

## Impacts of health communication on HIV/AIDS prevention on adolescents in Katsina State, Nigeria

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**ABSTRACT:** HIV/AIDS is a disease that currently receives global concern by both international, governmental and non-governmental organizations and individuals owing to its devastating socio economic implications especially on youths. Several policies and Programmes were initiated and implemented and some currently ran to curtail its spread. Knowledge and awareness of the disease is among the measures identified as key to checking its spread. Health communication targets educating people on some important health issues with a view to arming them with information required to redirect their behaviour and actions towards improved health status. This study is aimed at investigating the role of health communication strategies in curtailing the spread of HIV/AIDS among adolescents in the state. Using Qualitative Survey method (via Focus Group Discussion and in-depth Interview), the study randomly selected three Local Governments each from the three Senatorial Districts of Katsina, Daura and Funtua and interviewed staff of the Katsina State Agency for the Control of AIDS. It discovered that Health Communication strategies has succeeded in making people become aware of the disease and the information has significantly impacted on the people's attitude towards adopting measures that could minimize the spread of the virus. It therefore recommended use of other non-media method like town hall meetings and market day sensitizations among others.

**Keywords:** Health, communication, adolescents, HIV/AIDS, impact

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### INTRODUCTION

Communication is simply the transmission of a message from a source to a receiver which requires sharing of meaning (Baran, 2009). It is viewed as a process of sharing or exchange of ideas, information, knowledge, attitude or feeling among two or more persons through certain signs and symbols (Hassan, 2013). Thus, communication is not just an act but a process that includes transmission of information, ideas, emotions, skills, knowledge, etc by using symbols, words, pictures, figures, paragraphs or illustrations. It also encompasses imparting, passing along, making known, giving or receiving information, (Thames and Thomeson 1998). Further, according to Peterson (2015) communication goes beyond ordinary sharing but it also involves "the ability to pay attention to what others are thinking and feeling" i.e. it is not only talking but also listening to what others have to say. On the other hand, health communication refers to the process of communicating promotional health information including health education, public health campaigns etc for the purpose of

disseminating health information to influence personal health choices and actions, (Wikipedia 2015). Centre for Disease Control (CDC 2011) defines health communication as the study and use of communication strategies to inform and influence individuals and community decisions that enhance health decisions. This form of communication seeks to among others increase audience knowledge and awareness of health issues, influence behaviours and attitudes to health issues. They also learn about health practices, benefits of behaviour change to public health outcomes etc. Health communication can help to raise individual awareness of health risks and reinforce positive attitudes among others. This form of communication takes place through a defined process and via channels like interpersonal communication (e.g. family communication), media and health talks among others. Human Immune Deficiency Virus (HIV) is the causative agent of the Acquired Immune Deficiency Syndrome (AIDS), a disease that destroys the body's immune system thereby making it

prone and susceptible to and unable to fight infections that come to attack it (UNICEF, 2003).

The first established cases of HIV were in 1981 in the United States of America (Ufoupho-Biri, 2007) with 270 reported cases of severe immune deficiency among gay men, among which 121 died. Specifically AIDS was first diagnosed among homosexuals in San Francisco, New York and California. This may be why it was initially referred to as 'Gay Related Immune Deficiency Syndrome (GRIDS) later to be renamed Human Immune Deficiency Virus in 1983 (Adamu, 2001).

According to the 2016 World Health Organization's Global Health Observatory (GHO) data, currently, about 70 million people have been infected with HIV Virus since its emergence and that, about 35 million of them have died of HIV globally. Also, at the end of 2015, about 36.7 million people were living with the virus. According to the source, estimate shows that about 0.8% of adults aged between 15 – 49 years worldwide are HIV positive and sub-Saharan Africa remains most severely hit despite the variance in the epidemic among countries and regions. Further, the data shows that in the region, one in every 20 adults lives with HIV. Added together, the region contributes nearly 70% of the people living with HIV positive across the world.

At the end of 2014, about 36.9 million people worldwide were HIV positive, out of which 2.6 million were children (below 15 years). In fact in 2014 alone, about two million individuals became infected with the virus with about 220,000 being children (below 15 years) through Mother to Child Transmission during pregnancy, childbirth and breast feeding. Again, most of them were from sub-Saharan Africa (WHO, 2015).

According to United Nations Programme on AIDS (UNAIDS, 2000) report, 17.1 million of the 36.9 million living with HIV worldwide do not even know that they have the virus and therefore, they need to be reached with HIV testing service. Overall however, progress is being made to prevent mother to child transmission of HIV and also keep the mothers alive according to the report. For instance in 2014, about 73% of the estimated 1.5 million pregnant women that were HIV positive globally, accessed antiretroviral therapy to avoid infecting their children. Similarly, new infections among children were reduced by 58% between 2010 and 2014 (UNAIDS 2015). The next study in this series is about the prevalence of HIV among the adults that revealed that HIV has put the country as the second largest with people living with HIV. Even at that, the infection rate varies across regions in the country due to high risk behaviours especially among young people, (UNAIDS 2014) The UN is very serious in handling this issue in a country like Nigeria.

A breakdown of the national data shows that 1.3% young women (15-24 years) were living HIV positive compared to 0.7% of young men. Out of the total of these young people, only 24% could correctly identify

Preventive measures against HIV and also reject common myths about the disease. The percentage of people living with HIV (PLWH) in Nigeria may seem low compared to countries like South Africa (19.19%) and Zambia (12.5%) but the size of Nigeria's population means that about 3.2 million people were living HIV positive in 2013. Out of this number about 210,000 people died of HIV related diseases representing 14% of the global HIV related deaths. Further, there were also about 220,000 new HIV infections in the country according to UNAIDS Gap Report (2014). In fact, 9% of all people living with HIV in the world live in Nigeria the report indicated. The first case in Nigeria was reported in 1986 in Lagos and the spread has continued. Currently, it has entered a generalized phase where it has advanced well beyond high risk groups into the general population (Action Aid International Nigeria, 2005). Katsina State in the North – West geopolitical zone of Nigeria is not exempted from the scourge of HIV. Currently the state's prevalence rate is 0.7 ranking among the least in the country, and also as compared to the 3.4 national prevalence. The disease is contagious and once infected, the person's body defence system becomes weakened. It may also take up to ten years from infection time to its clear manifestation. Thus, the victim may look healthy but can transmit the virus to other people through some bodily fluid – blood, semen, vaginal secretions, skin cut, piercing with unsterilized objects (needles, syringes, blades, knives etc.) Adamu (2003).

HIV/AIDS's devastating scourge causes global health and economic concerns. Daily Champion (2006) quoting United Nations International Labour Organization stated that about 3 million workers are HIV positive who are already engaged in some productive activities and are facing the threat of the virus.

Curtailing the scourge of HIV/AIDS especially among young women and children requires efficient use of health communication (including interpersonal communication at the family level. Family communication refers to the way verbal and non-verbal information is exchanged among family members. It is a communication beyond talking and listening as it also involves paying attention to what others are thinking and feeling. It enables other members to express their needs, wants and concerns to one another. Effective communication at family and societal levels is important in ensuring a healthy family and also in checking HIV spread because it is only when people are informed about the disease that they will be equipped to check its spread by adopting some preventive measures.

The U.S Centre for Disease Control and Prevention (1998) study concludes that broad and comprehensive messages that consist of sex related topics delivered by mothers lead to less sexual risk behaviours. Thus, delivering comprehensive messages, parental skill and sensitivity in discussing as well as timing of the communication are important in HIV prevention according

to the study. This information is required to assist in forming positive attitudes, beliefs and values. Impliedly, this underscores the significant roles parents and especially mothers can play in preventing HIV on adolescents. This means that, parents especially mothers who are not adequately mobilized and educated may not be able to educate their adolescent children on the matter, hence the relevance of health communication.

### Theoretical framework

In general terms, a scientific research should be guided by theories and or models which guide its processes. This research adopts as its theoretical framework, perception theory, diffusion of innovation theory, Framing theories and Health Belief model. Perception theory according to Berelson and Steiner (1964) is a complex process through which people select, organize and interpret sensory stimulation into a meaningful and coherent picture of the world. Anaeto et al. (2008) also added that the theory is based on the principle that mass communicators want audiences to pay attention to their messages, learn the content of the messages and consequently produce and or adopt the desired behavioural responses in form of appropriate changes in attitudes or beliefs. Perception process involves reception of the message, decoding or interpretation of same and subsequent processing according to Severin and Tankard (2001).

This theory is regarded relevant to this study because HIV/AIDS information/messages are transmitted to the people via several means (with particular reference to the media in this case). These messages are received and processed: desired information perceived, retained and recalled for action in form of behaviour change or adoption. On the other hand, the diffusion of innovation theory which was propounded by Everett Rogers in 1962 is concerned with how ideas, products and social practices that are perceived as new spread and permeate through a society or across societies. It believes that people are divided into five groups with respect to their attitudes towards accepting or adopting new innovative ideas. The groups according to Rogers (1962) are innovators, early adopters, early majority, late majority and laggards. The groups vary in their level of readiness to accept or resist innovation. The theory also indicates that there are five stages through which change occurs viz awareness, knowledge and interest, decision, trial or implementation, and confirmation or rejection of the behaviour. According to Orr (2003), a 5-step process is involved namely knowledge, persuasion, decision, implementation and confirmation. Innovation according to Rogers (2003), Dearing and Meyer (2006), Rogers et al. (2008) is first made known through communication channels because if individuals are unable to find out about innovation, diffusion simply cannot occur. The role of the mass media here according to them, is to create

awareness on the new idea or product. They believe that interpersonal communication is critical to the process because decision to adopt an innovation depends largely on discussion with peers who have already evaluated and made a decision about whether or not to adopt an innovation.

Beside the grouping and stages, the theory according to Anaeto et al. (2008) has three major assumptions thus: It predicts that media as well as interpersonal contact provide information and influence opinion and judgment. Opinion leaders who exert influence on audience behaviour through their personal contact who serve as change agents and gatekeepers are included in the diffusion. Information flows through networks. The nature of the networks and the roles played by opinion leaders help to determine the likelihood of the adoption of such innovation. This theory is relevant here because health communication messages contain some new ideas and other behaviours that are promoted to be perceived and adopted by the target audience with a view to influencing attitudinal change in relation to HIV/AIDS prevention. Again, the categorization of persons according to their speed in message receptivity and stages through which change occurs are relevant in designing, packaging and disseminating health communication messages for efficient change in behaviour. Framing theory as first propounded by Goffman (1974) believes that how something is presented to the audience (the frame) influences the choices people make about how to process that information. Framing defines how news media coverage shapes mass opinion. Framing effects concerns how behavioural or attitudinal strategies/outcomes that are due to how information is being framed in public discourse. Frame building involves journalists, norms, political actors and cultural contexts. This theory is relevant to this work because health messages from the media might be framed before dissemination and cultural norms may play some role in the way parents understand those messages and also how they are subsequently relayed to their adolescent wards. The Health Belief model was developed by Geoffrey Hochbaum in the 1950s. It addresses personal knowledge and beliefs that are used in health promotion to design intervention and prevention Programmes. The model is based on the underlined concept that health behaviour is determined by personal beliefs or perceptions about a disease and strategies available to decrease its occurrence, Hochbaum (1958). It tries to explain the fact that many people are likely to accept and adopt health interventions based on some reasons namely:

Perceived susceptibility i.e. where people believe they are susceptible to the condition. The greater the perceived risk, the greater the likelihood of engaging in preventive behaviour, de Wit, Vet, Schutten, and van Steenberghe (2005).

Perceived severity – when people believe that the condition has likely serious consequences

Perceived benefits – where people believe that taking action would mitigate their susceptibility

Perceived barriers – when people believe that perceived barriers are outweighed by the benefits

Where people are exposed to factors that prompt action (via the media or reminder for experts like physicians).

This is also relevant as it portrays the likely conditions under which health communication messages could be efficient.

### Objectives of the study

This study is aimed at investigating the impact of health communication in curtailing the spread of HIV/AIDS on adolescents in the state. The followings are the objectives of the study:

- i To study the schemes/Programmes on prevention of HIV/AIDS on adolescents in Katsina State.
- ii To examine the various communication strategies adopted by Katsina State Government regarding HIV/AIDS.
- iii To find out the awareness level of HIV/AIDS prevention on adolescents in Katsina State.
- iv To analyze the socio-cultural factors that influence communication in prevention of HIV/AIDS on adolescents in Katsina State.
- v To evaluate the challenges faced by government to implement the awareness Programme.

### Literature review

During the last part of the 20<sup>th</sup> century, health professionals began to develop a growing appreciation of the critical role communication plays in healthcare especially as it was discovered that many challenges facing healthcare reflect failures in communication.

Communication can be defined as the exchange or sharing of ideas, information, opinions, thoughts, etc between or among people. It is the process of using message to generate meaning. It is a process because it is an activity, an exchange or a set of behaviours according to Pearson, Nelson, Titsworth and Herter (2011). Communication also implies sharing of meaning among those who are communicating. Principally it serves the function of initiating action, making needs and requirements known, exchanging information, attitude and opinions, endangering understanding, establishing and maintaining relations among others (US office of Disease Prevention and Health promotion, 2004). Along this line, health communication is seen as a concept that links two important domains of health and communication. It refers to the study and use of

communication strategies to inform and influence individual and community decisions that enhance health (Centre for Disease Control CDC, 2011). It is the study and use of communication strategies to inform and influence individuals and community, knowledge, attitudes and practices (KAP) with regard to health and healthcare, Thomas (2006). Health communication is concerned with the interface between communication and health which is currently viewed as a necessary strategy in the prevention of personal and public health. It can have direct positive impact on different aspects of disease prevention and control as well as the promotion of good health. In it, a wide range of interpersonal and mass mediated contexts are involved, including health professionals: patient relations, individual's search and use of health information, individuals adherence to clinical recommendation, construction of public health messages and campaigns, the dissemination of individual and population health risk (risk communication) and images of health in the mass media.

The National Centre for Health, Statistics (2012) states that:

*For individuals, effective health communication can help raise awareness of health risks and solutions; provide the motivation and skills needed to reduce these risks, help them find support from other people in similar situations, and affect or reinforce attitudes. Health communication also can increase demand for appropriate health services among others. It can make available information to assist in making complex choices, such as selecting health plans, care providers and treatments. For the community, health communication can be used to influence the public agenda, advocate for policies and Programmes, promote positive changes in the socio-economic and physical environments, improve the delivery of public health and healthcare services, and encourage social norms that benefit health and quality life.*

Health communication evolved in the middle of the 20<sup>th</sup> century in the US as a result of the important personal concern and the ascendancy of healthcare as a major institution. Before the emergence of modern medicine, health communication was basically informal as the practitioners of folk medicine only communicated the ingredients, techniques and lore regarding use of natural materials for the management of disease and injury. Thus, subsequent generations were made to learn about the accumulated knowledge through intergenerational communication according to Thomas (2006).

At this time (early twentieth century), few people used the services of doctors as few of the physicians were available. The best tool at the disposal of the doctors then was communication. Certain factors according to Thomas (2006) led to the evolution of health communication including rise in consumerism,

discrimination in health care, growing emphasis on prevention and acceptance of marketing in health care. With the development of health communication and the benefits seen, hospitals and many other healthcare organizations got well established public relations functions (that involved disseminating information concerning the organization and announcing new developments) through media where press releases, responded to request for information and served as the interface with the press (Thomas, 2006). Again, provider organizations continued to establish departments where materials were developed for dissemination to the public and employees. Both internal and later patient oriented newsletters and patient education materials were prepared.

In the 1960s, print became prominent as the choice for communication in spite of the increasingly influential role of the electronic media. In this period, annual reports, brochures and other publications were targeted to the public's or community. But in the 1970s, hospitals felt a strong need to move closer to the community. This happened due to the conviction that healthcare organizations would later have to be able to attract patients thereby winning the competition for increasing patients. This led to the commencement of patients' satisfaction research.

With time, healthcare became market driven especially in the 1990s, making the communication function to gain more importance in healthcare organization policies and procedures established by hospitals for the convenience of staff and not the patients. Communication policies were reexamined for the benefits of the customers/external audience. Guest relations were solidified and transformed. Hospitals were trying to win the "hearts and minds" battle for the healthcare consumer. Again, consumers of the 1990s were better educated and assertive about their healthcare service needs more than those of the previous generations. Later in this period, the development of internet that contributed in providing health information further emphasized the need for health information. This therefore led the health professionals developed a new appreciation of the benefits of communication, (John and Mckinley, 1977).

Health communication is a process driven activity and thus needs to be planned and properly executed in order to avoid failure according to Okoro et al., (2015). Thus, where properly planned Thuy et al. (2004), state that, it could be effective in preventing disease especially by using advocacy, mass media infotainment, community mobilization, interpersonal communication among others. Maurice (2015) in her research in reviewing effective communication for HIV/AIDS in Africa concluded that social and behavioural outcomes in the forefront of HIV/AIDS communication programme and that most of the strategies of communication employed have worked well in Africa.

There is need for social workers and community health

workers to create awareness on the importance of useful conversations on adolescents and their parents on matters related to risk associated with sexual behaviours (Motsoni *et al.*, 2016). It was found that parents and guardians feel ashamed of discussing issues related to sex as they believe the children are too young to understand the phenomenon.

According to Seems *et al.*, (2017) the use of radio, television and interpersonal communication should be given emphasis in passing information as their study found out that most of the girls doesn't have prior knowledge of reproductive health but very few understands the symptoms of STDs.

Television and radio commercials play a vital role in creating awareness on attitude change of Nsukka urban youth (Adibe, 2010). The study was aimed at finding the relevance of radio and television commercials on behaviour and attitudinal changes towards the campaign against the spread of HIV/AIDS using the residents of Nsukka urban.

The finding identifies that increase in transmission knowledge create more impact to the extent that respondents get more campaign exposure on HIV/AIDS. This concluded that the intervention of mass media would be very important in reducing global HIV/AIDS differences because of their influence and efficiency (Lacroix, 2014). The study conducted a Meta-analysis to make assessment of mass media HIV/AIDS prevention interventions, measure the significance of intervention in improving condom use in HIV related awareness and identify other factors of effectiveness.

Laura *et al.* (2015) in a meta- analysis to investigate the effect of parent-adolescent sexual communication on safer sex behaviour among youths discovered the prospective mediators of this relationship. The study concluded that sexual communication with parents especially mother plays a minor protective role in safe sex behaviour on adolescents.

### **Health communication in disease prevention and control**

Diseases at both epidemic and pandemic levels are always a threat and therefore a source of national and global concerns. Sometimes diseases hitherto assumed to be without cure like HIV/AIDS do arise, and in some cases some diseases develop resistance to drugs (e.g. malaria). The spread of these diseases and others alike are at times influenced by personal and community beliefs, lifestyles, social norms and culture which sometimes affect people's level of vulnerability to them according to Okoro et al., (2015). To address this situation, properly designed health communication activities are required because research has shown that "properly designed communication activities can have a positive effect on health related attitudes, beliefs,

behaviours and thus can influence individual and community decisions to reduce risks to health” according to Wurz et al. (2013). Again, Thuy et.al (2014) discovered that health communication strategies had significant impact in the fight against tuberculosis by raising great awareness among public health care providers about the disease and therefore concluded that communication activities need to be integrated into all Programme activities at all levels, using a combination of communication channels each designed to meet a specific need of audience. In addition, they should also use public events to reach large number of audience among others. Health communication is also important in assisting governments and international organizations in their bid to create awareness, change negative health related behaviour, influence people to adopt lifestyles and behaviours that promote health, and practice preventive measures. In fact, the National Cancer Institute (2001) submits that:

*Health communication can increase the intended audience’s knowledge and awareness of a health issue, problems or solution, influence perceptions, beliefs and attitudes that may change social norms; prompt action; demonstrate or illustrate healthy skills, reinforce knowledge, attitude or behaviour; show the benefit of behaviour change, advocate position on a health issue or policy; increase demand or support for health services, refute myths and misconceptions and strengthen organization relationships.*

Corroborating the above statement on the relevance of health communication in promoting healthy living, disease prevention, and quality of life, Raymond and Lapinski (2009) stress that its exceptional importance is located in the fact that the ignorant must be educated about positive behaviours that promote health, and no matter the efficacy of drugs, it is still worthless until its existence is communicated to the potential users. Again, in terms of development, health communication is found relevant in rural health campaigns aimed at tackling health problems of rural areas. Thus it helps rural dwellers to resist disease, prolong their lives and achieve better mental and physical health, according to National Rural Health Alliance (2011). Specifically Schiavo (2014) highlights raising awareness and understanding of health issues and influencing perception as basic roles performed by health communication in combating diseases:

In addition to the above, Thomas (2006) added increasing demand for health services, refuting myths and misconceptions, advocating for a health issue or a population group and demonstrating or illustrating skills as other roles of health communication. He believes that poor communication has strong negative impact on outcomes of chronic diseases like hypertension, diabetes

just like improvement in communication can lead to better health outcomes, greater equity in health and healthcare, prevention, motivation for behaviour change and adherence to treatment.

## METHODOLOGY

This study intends to use the survey method which Bubbie (1986:45) believes “is probably the best method available to social scientists” in collecting original data from populations that are too large to be directly observed”. According to him, surveys are excellent vehicles used to measure attitude and orientations in large population. To Wimmer and Dominic (2000:161) survey method helps to “picture or document current conditions or attitude”. Considering the population of Katsina state of about six million, the population is too large to treat individual respondents hence the selection of the method to assess the opinion of wide range of subjects in relation to the issue (Adamu 2006:65).The research also proposes to use Focus Group Discussion (FGD) also referred to as Group Interview and In-depth Interview as tools for data collection.

### Focus group discussion (FGD)

Focus Group Discussion or Group interview refers to a group discussion that gathers together respondents from similar background or experiences to discuss specific topic of interest to the researcher (United Nations Population Fund 2008:102). It is a way of collecting qualitative data through engaging a small number of people in an informal group discussion focused around a particular issue or set of issues according to Wilkinson in Onwuegbuzie, Dicson, Leech and Zoran (2009). This method is economical, fast and efficient in obtaining data from multiple participants. The participating respondents discuss issues under the guide of a facilitator or moderator. This tool is suitable for studies examining audience attitudes and behaviours according to Wimmer and Dominic (2000:119). It is relevant to this work considering the population and the fact that respondents share certain common experiences. The discussions are also going to be “focused” on the particular group of respondents who share common experience related to the topic. Katsina state has three senatorial districts (Katsina, Daura and Funtua) out of which one LGA each would be selected to conduct two sessions of FGD with. The selection would be randomly done but the sessions will be conducted separately (one for male and the other for female) to enable freedom of participants to express themselves. Maximum of twelve respondents per session would be taken adopting Winner and Dominic’s (2000) position which stipulates the minimum of six and maximum of twelve participants for FGD session. The discussion will be facilitated in a peaceful and free

manner by the researcher as moderator (Umar, 2006). The discussion is relatively unstructured but focused on a focal topic (Wimmer and Dominick in Mukhtar, 2014)

### **In-depth interview (IDI)**

The study will also use In-depth or intensive interview to gather data. This involves inviting respondents to a selected location (field service location, research office, respondents' house or place of work). It will be used here to get as much information from few relevant respondents: media practitioners (health Programme producers from the Katsina State Radio, Katsina State Television and Radio Nigeria Companion FM Katsina) based on the staff expertise the stations reach/coverage and listenership in the state. In addition, the staff of the State Agency for the Control of AIDS, Katsina State (KSACA) will also be involved to tap from their experiences in health communication messages (especially on AIDS). Gunta (2000) state that, persons interviewed in FGD are known to have been involved in a particular situation. The combination of FGD and IDI is important here considering their complimentary relationships on the topic. FGD for sampled couples and IDI for stakeholders in HIV/AIDS prevention campaigns.

### **Population of the study**

Katsina state has a population of 5,801,584 (FRN Gazette, 2009). The state is divided into three senatorial districts of Katsina (with 12 LGAs and total population of 2,091,914), Funtua (with 11 LGAs and population of 1,899,855) and Daura (11 LGAs and population of 1,809,785). The study population also includes 124 staff of Katsina state radio, 89 staff of Companion FM, 107 staff of Katsina state television and 22 staff of Katsina state Agency for the control of AIDS.

### **Units of analysis**

The units of analysis for this study will be adolescents (men and women between 18 – 25), family households to examine how health communication provides information to them and the impact of such information in preventing HIV/AIDS spread among them. Staff of KSACA and three media organizations (Health producers and reporters) in the state will be interviewed to analyze the kind of strategies of information dissemination. Respondents will be randomly selected from nine of the thirty four local Governments in the state, (three from each senatorial zone) for the conduct of the FGD sessions. Two FGD sessions (one each for male and female respondents will be conducted in each selected local governments).

### **Sampling techniques**

Two techniques of sampling are proposed for use in this

study namely Purposive and Cluster sampling techniques. According to Wimmer and Dominic (2000) and Muhammad (2006:123), purposive sampling can be appropriate if there is commonality of characteristics among the research population, its elements, and purpose. Cluster sampling is adopted for this study because the population is too large for an exhaustive list of elements to be compiled (Babbie 1987). Therefore the initial sampling of large grouping of elements (cluster) is needed (Muhammad 2006). The clusters here are senatorial districts of Katsina, Daura and Funtua from where FGD respondents will be selected. The state will be divided purposively into three (according to senatorial districts). Out of each district, three LGAs will be randomly selected since the districts have almost the same number of LGAs and averagely same population. In each selected LGA, FGD participants who have adolescent children will be drawn from the communities for the sessions

### **Instruments of data collection**

The main instruments of data collection proposed for this work are Focus Group Discussion and In-depth interview. The two sessions of FGD conducted at each of the three LGAs selected from each senatorial districts while the IDI will be conducted with three media practitioners (health Programme producers) and the staff of KSACA to get information on health communication Programmes and the means of informing and sensitizing the people on HIV/AIDS. Tape recording and note taking will be used to record the responses. Tape recording is to record actual voice, Umar (2006) while note taking will be used to serve as backup to tape recording to avoid the possibility of mechanical shortcomings. Thus, these would work complementarily to ensure accuracy of data collected and avoid doubt, according to Wimmer and Dominic (2000). The sitting would be round table and the tape will be strategically kept to capture the voice of each respondent. The researcher asks the questions while his assistant (note taker) would write the responses. The researcher asks the questions and serves as the moderator. Respondents will be allowed to answer the questions freely without interruption with follow-up questions to be asked where certain clarifications are needed on some issues as suggested by Umar (2006) above. For the IDI, the respondents will be met and interviewed based on their convenience.

### **Quantitative data analysis and interpretation**

A series of questions were asked to the respondents to elicit information on their awareness, perception and opinion on controlling, management and eradication of HIV/AIDS in Katsina particularly and in Nigeria generally. Besides, questions also enquired on the effectiveness government programmes and campaigns in informing

and educating the masses about the dangers of contracting HIV, particularly among young adults. A detailed analysis of the data is revealed below. The data is presented in the form of cross tabulations with all variables and Chi-square is applied for further interpretation of the data. Based on the study objectives, a questionnaire was designed and developed to collect data from adolescents who form the target audience of the study. The questionnaire dealt with the following aspects:

*Major means of contracting HIV/AIDS; identifying the symptoms of HIV/AIDS; sexual behaviour of adolescents in contracting HIV/AIDS; role of families in prevention of HIV/AIDS; management of HIV/AIDS; strategies for controlling transmission of HIV/AIDS in Katsina state; Nigerian governments' programmes are effective in stopping/preventing HIV/AIDS; sources of information on HIV/AIDS to reach the target audience; strategies adopted by Katsina state in saving the lives of the victims; effectiveness of Nigerian governments' awareness campaign and opinion on measures for prevention of HIV/AIDS.*

The data was collected from a sample of 475 respondents who were selected using snowball method of sampling. The data was analysed by using cross tabulations to understand the interaction between the variables. Chi-square, a non-parametric test was applied to interpret the data and draw inferences. The results are presented in the chapter relating to analysis and findings.

### **Demographic profile of the respondents**

Eight demographic variables were captured in the questionnaire. These include gender, age, marital status, tribe, religion, educational qualification, local government area, senatorial zone, the profile with respect to this demographic variables are presented in (Table 1). The demographic profile of the respondents in (Table 1) revealed that majority of the adolescent that responds to the survey representing 210 (65.6%) are male while the remaining 110 (34.4%) are female. This implied that both sides of the gender are represented within the survey. In terms of ages, the majority of the adolescents that participated in the survey are aged between 21-23 years, and this accounted for 146 (45.6%), this followed by those aged 18-20 years which accounted for 96 (30%), the rest are aged between 24-25 years which accounted for 78 (24.4%). This showed that all the three age categories for the adolescents' population who serves are respondents are represented in the survey.

The respondents' profile with respect to their marital status showed that most of the adolescents population sampled in this survey are single; this accounted for 307 (95.9%) while the remaining 13 (4.1%) are married.

This is consistent with the cultural settings of northern part of Nigeria where most of the adolescents got married commonly when they reached more than 25 years of age. It also implies that the adolescent's surveys are at risk of sexual behaviours due to lack of marital partners while already reached the adolescent age. In terms of tribe and religion both are 100% Hausa and Muslim, which is consistent with the nature of the state where vast majority and Hausas and Muslims.

The next demographic profile analyzed is educational qualification. Majority of the adolescents sampled in this study have secondary certifications which account for 166 (51.9%), this is followed by those having higher education qualification accounting for 118 (36.9%), then intermediate education accounting for 35 (10.9%), and lastly non-formal education accounting for only 1 (0.3%) respondent.

This could not be surprising considering that the survey was conducted in the local government headquarters where majority of the population are educated and irresponsible behaviours are more rampant in cities compared to extreme rural areas.

The analysis of the demographic information of the respondents revealed that the adolescents sampled in the study represented the three senatorial zones in the state with closely equal number of respondents. Katsina central senatorial zone has the total 115 (35.9%) adolescents who responded to the survey, this is followed by Katsina south senatorial zone with 105 (32.8%), and lastly Katsina north senatorial zone with 100 (31.3%). This result showed that all the three senatorial zones are proportionately distributed. The profile further revealed that three local governments were selected from each senatorial zone.

In Katsina central, the local governments selected for the adolescents survey for the in-depth interview are Katsina with 50 (15.6%), Batagarawa with 35 (10.9%) and then Charanchi with 30 (9.4%). This indicates that Katsina has the higher number of surveyed adolescent within Katsina central senatorial zone, which clearly reflect the population distribution in the zone. In Katsina south, also three local governments including Funtua with 40 (12.5%), Bakori 29 (9.1%) and Malumfashi 36 (11.3%) were surveyed.

This implies that Funtua has the highest number of adolescent survey, which is a clear reflection population among the local governments represented by the zone. Lastly, in Katsina north senatorial zone three local governments also represented the zone in the survey with Daura having largest number adolescents that partake in the survey which accounted for 40 (12.5%) of the total participants, this is followed by the Mai'aduwa with 30 (9.4%), and then Zango with also 30 (9.4%) of the total adolescents surveyed in the state. This implied that Daura has the highest number of survey adolescents in the zone which also reflect the nature of the adolescents population distribution in the zone.

**Table1:** Demographic Profile of the Respondents.

Demographic Profile	Frequency	Percentage
<b>Gender</b>		
Male	210	65.6
Female	110	34.4
Total	320	100
<b>Age</b>		
18-20 Years	96	30
21-23 Years	146	45.6
24-25 Years	78	24.4
Total	320	100
<b>Marital Status</b>		
Single	307	95.9
Married	13	4.1
Total	320	100
<b>Tribe</b>		
Hausa	320	100
Total	320	100
<b>Religion</b>		
Islam	320	100
Total	320	100
<b>Educational Qualification</b>		
Secondary	166	51.9
Higher Education	118	36.9
Intermediate Education	35	10.9
Non-formal education	1	0.3
Total	320	100
<b>Senatorial Zone</b>		
Katsina Central	115	35.9
Katsina South	105	32.8
Katsina North	100	31.3
Total	320	100
<b>Local Government Area</b>		
Katsina	50	15.6
Batagarawa	35	10.9
Charanchi	30	9.4
Funtua	40	12.5
Bakori	29	9.1
Malunfashi	36	11.3
Daura	40	12.5
Mai'aduwa	30	9.4
Zango	30	9.4
Total	320	100

### What are the Programmes/schemes created by Katsina State government in curtailing the spread of HIV/AIDS in Katsina State?

The first research question asked the respondents about the Programmes/schemes created by Katsina state government in curtailing the spread of HIV/AIDS in the state. Out of the total sample of 576 adolescents, 320 responded to this question through an in-depth interview disclosing various Programmes and schemes as reported in (Table 2). Analysis of the responses from the sampled adolescents who responded to the survey revealed that seven Programmes/schemes were introduced by Katsina state government in curtailing the spread of HIV/AIDS in the state. Firstly, the responses showed that 38 (11.9%) of the adolescents believe that the government created law and order on rampant sex which eventually curtail the spread of the disease. In this regards, one of the

adolescents reported that:

*“One of the adolescents opined that maintaining law and order especially on un interrupted and rampant sex will be a good decision, failure to comply with the policy on that by adolescents will attract them a penalty, fine or face the wrath of the law or even send you to jail” [Respondent from Katsina Zone]*

Secondly, 43 (13.4%) viewed that the introduction of issuance of certificate of status by government before getting married was among the scheme introduced by the government that curtailed the spread of the disease in Katsina. This scheme is not is surprising as it works well for many northern states. One of the adolescents said that:

**Table 2:** Programmes/schemes created by government in curtailing the spread of HIV/AIDS in Katsina state.

Responses	Frequency	Percent	Valid Percent	Cum Percent
Law and order on rampant sex	38	11.9	11.9	11.9
Issuance of certificate of status before marriage	43	13.4	13.4	25.3
Campaign on dress code in the society	47	14.7	14.7	40.0
Use of condoms and other contraceptive devises	49	15.3	15.3	55.3
Sex education campaigns	49	15.3	15.3	70.6
Creating numerous guidance and counselling sites for victims	51	15.9	15.9	86.6
Provision of more free ARV drugs for victims	43	13.4	13.4	100.0
Total	320	100.0	100.0	100.0

*“Government should make policy on marriages or any official tying note by couples without presenting a certificate of HIV/AIDS free from a certified hospital either in mosque or churches, these will eventually makes an impact in reducing the widely spread of HIV/AIDS in the society”[Respondent from Funtua Zone]*

Thirdly, some respondents accounting for 47 (14.7%) are of the belief that introduction of dress code particularly in institutions of high learning has drastically reduced the rampant sex which could eventually reduce the spread of the disease. One of the adolescent expressed that:

*“Imposing of using descent dressing in schools and other social gathering and introduce a responsible dress code to adolescents in the above places will reduce the high risk of sexual activities in our society”[Respondent from Daura Zone]*

Fourthly, 49 (15.3%) of the respondents are of the belief that there are several radio Programmes and campaigns in schools for the use of condom and other contraceptive devises introduced by Katsina state government, which eventually reduce the spread of the disease. One adolescent from one of the senatorial zones said:

*“Regular and consistent use of condom before sex basically helps a lot in curtailing the spread of HIV/AIDS, Government should be distributing free condoms and other contraceptive devices to the vulnerable youth in order to prevent them from contracting with the disease ”[Respondent from KatsinaZone]*

Fifthly, also 49 (15.3%) of the respondents opined that government introduce several sex education schemes in secondary schools and radio Programmes to educate adolescents about the risks of contracting HIV/AIDS through unprotected and rampant sex. It was opined by one of the adolescent that:

*“Introduction of sex education in formal/informal schools and from primary to tertiary institutions will automatically keep the adolescents informed of*

*the danger of the epidemic diseases and have the know-how of getting rid of menace from the grass root”[Respondent from Funtua Zone]*

Sixth, 51 (15.9%) opined that government of Katsina state create numerous guidance and counseling sites for victims of HIV/AIDS the essence of which is to prevent community spread of the deadly virus, which they believe is working well in the state. One of the adolescents gives his opinion as:

*“Proper guidance and counseling plays a vital role in tackling the spread of the menace of HIV./AIDS, the victims are educated based on their understanding and are guided on how to prevent themselves from contracting the disease, though the sites are not enough in the state and very scanty also located in cities which most of the adolescents hardly located with poor proximity”[Respondent from Daura Zone]*

Lastly, another scheme introduced by Katsina state government to curtail the spread of HIV/AIDS was distribution of more free ARV drugs for victims in the state which accounted for 43 (13.4%) of the total adolescents who responded during the conduct of the interview. With respect this; one of the adolescents expressed his view as follows:

*“There is serious shortage of the Anti-Retroviral drugs in our community which resulted in the increase of the prevalence death rate of the HIV/AIDS carriers, social stigma of the patients play a good role as the victims doesn’t like taking drugs in their locality but prefer to go long distance where they are not known and take the drugs. Shortage of the drugs breaks the chain of taking the drugs which is stage by stage and availability if the ARV will save the life of many victims”[Respondent from KatsinaZone]*

Therefore, it can be deduced from the responses that all the seven Programmes are closely same with no significant difference. The scores range from 11.9% - 15.9% for lowest scheme which law and order on rampant sex and to the highest which creating numerous guidance and counselling sites for victims.

By implication, all the seven schemes and Programmes could be said to be known and acceptable within the state.

**To what extent does communication strategies created by Katsina state government create awareness regarding to adolescents on HIV/AIDS in Katsina State?**

This is the second research question that this study seeks to answer. In an attempt to get in-depth insights from the adolescents population with respect to the question, two questions were asked separately to the 320 sampled adolescents. The first question asked the adolescents to express in their opinion whether or not the communication strategies created by Katsina state government created the desired awareness regarding HIV/AIDS among the adolescent population in the state. The summary of the responses given by the sample are presented in (Table 3).

The summary of the in-depth interview conducted through the survey of 320 adolescents as reported in (Table 3) revealed that 262 representing 81.9% adolescents that participate in the survey are of the belief that the communication strategies adopted by Katsina state have an impact in creating awareness among the adolescents population in the state, while 35 adolescents representing 10.9% believe that the communication strategies have no any impact on creating awareness regarding HIV/AIDS on adolescent population in the state, and the rest about 23 adolescents representing 7.2% responded that they don't know whether such strategies have impact or not.

Having understood that majority of the respondents believe that communication strategies adopted by Katsina state have an impact in creating awareness among the adolescents population in the state, the study further seek to understand the kind of communication strategies adopted by the state in creating the awareness. The responses of the 320 adolescents surveyed with in this study are presented in (Table 4). From this in-depth interview, five communication strategies for creating awareness of HIV/AIDS among the adolescent population were explored in this study as summarized in (Table 4). Firstly, about 65 (20.3%) of the adolescents survey responded that, in Katsina government creates awareness by encouraging adolescent to know the HIV/AIDS status of their partners. One of the adolescents responded that:

*“Couples or marriage partners supposed to know their status before engaging into any serious relationship or getting married as the case may be. Communication strategies here bring awareness that all partners should go for laboratory testing to know whether he or she HIV positive or HIV negative, these will help some*

*adolescents in falling to be victim of circumstance”[Respondent from Funtua Zone]*

Secondly, 64 (20%) adolescents are of the belief that government creates awareness among the adolescent population for the use of condom. With respect to this view, one of the adolescents said that:

*“Vulnerable adolescents have high risk of contracting HIV/AIDS, as such they will be advised to be using condom before sex either in school, parties and any other social gathering. Using condom before engaging into any sexual activity will be very essential on adolescents to have maximum protection and reduce the high risk of contracting the virus”[Respondent from Daura Zone]*

Thirdly, 65 (20.3%) of the survey adolescents respondents that Katsina state government embark on various forms of enlightenment and awareness campaigns to educate adolescent regarding HIV/AIDS in the state. One of the adolescents that responded to the survey opined that:

*“Public awareness, enlightenment and campaign about the danger of the epidemic HIV/AIDS on human body which easily destroys the immune system of the body and kills the victim needs massive public awareness about the disease. People should be informed through different channels ie Television, Radio and other possible ways of information that will reach the audience either in cities, towns and villages will immensely help in reducing the spread of the virus in within and outside the state”[Respondent from Katsina Zone]*

Fourthly, 63 (19.7%) of the adolescents are of the belief that government of Katsina adopted regular counselling regarding HIV/AIDS as a communication strategy for reducing the adverse effects of the disease in the state. In this, one of the adolescents said:

*“Consistent guidance and counseling is very important in creating awareness about HIV/AIDS wide spread in the community. Guidance and counseling sites should be build and be well equipped and should be available not only in cities but also in towns and villages, availability of the sites will encourage people to attend the session regularly and be educated on how to tackle and have clear insight of the diseases , handle it properly if you fall a victim.”[Respondent from Funtua Zone]*

Lastly, about 63 (19.7%) of the adolescent who responded to the survey are of the view that one of the strategies used by the government in creating awareness regarding HIV/AIDS is creating awareness about the existence of free ARV drugs among the adolescent

**Table 3:** Impact of communication strategies on awareness creation on adolescents.

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	262	81.9	81.9	81.9
No	35	10.9	10.9	92.8
I don't Know	23	7.2	7.2	100.0
Total	320	100.0	100.0	100.0

**Table 4:** Communication Strategies for Awareness Creation.

Responses	Frequency	Percent	Valid Percent	Cum Percent
Awareness on the of partner status	65	20.3	20.3	20.3
Awareness about use of condom	64	20.0	20.0	40.3
Enlightenment/awareness campaigns	65	20.3	20.3	60.6
Regular counseling	63	19.7	19.7	80.3
Awareness on the free ARV drugs	63	19.7	19.7	80.3
Total	320	100.0	100.0	100.

**Table 5:** Awareness level of information on HIV/AIDS prevention on adolescents.

Responses	Frequency	Percent	Valid Percent	Cum Percent
Yes	203	63.4	63.4	63.4
No	11	3.4	3.4	66.9
I don't know	106	33.1	33.1	100.0
Total	320	100.0	100.0	100.0

population. This implied that government of Katsina state has been strategically creating awareness about HIV/AIDS on adolescent population through various means as reported by the respondents. With respect to this view, one of the adolescents opined that:

*"Anti-Retroviral drugs should be available in hospitals and other HIV/AIDS centers were the drugs should be distributed, people should be enlighten about the effective nature of the drugs and how it defeats the virus when it weakened the immune system of the body, however, educating the victims on how to use the drugs in sequence or stage by stage is very important as the patients will not skip the dose. These will also help in reducing the dying of the HIV victims ignorantly."*[Respondent from Daura Zone]

The possible conclusion here that there is closely equal awareness with respect go the five strategies followed by Katsina state government in creating awareness regarding HIV/AIDS in the state, which ranged from the lowest strategies which are; regular counselling awareness on the free ARV drugs with the score of 19.7% to the highest which are; awareness on the of partner status and enlightenment/awareness campaigns with 20.3%. This implied that there is no significant variation in the awareness of the five important strategies implement in the state to create awareness regarding HIV/AIDS.

### **What is the awareness level of information on HIV/AIDS prevention on adolescents in Katsina State?**

For research question number three, the researcher

asked two questions in an attempt to get in-depth understanding on the awareness level of information on HIV/AIDS prevention on adolescents in Katsina State. Firstly, the researcher seeks to know the perceptions of adolescents regarding the level of their awareness with respect to HIV/AIDS prevention measures among the adolescents in the state, and second to understand the mechanisms through which such awareness is created. The responses with respect to the first question are presented in (Table 5).

With respect to question one as reported in (Table 5), 203 (63.4%) of the adolescents believe that there is high level of awareness regarding HIV/AIDS prevention on adolescents, while 11 (3.4%) of the adolescents reported that there is no high level of information awareness regarding HIV/AIDS prevention on adolescents. Lastly, 106 (33.1%) of the adolescents who responded to the interview claimed that they don't know whether or not there is high level of information awareness regarding HIV prevention on adolescents in Katsina state. This could be possible particularly for adolescents who are not at tertiary institutions or those who do not listen to radio Programmes regarding the disease.

Having understood that there is high level of awareness regarding HIV/AIDS prevention measures on adolescents which seek to partly provide answer to research question three, a second question was asked to the adolescents regarding mechanisms through which such awareness is created. Thus, the responses from the sampled adolescents who responded to this question is reported in (Table 6). Analysis of responses reported in (Table 6) revealed that 55 (17.2%) of the adolescents who responded to the survey viewed that such high awareness level of HIV/AIDS prevention on adolescents was created using radio Programmes.

**Table 6:** Ways through which awareness is created on adolescents.

Responses	Frequency	PercentValid	PercentCum	Percent
Using radio Programmes	55	17.2	17.2	17.2
Using television Programmes	49	15.3	15.3	32.5
Open stage drama	51	15.9	15.9	48.4
Organizing awareness campaigns	54	16.9	16.9	65.3
Introduction of sex education	56	17.5	17.5	82.8
Renouncing stigma on patients	55	17.2	17.2	100.0
Total	320	100.0	100.0	100.0

In this, one of the adolescents said that:

*“Radio is the most effective and convenient way of creating awareness about the menace of HIV/AIDS on adolescents. The signals of radio can easily reach both cities and villages and is also very cheap to purchase, most of the youth have this habit of regular listening to radio in the morning, afternoon and evening, and they normally come across some educative Programmes about the epidemic HIV/AIDS”*[Respondent from Katsina Zone]

Further, 49 (15.3%) of the adolescents who responded to the survey believed that such awareness was created using television Programmes. In fact one of the adolescents from Katsina central said that:

*“The importance of using Television as a medium of creating awareness of HIV/AIDS cannot be over emphasized, most of the adolescents like watching live Programmes, films and drama in Television and as such they receive the information on HIV/AIDS and from there takes a lesson on how to prevent themselves from it or if they fall a victim, they will take care of their body by taking their drugs in sequence and avoid been stigmatized”*[Respondent from Funtua Zone]

Differently, 51 (15.9%) opined that awareness was created among the adolescents in the state through the use of open stage drama. In support of this view one of the adolescents opined that:

*“The adolescents of nowadays like watching stage drama as it sends direct message to people who are watching the drama. Non-governmental organization (NGO), Self-help community group and other government agencies like directorate for arts and culture are mostly responsible for organizing stage drama especially in towns and villages and these strategy helps a lot in creating awareness about HIV/AIDS to adolescents on they will safeguard themselves from contracting the disease”*[Respondent from Daura Zone]

Further analysis of the responses showed that 54 (16.9%) were of the belief that the level of awareness regarding HIV/AIDS prevention on adolescents was

created through organized awareness campaigns. One of the adolescents has this to say with respect to this view:

*“Organizing public campaign plays a vital role in creating awareness in the spread of HIV/AIDS in the state. People should be informed through different ways especially adolescents who have the high risk of contracting the disease to be using condom and other contraceptive device before sex, go for laboratory testing if some symptoms persist in your body, avoid using unsterilized materials like razor blade and many other ways of getting the disease directly or indirectly”*[Respondent from Katsina Zone]

It was further opined by some adolescents accounting for 56 (17.5%) that such awareness was created through the introduction of sex education in schools. With respect to this one of the adolescents who responded during the interview opined that:

*“Introducing sex education as a course in mostly our formal schools that is from primary t up to university level to know more about themselves when they start developing sexual hormones, know more about their sexual activities and even be civilized in taking measure to prevent one another form taking risk of getting the virus. Educating adolescents comprehensively about their social and sexual lives will eventually help in curtailing the spread of HIV/AIDS in the state.”*[Respondent from Funtua Zone]

The last category of the respondents accounting for 55 (17.2%) reported that such awareness was created through renouncing stigma on patients. With respect to this view, one of the adolescents opined that:

*“Victims of HIV/AIDS are being stigmatized by family, a friend, social and health workers and even the entire community hates them naturally and these really depressed and demoralized them and send them to their early grave even if they are responding to treatment. Renouncing the stigma on HIV/AIDS patients by mingling with them when it comes to eating, drinking, playing, chatting and getting them close by will really makes them happy and feel they are equal human being with their friends and associates, these will give them courage and hope as victims even if they are in serious*

**Table 7:** Influence of communication in reducing the spread of HIV/AIDS socially and culturally.

Responses	Frequency	Percent	Valid Percent	Cum Percent
Social pressure	80	25.0	25.0	25.0
Cultural barriers to condom use	115	35.9	35.9	60.9
Moral injunction against sex before marriage	75	23.5	23.5	84.4
Knowledge of HIV transmission and mode of prevention	50	15.6	15.6	100.0
Total	320	100.0	100.0	100.0

*pain and will reduce the prevalence death rate in the state.* [Respondent from Daura Zone]

It can be concluded that there is no significant variation in the responses of the adolescents regarding HIV/AIDS prevention mechanisms which ranged from the lowest score of 15.3% for using television Programmes to the introduction of sex education which scored 17.5%. The highest score for this mechanism could be justified by the demographic data which revealed that most of the adolescents' secondary school graduates given the fact that the introduction of sex education is recent subject of discussion in the country particularly in secondary schools.

#### **How does the influence of communication reduce the massive spread of HIV/AIDS socially and culturally in Katsina State?**

This section is designed to answer research question number four which seeks to find answer from the adolescents on how does the influence of communication reduce the massive spread of HIV/AIDS socially and culturally in the state. Towards this end, 320 adolescents responded to the question. The breakdowns of the responses are reported in (Table 7). The adolescents who responded to the survey disclosed that communication influenced the reduction in the spread of HIV/AIDS from social and cultural perspectives in four ways. First, 80 (25.0%) of the adolescents who responded to the survey through an in-depth interview opined that communication has reduced the spread of HIV/AIDS through social pressure. One of the respondent opined that:

*"Communication has reduced the spread of HIV/AIDS socially as the awareness about the disease created social pressure which in essence made adolescents to take extensive preventive measures against the disease to avoid social stigma"* [Respondent from Katsina Zone]

Second, 115 (35.9%) of the respondents viewed that communication influenced curtailing the spread of HIV/AIDS through the reduction of cultural barriers to condom use. With respect to this category of respondents, one of the adolescents said:

*"There is high misconception about the use of condom, in the previous years many adolescents believe that use of condom reduce sexual pleasure as a result they take risk of unprotected sex, however, awareness created through various forms of communication has made adolescents to understand that it is better to forfeit the sexual pleasure than to risk one life"* [Respondent from Funtua Zone]

Third, 75 (23.5%) of the adolescents who respond to the in-depth interview were of the view that communication has reduce the spread of HIV/AIDS through re-irritating moral injunction against sex before marriage. Regarding this, one of the respondents stated that:

*"Though it is part of the cultural norms among Hausa ethnic groups which was based on the teaching of Islam that it is immoral to have sex before marriage, nevertheless, communication re-enforce such morality in the society"* [Respondent from Daura Zone]

Lastly, 50 (15.6%) of the adolescents who responded to the survey were of the belief that communication has reduce the community resistance about the existence of HIV/AIDS through creating awareness of knowledge of mode of HIV transmission and prevention. In this, one of the respondents from stated that:

*"In the past, many adolescents do not believe in the existence of HIV/AIDS, however, communication has create the necessary awareness not only in changing the mindset of the adolescents with respect the existence of the disease but also it modes of transmission and prevention"* [Respondent from Katsina North]

It can be concluded that out of four social and cultural impacts of communication in reducing the spread of HIV/AIDS in Katsina state, curtailing in the spread of HIV/AIDS through the reduction of cultural barriers to condom use is the major impact made by communication as it accounted for 35.9% of the responses, while the reduction in the community resistance about the existence of HIV/AIDS through creating awareness on mode of HIV/AIDS transmission and prevention was the lowest impact made by communication as it accounted for only 15.6% of the responses.

### **What are the challenges faced by the Katsina state government in implementing the awareness Programme?**

In order to answer the research question five which seeks to find out the challenges faced by Katsina State government in implementing the awareness programme, FGD was conducted eight groups include parents, teachers, family members, community leaders, religious leaders, non-governmental organization (NGO), Katsinacentre for control of HIV/AIDS (KACCA) staffs and media personnel staff (both radio/TV staffs). The responses are analyzed as follows:

#### **Group one - parents**

The first FGD was held using group of parents. Following deliberations with a group consisting of ten parents, it was agreed that the challenges faced by the Katsina state government in implementing the awareness Programme on adolescents is poor guidance and counselling. The ways in which guidance and counselling are carried-out in the states will be difficult to curtail the menace of HIV/AIDS in Katsina State. Adolescents are not attentive to such guidance and counselling which eventually makes the effort of the government towards curtailing the spread of the disease not so much effective as desired. They suggested for some other approaches through which adolescents can have free access to information without parental interventions such as social media pages for which the adolescents mostly have direct and private access to it.

#### **Group two - teachers**

The second FGD was held with the group of teachers. After the deliberations on the challenges faced by the Katsina state government in implementing the awareness Programme on adolescents, the group of teachers concluded that the major challenge faced by government lies in the creation awareness especially in such a way to tackle the mixture of boys/girls in schools. They also lamented on the challenges they face in the introduction of sex education as a course in schools. Though this approach was meant to really an impact in reducing the spread of HIV/AIDS, however, it was misunderstood in Northern part of the country including Katsina. Many perceived this approach to be against the culture and traditions of the people of Katsina state to make open discussion on sexual issues in classes particularly to adolescents who have come to a risky ages. They suggested that development of books and other written documents for which the students can read themselves can assist in addressing this challenge.

#### **Group three - family members**

Third FGD was held with group of family members.

Following a discussion with group of family they advise that the major challenge faced at community level is in reducing the spread of the menace of HIV/AIDS and the ability to separate of boys and girls rooms, toilets, play compound etc. This helps a lot because it that the potentials of keeping the two different sex at far to avoid possibility of wrong doing. However, government has major challenge here, despite awareness been created, the economic conditions of family members makes it difficult to implement these issues. Family of the adolescent children also lamented about poor enforcement of policy especially in the area of blood testing before marriage, while the policy is clear, the challenge is that not all families take it seriously. Some families silently organized wedding without observing the protocols set by the government. In this, they suggest that community has a role to play by exposing any known case in which wedding was conducted without test result, the government is facing as a challenge in creating HIV/AIDS awareness in this regard. They suggest sensitization of Imams who mostly serve as in-charge during such wedding activities.

#### **Group four - community members**

The fourth FGD was conducted using group of community leaders with 10 members. The leaders lamented that they know on their part they have role to play, however, the challenges faced by the government are not only creating proper and efficient HIV/AIDS campaign that will reach the target audience but also financial constraint matters a lot as government need to do the needful in providing the necessary finance to create the awareness in pushing out the HIV/AIDS in Katsina State. This means that even through the community leaders are ready to serve as a mechanic for creating awareness at grassroots levels, however, the government do not provide to them the necessary financial supports to make the campaign more effective. They emphasized that they need to recruit community mobilizers that reach all nooks and crannies particularly in rural settlements and outreach areas to address this challenge and create for enhanced awareness.

#### **Group five - religious leaders**

Religious leaders are the fifth group for which the FGD was held. This particular group was identified because Islamic preachers play a vital role in preaching against adultery, fornication, raping, lesbianism and homo sexual in community which that channels for massive spread of HIV/AIDS in communities. In achieving this, religious leaders always advice government to sponsor their religion preaching and other activities in radio/TV Programme this will definitely reduce the spread of HIV/AIDS in Katsina state and the as a whole. They lamented that even through government is trying in

sponsoring such religious events through media, however, the sufficiency of such campaigns was challenged by adequate funding from the government. They suggested that more religious Programme should be sponsored through radio/TV Programme for airing the religious preaching that could reduce adultery, fornication, raping, lesbianism and homo sexual in community which will eventually reduce the spread of HIV/AIDS.

#### **Group six - Non-Governmental Organizations (NGOs)**

The sixth FGD was held with the non-governmental organization (NGO), they have been seen as a supporting organization that assist and support the government and people to fight and create awareness in preventing of HIV/AIDS spread in a society, thus, they are found vital in understanding the challenge the faced in curtailing the menace of HIV/AIDS in the state. Through the discussion with this important group they complain that the victims are not adherent the guideline in the use of ARV (anti-retroviral) drugs and mostly neglect the use of condoms, don't attend the guidance/counselling session which eventually create enormous challenge to both the NGOs and the government in their collective effort to control the menace HIV/AIDS in the state. They suggested the use of Radio Programmes especially at peak hours or at the middle of some popular Programmes.

#### **Group Seven: state agency for the control of aids (SACA)**

The seventh FGD was held with staff of State Agency for the Control of AIDS (SACA). This is an agency created by government to control the spread the HIV/AIDS in the society they make use of the media (TV/Radio), stage drama, organized campaigns, use religious and the community leaders to preach on the epidemic of HIV/AIDS and send message to the target audience in controlling the spread of HIV/AIDS in the society. Through the FGD with this important group they lamented that government face a lot of challenges in creating the awareness as the adolescents having the high risks of contracting the disease neglect the policies, scheme and Programmes of the government. They also lamented that often the victims don't have confidence and trust with health workers particularly confidentiality of their status due to fear of stigmatization, this eventually make them to keep away from taking the ARV drugs and attending the guidance/counselling session to hide their identity. They suggested enhancing approach of counselling using family members as agents of change in order to address this challenge.

#### **Group eight -Radio/TV Staff**

The last FGD was held with Radio/TV staff.

The researcher understand that media personnel staff which comprises of both Radio and Television staff of Katsina State plays a vital role in creating awareness of HIV/AIDS in society. However, during the discussion this group lamented that Katsina State have many remote areas, hamlets and villages that don't have signal of Radio and Television devices which shows that victims in this area don't receive the message, most of them are ignorant, they don't read and write, they are not even aware of the guidance and counselling site neither taking the ARV drugs and this is one of the most challenging factor face by Katsina State government in creating the HIV/AIDS awareness Programmes. They suggest the use of jingles and stage drama at villages as means to further create awareness for the outreach people remote areas, hamlets and villages that don't have signal of Radio and Television devices. Government should employ the use of jingles and stage drama in less educationally developed and remote areas.

#### **CONCLUSION**

The role of communication in all aspects of our lives cannot be overemphasized. It is in this interest the study investigated the impact of health communication strategies in curtailing the spread of HIV/AIDS on adolescents in Katsina State, It was revealed the government engaged in several programmes for creating awareness on the prevention of the disease such as promoting sex education, encouraging the use of condoms and contraceptives, and provision free anti-retroviral drugs of victims. This awareness is largely created through radio & television Programmes, open stage drama, organizing awareness campaigns, and discouraging patients' stigmatization. Despite the successes recorded, there is need for the government to provide more free anti-retroviral drugs, engage more media practitioners for awareness creation, create programmes that inculcate HIV/AIDS prevention techniques on adolescents in Katsina State.

#### **RECOMMENDATIONS**

1. Government should also engage the use of social media platforms such as Twitter, Instagram, Facebook in creating awareness for HIV/AIDS. This become imperative as many adolescents interviewed requested free access to information where privacy is guaranteed without parental interventions.
2. Government should consider development of books and other written documents to aid sex education. Government, traditional and religious leaders form a synergy in ensuring strict adherence to blood testing before marriage policy.
3. Government should provide adequate finance support for its HIV/AIDS awareness campaign.

4. Religious Programmes on TV/radio preaching against all forms of sexual immorality go a long way in supporting the fight against HIV/AIDS. Government should encourage and support such Programmes to create more awareness on the prevention of the deadly disease.

5. Awareness campaign on radio Programmes especially at peak hours or at the middle of some popular Programmes should be supported and encouraged.

6. Communities should be encouraged to reduce the stigmatization of patients. They should be made to understand more hatred towards patients upends government fight against the disease and discourage patients from attending guidance/counselling session and keep away from taking ARV drugs.

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