widespread interest in the quality of reporting.

The mass media have been used all around the world as tools in the combat against HIV/AIDS (Liskin, 1990; Myhre and Flora, 2000, cited in Asemah, Edegoh and Nwammuo, 2013). This perhaps, explains why Bessinger (2004), cited in Mankanchang (2010) contends that mass media campaigns play a central role among a range of interventions which influences behavioural change for the prevention of HIV and other STIs. Generally, information campaigns which delivers knowledge and awareness about HIV/AIDS usually aims at inducing knowledge that results to individual preventive behaviour because

information and knowledge alone are insufficient to eradicate new HIV/AIDS infections (Frolich and Vazquez- Alvarez 2009, cited in Mankanchang, 2010). Information campaigns are considered to be the most cost effective public response to reduce the number of new HIV infections amidst the absence of an effective vaccine to stop HIV/AIDS transmission and the very expensive medical treatment of HIV positive people (Frolich and Vazquez- Alvarez, 2009, cited in Mankanchang, 2010).

The primary aim of current mass education on HIV/AIDS is to reach those whose HIV status is negative to encourage them to retain this status; to support those whose status is positive to urge them to be careful so as not to spread the virus and to maintain hope through positive living and generally to educate society as a whole to develop sustainable structures that will contribute to the prevention and effective management of HIV/AIDS (Kiai, n.d). In communication, the focus has been on identifying methods of communicating messages on HIV/AIDS that will motivate individuals to change their attitudes and behaviour. Ways in which the media can support educational efforts on HIV/AIDS prevention present a vital question in these educational efforts (Kiai, n.d). The media have been viewed as being influential in building awareness across different sectors of society on HIV/AIDS and the importance of being careful in sexual behaviour and practices. While the media have been termed as having limited effects in attitude and behaviour change, there are experiences which have shown that their contribution can be invaluable and indeed highly powerful in determining behaviour change (Kiai, n.d). The main strength of the media has been viewed as that of agenda setting, meaning that the sustenance of a topic for long in the public forum will lead to extensive and hopefully intensive discussions that spur some action on a given topic. This strength has attracted enormous attention in Africa, partly given the need to democratise authoritative structures and to re- design society for effective development (Kiai, n.d). Media as noted by Asemah, Edegoh and Nwammuo (2013) are capable of performing the following roles in preventing HIV/AIDS:

- i. **A Channel for communication and Discussion:** One of the roles of Media is to open the channels for communication and foster discussions about HIV and interpersonal relations. Addressing HIV/AIDS in the entertainment programmes can have an enormous impact on the society at risk.
- ii. **A vehicle for Creating a supportive and enabling environment:** Mass media can be instrumental in breaking the silence that envelops the disease and in creating an encouraging behaviour for combating with existing social norms and making positive changes in the society.
- iii. **Facilitator for removing stigma and discrimination attached with the disease:** HIV/AIDS afflicted individuals, besides the anatomical discomforts undergo the mental suffering of stigma and discrimination at the hands of the society members. A number of media campaigns have focused on the need to overcome prejudice and encourage solidarity with people infected/affected by virus. World Health Organisation (WHO) has various extraordinary stories of HIV people who are not only fighting the virus, but are also playing an integral role in prevention of AIDS.
- iv. **A tool for creating a knowledge base for HIV/AIDS related services:** The collaborative efforts of all modes of media in association with NGOs, State organisations, service providers have brought to the lime light, the availability and source of beneficial services like counselling, testing and condom provisions, treatment and social care. The broadcasters and print media have a specific role to play as their efforts have tremendous recall value.

- v. **Education through entertainment:** For creating an efficacious awareness about HIV/AIDS, the messages need to be informative, educative as well as entertaining, as these are mutually exclusive.
- v. **Mainstreaming:** Broadcasters are mainstreaming the HIV issue across a number of programmes, ensuring that the message permeates a diverse range of output, not just outlets and public service messages dedicated specifically to the issue. The fact that the virus affects all sections of the society is reinforced in such a way that many people who might not pay attention to a traditional AIDS campaign or who do not choose to watch AIDS campaigns, are exposed to HIV/AIDS messages. A coordinated, multifaceted campaign has greater impact than a single programme.

Methodology

Survey research method was adopted while questionnaire was used as an instrument of data collection. The population of the research study constitutes the undergraduates students of Kogi State University, Anyigba. The total population of the student is 19, 984. Thus, the population of the study is 19, 984. The sample size for the study is 204. This was arrived at, using Taro Yamane sample size determination formula.

The sampling technique is the multi-stage sampling. This is a type of sampling that requires the researcher to choose his/her samples in stages until he gets the required sample. Firstly, the researcher purposively chose the students of mass communication, Theatre Arts and Sociology departments because they were considered to be in a better position to provide information on the subject matter. Secondly, the researcher stratified the students into two parts (male and female) in each of the three (3) departments. And in the three (3) departments, the researcher selected 82 females and 122 males. The simple random sampling was then used to select the two hundred and four respondents (204). The copies of questionnaire were personally administered to the respondents while the data from the questionnaire were analysed in frequency tables and simple percentages.

Data Presentation

Two hundred and four (204) copies of questionnaire were distributed to the students in the departments of sociology, theatre arts and mass communication. One hundred and eighty four (184) copies were retrieved and found useful. The presentation and analysis of the data was, therefore, based on the one hundred and eighty four copies (184) returned.

Table 1: Knowledge of the campaigns on HIV/AIDS

| Variables | Frequency | Percentages |
|------------------|------------------|--------------------|
| Yes | 178 | 97% |
| No | 6 | 3% |
| Total | 184 | 100% |

Out of the one hundred and eighty four respondents (184) that returned their copies of questionnaire, 178 respondents, representing 97% were aware of the campaigns carried out by the mass media and 6 respondents, representing 3% were of the opinion that they were not aware of any media campaign on HIV/AIDS. This shows that those who answered yes responded more. The implication, therefore, is that majority of the students are aware of the HIV/AIDS media campaigns

Table 2: Responses on the medium through which the respondents get information about HIV/AIDS

| Variables | Frequency | Percentages |
|------------------|------------------|--------------------|
| Radio | 66 | 36% |
| Television | 23 | 13% |
| Newspaper | 29 | 16% |
| Magazine | 20 | 10% |
| Social media | 46 | 25% |
| Total | 184 | 100% |

In the above table, 66 respondents, representing 36% get information about HIV/AIDS campaigns through the radio; 23 respondents, representing 13% said that they get the information on HIV/AIDS through television; 29 (16%) get the information through newspapers; 20 respondents (10%) get the information through magazines while the remaining 46 (25%) respondents get the information on social media.

Table 3: Responses on whether campaigns on HIV/AIDS have given adequate information on the dangers of unprotected sex

| Variables | Frequency | Percentages |
|------------------|------------------|--------------------|
| Yes | 170 | 92% |
| No | 14 | 8% |
| Total | 184 | 100% |

Out of the one hundred and eighty four (184) respondents, 170, representing 92% were of the opinion that the media campaign on HIV/AIDS have been able to give them adequate information on the dangers of unprotected sex while 14 respondents, representing 8% were of the opinion that the media campaigns on HIV/AIDS have not given them adequate information on HIV/AIDS. This, therefore, reveals that the media have been able to give adequate information on the dangers of unprotected sex to the respondents through their media messages.

Table 4: The media campaigns have positively influenced the sexual behaviour of the respondents

| Variables | Frequency | Percentages |
|------------------|------------------|--------------------|
| Strongly Agree | 88 | 48% |

| | | |
|-------------------|-----|------|
| Agree | 52 | 28% |
| Undecided | Nil | Nil% |
| Disagree | 15 | 8% |
| Strongly Disagree | 25 | 16% |
| Total | 184 | 100% |

Table 4 shows the information on whether HIV/AIDS media campaigns have positively influenced the sexual behaviour of the students. 88 (48%) strongly agreed; 52 (28%) agreed; none of the respondents ticked undecided; 15 (8%) disagreed while the remaining 25 (16%) strongly disagreed. This shows that the campaigns have positively influenced the sexual behaviour of the students.

Table 5: Responses on the extent to which the HIV/AIDS media campaigns positively influence the sexual behaviour of the students

| Variables | Frequency | Percentages |
|-------------------|-----------|-------------|
| Very Great Extent | 44 | 24% |
| Great Extent | 22 | 12% |
| Not at all | Nil | Nil% |
| Very Low Extent | 55 | 30% |
| Low Extent | 63 | 34% |
| Total | 184 | 100% |

Out of the one hundred and eighty (184) respondents that returned their questionnaire, 44 (24%) agreed that the influence was to a very great extent, 22 (12%) said that it was to a great extent, 55 (30%) said that it was to a very low extent while the remaining 63 (34%) said that it was to a low extent. Since the majority of the respondents agreed that it is to a very low extent and to a low extent (74%), it implies that the HIV/AIDS media campaigns have minimal effect on the sexual behaviour of the students of Kogi State University, Anyigba.

Table 6: Mass media campaigns must be combined with interpersonal communication to effectively influence the sexual behaviour of the respondents

| Variables | Frequency | Percentages |
|----------------|-----------|-------------|
| Strongly Agree | 101 | 55% |
| Agree | 83 | 45% |

| | | |
|-------------------|-----|------|
| Undecided | Nil | Nil% |
| Disagree | Nil | Nil% |
| Strongly Disagree | Nil | Nil% |
| Total | 184 | 100% |

Out of the one hundred and eighty four (184) respondents that returned their copies of questionnaire, 101 (55%) strongly agreed that media campaigns against HIV/AIDS must be combined with interpersonal media to effectively influence the audiences while 83 (45%) respondents agreed. None of the respondents, however, ticked undecided, disagreed and strongly disagreed. The implication of the finding is that both inter-personal, traditional and social media must be combined in the campaign against HIV/AIDS.

Discussion of Findings

The findings show that the respondents have knowledge of HIV/ AIDS. This is evident in the high number of respondents who said they have knowledge of HIV/ AIDS (97%). This shows that several mass media channels have been carrying out campaigns on HIV/AIDS. The mass media have very crucial role play in the dissemination of information concerning positive behavioural change to the members of the society. Mass media, as noted by Asemah (2011) are tools for the transfer of information, concepts and ideas, to both general and specific audiences. They are important tools in advancing public health goals. The mass media are capable of facilitating short-term, intermediate-term and long-term effects on audiences. Short-term objectives include exposing audiences to health concepts; creating awareness and knowledge; altering outdated or incorrect knowledge and enhancing audience recall of particular advertisements or public service announcements (PSAs), promotions or programme names. Intermediate-term objectives include, among others, changes in attitudes, behaviours and perceptions of social norms. Mass media perform three key functions: educating, shaping public relations and advocating for a particular policy or point of view. As education tools, media not only impart knowledge, but can be part of larger efforts- to promote actions, having social utility

Findings show that different mass media channels are used for disseminating information about HIV/AIDS disease to the members of the society. This is based on the responses of the respondents in table 2. The channels as gathered from the respondents are radio, television, newspapers, magazines and social media. Television as a medium of mass communication is audio-visual in nature while radio is audio in nature. Newspapers and magazines only appeal to the sense of vision. Social media are interactive media that can be used to convey information about the dangers of HIV/AIDS. Thus, Makichi and Rufurwadzo (2013) note that from some sectors of the community, use of social networks by teenagers is usually associated with naughtiness and actually calls for rebuke from parents, but from the true essence of it, the positives of social networks outweigh the negatives. Teenagers should grab the opportunity of social network availability in becoming responsible teenagers, rather than turning those sites to become love nests. There is no better way of educating teenagers than using social media for staging awareness campaigns considering the coming in of technological advancements.

Findings further show that the campaigns have given adequate information about the dangers of unprotected sex. This is evident in the highest number of respondents who ticked yes (97%). Findings also show that the HIV/AIDS media campaigns have positively influenced the sexual behaviour of the respondents. This is based on the fact that majority of the respondents strongly agreed and agreed (76%).

The findings, however, show that the extent to which the HIV/AIDS media campaigns have influenced the sexual behaviour of the respondents is minimal. This is based on the fact that majority of the respondents said that it was to a very low extent and low extent (74%).

Findings further revealed that the use of only mass media for campaigns against HIV/AIDS cannot be effective, as there is need to combine mass media with interpersonal media. This is evident in table 6, where 55% of the respondents strongly agreed to that effect while the remaining 45% agreed. This finding tallies with that of Simons-Morton, Donohew and Crump (1997), cited in **Ahmad (2009)** who contend that a one-dimensional approach to health promotion, such as reliance on mass media campaigns or other single-component communication activities, has been shown to be insufficient to achieve programme goals. This argument is further strengthened by Charles Salmon, cited in **Ahmad (2009)** who states that a common problem with many campaigns is that they are thought of as being "mass media only" campaigns, which is problematic in two respects. Thinking vertically, such as conceptualisation results in an extensive reliance on mass communication, to the exclusion of other levels of communication, such as organisational and interpersonal communication. Effective campaigns have tended to supplement mass communication with a variety of other forms, particularly interpersonal. Thinking horizontally, the second problem with the "mass media only" conceptualisation is that it results in an excessive reliance on communication to the exclusion of other forms of social change, such as strategies involving the application of power, engineering or financial support. Effective campaigns are those that have supplemented communication with alternative strategies, perhaps better suited for different audience segments and different types of social problems (Backer, Rogers and Sopory, 1992, cited in **Ahmad (2009)**).

Interpersonal communication as noted by Hanan (n.d) is the most effective means in influencing the behaviour of an individual or a small group of people because of following reasons:

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

Hana (n.d), however, notes that despite the effectiveness of interpersonal communication, there are some weaknesses in this approach:

1. Interpersonal communication reaches fewer people than mass media.
2. Interpersonal communication results in behaviour change that cannot be evaluated as easily as creating and maintaining awareness through the mass media.

Therefore, to overcome the weaknesses in interpersonal communication, mass media communication plays a vital role in behaviour change. Firstly, media campaigns can play an effective role in reinforcing interpersonal communication by, for example, focusing on gender roles in the family and community. This has encouraged men to engage in dialogue on HIV/AIDS prevention, rather than placing all the burden of decision making on women. The importance of families for men and their protective roles in their families and community can be reinforced by mass media, especially in rural and uneducated communities. Secondly, mass media play a vital role in dissemination of information to large public with diverse demographic profile.

Conclusion and Managerial Implications

The study sought to investigate the exposure of the students of Kogi State University to HIV/AIDS media campaigns and its influence on their sexual behaviour. Findings show that students of Kogi State

University have knowledge of HIV/AIDS and that the media have been carrying out series of campaigns on the dangers of HIV/AIDS. More so, the HIV/AIDS media campaigns are carried out on television, radio, newspapers, magazines and social media. The findings also show that the campaigns have positively influenced the sexual behaviour of the respondents; but the extent to which it does, is minimal. Based on the findings, therefore, the paper concludes that the extent to which the HIV/AIDS media campaigns influence the sexual behaviour of the students is minimal. The mass media should, therefore, put more effort in their campaign against HIV/AIDS in Nigeria, in order to reduce the spread of the disease to its barest minimum, because there are still youths out there, who still engage in risky sexual behaviour. Also, the mass media should constantly carry out HIV/AIDS campaigns, because the more regular such campaigns are carried out, the more the people's attitudes will be affected positively as regard their sexual behaviour.

More so, media organisations should endeavour to embrace behaviour change communication as they carry out campaigns on HIV/AIDS. Behaviour change communication (BCC) is the strategic use of communication to promote positive health outcomes, based on proven theories and models of behaviour change. BCC employs a systematic process, beginning with formative research and behaviour analysis, followed by communication planning, implementation and monitoring and evaluation. Audiences are carefully segmented, messages and materials are pre-tested and both mass media and interpersonal channels are used to achieve defined behavioural objectives. Providing people with information and teaching them how they should behave does not lead to desirable change in their response/behaviour. However, when there is a supportive environment with information and communication (teaching), then there is a desirable change in the behaviour of the target group. Thus, behaviour change communication is proved to be an instructional intervention which has a close interface with education and communication. It is a strategic and group oriented form of communication to perceive a desired change in behaviour of target group. To this end, when carrying out HIV/AIDS campaigns, enough illustrations should be used so as to make the people see images of people who have been affected by the virus (television). There is also the need to combine mass media with interpersonal communication in the process of carrying out HIV/AIDS campaigns.

It is a well known saying that education is the vaccine against AIDS (Singh, 2006, p, 6). Singh further maintains that the message about AIDS awareness must have informative educative and entertaining appeal. The education of HIV/AIDS must be done in a holistic manner without isolating or compromising educative or entertaining aspect. To spread the message of AIDS one must sell the message as selling of a product (Singh, 2006, p, 17).

An integrated communication approach is highly desirable for effective motivation and behaviour change. Although, the basic steps in planning and execution of interpersonal and mass media campaigns are identical, yet the communicator should realise the mandate of each campaign and must properly plan, implement and evaluate the requirements of each step to get the desired results (**Ahmad, 2009**).

There is need to use supporting materials in HIV/AIDS campaigns. The supporting material enhances the credibility and acceptability of the message. Some studies have determined that some kinds of supporting materials are more effective than others in affecting attitude change. For instance, illustrations and case histories have a greater impact than statistical or other data summaries. In HIV/AIDS prevention campaigns, supporting material can be supplied through leaflets, booklets, pamphlets, audio and video CDs and text messages to target audiences. Supporting material is useful because: it makes the message highly understandable for target audience; it provides details that are not focused in the message and helps both the services providers and the patients.

There is no doubt that there are high awareness levels of the need for greater and more effective coverage of HIV/AIDS on the part of media practitioners. This situation is akin to that of high public awareness, but minimal behaviour change for most countries in sub-Saharan countries. Seminars and workshops should be re-designed to ensure that the media adopt a pro-active approach in the coverage of HIV/AIDS prevention and management issues (Kiai, n.d).

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