Impacts of the Media on African Socio-Economic Development

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Chapter 17
An Assessment of Media Contribution to Behaviour Change and HIV Prevention in Nigeria

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ABSTRACT

This chapter explores media influence on behaviour change and its implication for HIV prevention programmes in Nigeria. Using the agenda setting, and the uses and gratifications theories, it analyzes how the media set agenda for public opinion and the gratification that audience receive from media information vis-a-vis behaviour change initiatives in reducing HIV epidemic in Nigeria. The chapter through a descriptive and literature review approach assesses effective communication framework for behaviour change and some of the factors contributing to HIV prevalence in Nigeria. The chapter sums up case studies of interventions that have documented the effectiveness of the media in HIV prevention initiatives. The chapter concludes on the positive influence of media intervention in sexual behaviour change programmes but notes that behaviour change still lies with individual decisions. Therefore it recommends other forms of communication like interpersonal communication, community mobilization and advocacy to support media strategies for effective HIV prevention initiatives in Nigeria.

INTRODUCTION AND BACKGROUND

Communication has a marked effect on behaviour but research shows that behaviour change rarely happens immediately upon exposure to a message. There are five models of communication effects (*knowledge, approval, intention, practice and advocacy)* usually employed during behaviour change intervention. However, studies shows that applying these models in changing behaviour especially sexual behaviour is often problematic. Hence, in addressing issues related to sexual behaviour in Nigeria, majority of communicators often utilize the media because of their ability to reach huge and diverse audiences with

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the notion of developing positive behaviour among their target audiences. The mass media have been a potent strategy used continuously in various interventions to help reduce the spread of HIV in Nigeria and around the world. These mass communication campaigns have employed single or multiple media at the national, state and community levels, either as stand-alone efforts or as part of multi-component programmes. Basically, conventional strategies have often used television, radio, and/or print media while modern campaigns are increasingly incorporating "new media" such as Internet websites. Multi-component campaigns have combined media with numerous "interpersonal" channels such as peer education and outreach, community coalitions, counselling, skill-building workshops, and/or support groups. However, the mass media campaigns are often utilized because of their ability to reach huge and diverse audiences in a cost-effective manner, giving such campaigns tremendous potential as a tool in fighting the spread of HIV and AIDS (Seth, 2007). A key question that often arises about media campaigns, however, is whether or not they are effective in impacting HIV and AIDS knowledge, attitudes, and/or behaviours. Unfortunately, many HIV and AIDS mass media campaigns have been evaluated using weak research designs which can lead to unreliable or inconclusive results regarding the impact of such campaigns (Seth, 2007).

Moradi, Honari, Naghshbandi, Jabari and Kholouse (2012) discuss the five social functions of the media by McQuail's thus: *information, correlations, continuity, entertainment* and *mobilization* (McQuail, 2010). *Information* deals with dissemination of issues relating to world events, power relations, progress and innovation. *Correlations* are referred to explaining and interpreting events, and consensus building. *Continuity* describes expressing culture and national identity. *Entertainment* is devoted to relaxation and reducing social tension. Finally, *mobilization* includes social objectives, politics, war, and the like. Hence, the mass media can manage integration, coordination, control, stability, mobilization, tension, thoughts, values, discipline, and conformity (Mehdizadeh, 2010). Thus the mass media has the power of mobilization of thoughts, values and ability to control people to conform to ethics or change in the society. According to the findings of Moradi et al (2012), the effect of the media can significantly change individuals' attitudes and behaviour. Based on this description of the media, media content must be designed to appeal to the audience desire if any meaningful behaviour change must take place.

Effective Communication Framework for Behaviour Change

The need to design framework for effective communication for health programmes targeted at behaviour change cannot be overemphasized. Suggs, McIntyre, Warburton, Henderson, & Howitt (2015) recommended a framework that was documented in a report on "*Communicating Health Messages: A Framework To Increase The Effectiveness Of Health Communication Globally"*. The framework has been created to guide communication design and decisions in order to improve the efficacy of health communication. The framework lays out process steps and key questions that guide the health communicator in producing coherent, understandable and effective messages. Suggs, et al (2015, p.11-12) suggest three phases or steps in the framework: Assess, Do, and Describe (ADD).

Step 1: Asses the Communication.

Assess sets the requirements and considerations for the function of the communication. This involves understanding the health issue, the aim of the communication and the role communication can play in improving the situation. This includes how the communication will integrate with wider efforts to

improve health and influence health behaviour. It requires knowing the evidence base about the issue, the causes of the issue, and how communication has been used successfully and unsuccessfully before. Legal and ethical considerations, including any regulations about communication in the specific context will determine what can and cannot be communicated and what might be the unintended consequences of communication. This should be fully explored before moving to the next stage which is the Do phase (Suggs, et al, 2015, p.11-12).

Step 2: Do the Communication.

Do requires conducting a contextual analysis, designing messages, testing and refining, and implementing the communication. The contextual analysis measures the circumstances in which the communication will be delivered. It includes understanding any political, environmental, or social imperatives affecting the communication, how it may be received, acted on, and how it could be misreported or distorted by others. It incorporates a target audience analysis, including socio-demographic, psychosocial, behavioural characteristics, trusted sources and media channels used, education and health literacy, motives for health, and current knowledge and beliefs. Evidence about the target audience is collected from both secondary sources, such as literature and research reports, and primary ones, such as interviews, focus groups, and surveys, to develop relevant messages that are in line with the objectives set out in the Assess phase. Messages should be pre-tested, refined and improved, monitored and evaluated for the necessary effects on target audience (Suggs, et al, 2015, p.11-12).

Step 3: Describe the Communication.

Describe involves the process of documenting, evaluating and sharing to add to the health communication evidence base. All steps in the first two stages (Assess and Do phases) should be documented to ensure accountability, transparency, and to improve evidence. The communication and process should be evaluated for desired and unintended effects so that lessons can be learned about what worked well and what could be improved. All should be shared electronically evidence base for other communicators to learn for any implementation for future behaviour change initiatives in the programmes (Suggs, et al, 2015,p.11-12).

Suggs, et al, (2015, p.13) further suggest questions that the communicator should ask while designing messages for behaviour change. They gave five Ws of message design below:

- *Why are you communicating?* Know exactly why you are communicating. Is it to inform, invoke an action, change behaviour, change social norms?
- *Who do you need to communicate with?* Be clear on all the key groups in your communication. Who do you need to reach with the communication? Who are the gatekeepers to access your target audiences?
- *Where will you reach the target of your communication?* Understand all aspects of your communication channels. Where will you reach people? This will include the technology used and settings (e.g. school, homes, work, clinic, community).
- *What strategies will you use to communicate?* Have absolute clarity on what your message is: Make it consistent with the predetermined objectives set in the Assess phase. Make it simple. Use language, visuals, and ideas which are easy to process, quickly. Make it intuitive. People need to

be able to understand what you are asking them to do and why it matters, and be able to act accordingly. Also there is need to consider who is best placed to deliver your message: Who are the most trusted and influential sources of health information for your audience? Consider how your message framing will affect your audience response: Is your message framed in terms of the benefit gained or the loss of something? Does it play to people's drive to conform to norms? Consider the tone and look of the communication: Is it serious, inspiring and humorous? Is the presentation of the communication (colours, type of visual) consistent with the objectives and target audience characteristics?

- *When will you communicate to whom?* For each target audience: Know the right communication dose to be applied at the right time. When will the dissemination start and finish? How many messages, how often and when exactly? When will your audience be most receptive to your message? This is where the media come into play.

The media play a critical role in how people receive messages about health. However, practices are characterized by norms that sometimes hinder the delivery of comprehensive, accurate and relevant messages. The personalization and dramatization of information can distort scientific debate, and contribute to confusion among news consumers. The media can be used to reduce complex issues to simple understanding of the information. Suggs, et al, (2015, p.13) however stated that "health messengers throughout the world also have to contend with a politicized and commercialized media that will select and adapt messages in line with the aims or political views of their owners. Even the desire for 'balanced' coverage of an issue can distort messages: it may mean that the media incorrectly give equal weight to competing views, although expert opinion is heavily on one side of the debate" The media is an important channel to be considered in dissemination health messages for behaviour change.

Importance of Mass Media

The mass media performs four basic functions among others; surveillance of the environment, interpreting information about the environment, the transmission of the social heritage from one generation to the next and provision of entertainment to mass audience. Hence, mass media are important and indispensable to the development of modern society. The individual citizens, social organizations and businesses rely on the mass media to tell them what is going on in their community, the nation and the world at large. Governments rely on the media not only to inform the people of their activities but also to be informed about what various sectors of society believe about, and want from the state. Thus, the mass media are a vital link in an information system that encompasses all levels of society and its governance. However, they do not operate as neutral conveyors of information but as social institutions that function within particular political and legal constraints, employing a distinctive mixture of trained personnel, following specific information-gathering procedures, to create materials for either visual, auditory or conceptually oriented media. They have a particular view of their role in society and work under particular financial constraints. Despite these and other constraints, the mass media play a crucial role in all modern societies. The more open a society is to all voices, the more vital is the role of the media in keeping it open and accessible to the many and varied interests of individuals and groups at all times (Severin & Tankard, 1992). Supporting this view, Curran (1977) stated that the mass media contribute information and analysis within a wide context in which a variety of individuals and groups compete to interpret the real meaning of events.

In another vein, the social power of the media was further elaborated as machinery that can attract and direct attention to problems and provide solutions, confer status and confirm legitimacy, be a channel for persuasion and mobilization. Hence, it is assumed that the more attention the media give to a topic, the greater is the importance attributed to it by the news audience (McQuail, 2010). This means that if the media give much air-time or space (in a repetitive manner) to an issue or event it is seen by information consumers as very important (Asogwa, Iyere & Attah, 2012). The increase in the establishment of media of mass communication around the globe shows the social impact of mass media as opined by McQuail (2010). Hence, Graber (1988, pp.2-3) writes that "not only are the media the chief source of most people's views of the world, but they are also the fastest way known to disperse information throughout an entire society." This shows the importance of media of mass communication as a behaviour change strategy in HIV and AIDS prevention programmes. In various documented studies, the significant role of the media in HIV prevention as it relate to behaviour change shows that mass media interventions are always much more cost-effective than alternative interventions if they reach a large percentage of the population and can reach more people faster than any other type of health intervention (Kincaid, Storey, & Babalola, 2009). It is expedient to examine theoretical framework relevant to media effect on behaviour change initiatives.

Theoretical Framework for Media Effects on Behaviour Change

Communication theories used in programmes to support social change focused primarily on the individual and interpersonal levels of communication (Freimuth & Quinn, 2004). Contemporary research, however, shows that all four levels of communication are interconnected: society and its institutions influence individuals, who, in turn, influence the larger social and institutional groups of which they are members (Freimuth & Quinn, 2004). For example, prevailing social values undoubtedly influence individual behaviour, while individual behaviour and expressions of opinion help shape social values (Freimuth & Quinn, 2004). Media effects research investigates not only how the media influence the knowledge, opinions, attitudes, and behaviours of audience members, but also how audience members affect the media (Freimuth & Quinn, 2004). Because audience members are active seekers and users of health information, the content transmitted through the media reflects their needs, interests, and preferences. Two questions are central to understanding the effects of media on audience members:

1. What factors affect the likelihood that a person will be exposed to a given message?
2. How do media effects vary with the amount of exposure to that message?

Hence, in order to address these questions, the following media theories that have been used successfully in various behaviour change initiatives and their impact as it relate to HIV and AIDS intervention in Nigeria shall be examined.

Agenda Setting Theory

The agenda setting theory postulates that the mass media can illuminate and focus attention on issues, helping to generate public awareness and momentum for change. Agenda setting involves setting the media agenda (what is covered), the public agenda (what people think about), and the policy agenda (regulatory or legislative actions on issues). Research on agenda setting has shown that the amount of

media coverage an issue receives correlates strongly with the public's opinion of how important that issue is (National Institute of Health, 2005). De Fleur and Ball-Rokeach (1982) citing Funkhouser (1973) on the same issue examined the relationship between public opinion and media content, and the relationship between media content and reality. Funkhouser (1973) study shows that many people believed in the media as reliable source of information because their perception and that of media practitioners on content of the media are the same. This theory can also be linked to the Cultivation theory of mass media, proposed by George Gerbner (1997) which specifies that repeated, intense exposure to deviant definitions of "reality" in the mass media leads to perception of that "reality" as normal. The result is a social legitimization of the "reality" depicted in the mass media, which can influence behaviour (Gerbner, 1997). Mass media promotion of condom use to prevent HIV has been pervasive in South Africa for well over 10 years, so it should not be surprising that some, if not most, of the increased condom use among youth is the result of media interventions, and thus to some of the measured decline in HIV incidence. (Kincaid, Storey, & Babalola, 2009).The focus of many communications research has been on how the mass media influences public opinion, especially about politics, policymaking and other issues including health issues like HIV and AIDS. Hence, agenda setting is one of the possible ways that the mass media can have an effect on the public.

Uses and Gratification Theory

The Uses and Gratification theory has five elements. The first is that the audience is active; that media exposure has a "causal origin". The second element sees the member of the audience as the initiator of the link between need gratification and media choice. The third element acknowledges the fact that "the media compete with other sources of need satisfaction". The fourth element is that the goals of media use are better supplied on the methodological level - by the audience themselves, while the fifth states that "audience orientations" should be "explored on their own terms"(McQuail, 1994:235). Further studies reveal that the focus this theory is that audience members have certain needs that are satisfied by using varied media sources (McQuail, 2010).

Audience gratifications can be derived from at least three distinct sources: media context, exposure to the media per se and the social context that typifies the situation of exposure to different media." (Katz, Blumler & Gurevitch (1974:11) Specific attributes of the media are recognized by proponents of the gratification model, as capable of serving different needs. This submission shows that the uses and gratification approach involves a shift of focus from the purposes of the communicator to the purposes of the receiver. It attempts to determine what functions mass communication is serving for audience members. The uses and gratification approach was conceptualized to know "what people do with the media (Katz, Blumler & Gurevitch, 1974). This shows that the development of information campaigns should begin with a study of the potential information users. Hence, mass media campaign for HIV and AIDS education must take into cognizance the end user of the information, who the audiences are, before such information is diffused into the community. The need for audience research becomes highly expedient for information dissemination on HIV prevention to have the required impact, which is behaviour change.

HIV and AIDS Situation in Nigeria

Globally, an estimated 35.3 (32.2-38.8) million people were living with HIV in 2012 (Joint United Nations Programme on HIV/AIDS (UNAIDS) (2013). There were 2.3 (1.9-2.7) million new HIV infections

globally, showing a 33% decline in the number of new infections from 3.4 (3.1-3.7) million in 2001. At the same time the number of AIDS deaths is also declining with 1.6 (1.4-1.9) million AIDS deaths in 2012. The epidemic continues to disproportionately affect sub-Saharan Africa, home to 70% of all new HIV infections in 2012. Current surveys in several countries in sub-Saharan Africa have detected decreases in condom use and/or an increase in the number of sexual partners (Joint United Nations Programme on HIV/AIDS (UNIADS), 2013; National Agency for the Control of AIDS (NACA), (2015).

The epidemiology of HIV in Nigeria is mainly informed by two national surveys conducted every two years by Federal Ministry of Health (FMOH), the Antenatal Clinic (ANC) survey (2013) among pregnant women and the National HIV/AIDS and Reproductive Health Survey (NARHS) (2012) which is a general population based survey in line with World Health Organization (WHO) guidelines. Sentinel survey data showed that the HIV prevalence increased from 1.2% in 1991 to 5.8% in 2001. After 2003, the prevalence declined to 4.4% in 2005 before slightly increasing to 4.6% in 2008. Results from the latest round of sentinel survey show that the national prevalence was 4.1% in 2010 (Federal Ministry of Health (FMOH), 2013).

Trend analysis of HIV prevalence from sentinel surveillance in Nigeria indicates that the epidemic has halted and is showing signs of stabilizing at about 4% from 2005 till date. The ANC 2010 survey reported a national HIV prevalence of 4.1% and the States' prevalence ranged from 1% in Kebbi State to 12.7% in Benue State. Similarly, based on projected HIV estimates of 2013, about 3,229,757 people now live with HIV while it is estimated that 220,394 new HIV infections occurred in 2013. A total of 210,031 died from AIDS related cases. It is also estimated that a total of 1,476,741 required anti-retroviral drugs (ARV) in 2013 (NACA, 2015).

Although most-at-risk populations contribute to the spread of HIV, heterosexual sex, particularly of the low-risk type, still makes up about 80 percent. Mother-to-child transmission and transfusion of infected blood and blood products, on the other hand, account for the other notable modes of transmission. Another National HIV/AIDS and Reproductive Health Survey (NARHS) conducted in 2012 reported a national prevalence of 3.4%. There was a slight decline from the previous estimates of 2007 which was 3.6%.The overall national prevalence also masks several nuances and variations in Nigeria's epidemic at the sub-national (state) levels and among population groups. The 2012 NARHS HIV prevalence was highest among those aged 35 to 39 (4.4%), and lowest among the 15- 19 age group (2.9%). The prevalence for males aged 35 to 39 years was highest at 5.3%, while women aged 30 to 34 years was 4.2%.

Geographically, the HIV prevalence was highest in the South-South zone with the prevalence rate of 5.5% recorded, in the NARHS 2012, depicting an increase from 3.5% in 2007 (NARHS2012). Key drivers of the HIV epidemic in Nigeria include low personal risk perception, multiple concurrent sexual partnerships, transactional and inter-generational sex, ineffective and inefficient services for sexually transmitted infections (STIs), and inadequate access to and poor quality of healthcare services(FMOH, 2013). Entrenched gender inequalities and inequities, chronic and debilitating poverty, and persistence of HIV/AIDS-related stigma and discrimination also significantly contribute to the spread of the infection (FMOH, 2013).

Factors Contributing to the Spread of HIV in Nigeria

There are various factors contributing to the spread of HIV in the world with Nigeria having its own peculiarities based on socio cultural and behavioural modifications (Pennington, 2005). The findings of various studies will assist us in reviewing some of these factors.

1. **Lack of Sexual Health Information and Education:** Information is an important tool for providing access to Sexual Reproductive Health services in Nigeria. A lot of people do not have access to information and if information is not shared a lot of people will be ignorance of what goes on around them which will eventually result into poor health seeking behaviour among the people. Also, the inadequacy of sexuality education and information about sex among young people and the sexually active population is a critical problem. The sacrosanct nature of disseminating sexual information in Nigeria is basically for cultural and religious reasons. The discussion of sex with teenagers, girls in particular, is seen as indecent. Studies have shown that there is limited sexual health education for young people which has led to high rate of sexually transmitted infection (STI) and HIV among them. Lack of accurate information about sexual health has meant there are many myths and misconceptions about sex and HIV which has been contributing to increasing transmission rates among young people (WHO, 2011;Yankah & Aggleton, 2008).
2. **Stigma and Discrimination:** The issue of stigma and discrimination against people living with HIV/AIDS in Nigeria is one of the ways in which the infection rates keep on increasing. The Christians and Muslims religions believed that those who contract HIV are reaping the consequences of their immoral behaviour. This affects attitudes towards people living with HIV/AIDS (PLWHA) and HIV prevention. PLWHAs often lose their jobs or are denied healthcare services because of the ignorance and fear about HIV and AIDS. There is so much ignorance about HIV/AIDS that 60% of healthcare workers think HIV positive patients should be isolated from other patients (Pennington, 2005).
3. **Poor Healthcare Services:** The healthcare care system in Nigeria has deteriorated because of political instability, corruption and a mismanaged economy. Large parts of the country lack even basic healthcare provision, making it difficult to establish HIV testing and prevention services such as those for the prevention of mother-to-child transmission (MTCT). Sexual health clinics providing contraception and testing and treatment for other STIs are also few and far between. (Sofo, Ali-Akpajiak & Pyke, 2003). Lack of adequate human resources (doctors, nurses, midwives and Community Health Workers (CHWs) is a barrier to accessing health services. Government build health centres, clinics and hospital with inadequate staff to provide services hinder access to adequate health services by the people (WHO, 2011). The management of the health services often show major weaknesses resulting in waste and inefficiency. The inputs in the delivery of reproductive health care by the different levels of governments, voluntary organisations and other agencies are generally poorly coordinated (FMOH, 2010).
4. **Gender Imbalance:** The traditional Nigerian culture shows masculinity as strength which is a notion that men must dominate women in all aspect of life (Odimegwu, 2008).This traditional model of masculinity encourages men, young and old, to dominate relationships with women (Odimegwu, 2008). In male-dominated relationships, men may be less likely to accept a woman's request to use a condom or her desire to abstain from sexual engagement entirely, thereby increasing sexual and reproductive health risks for both partners (Odimegwu, 2008). A young woman's difficulty in negotiating condom use is further exacerbated in cross-generational relationships, which are fairly common in parts of Nigeria. The age gap limits a young woman's autonomy and her ability to make decisions, including her ability to negotiate condom use or refuse to have sex with a husband who is known to be unfaithful or have and Sexually Transmitted Infections (STIs) (NPC, 2009). The influence of masculinity and perceived "machismo" has also limited the use of sexual and

reproductive health services by young men. Young men, often, believe that use of health services and other positive-seeking behaviours signifies a sign of weakness (Odimegwu, 2008).

5. **Marriage Practices:** Harmful marriage practices violate women's human rights and contribute to increasing HIV rates in women and girls. In Nigeria there is no legal minimum age for marriage and early marriage is still the norm in some areas (National Population Commission, 2009). Parents see it as a way of protecting young girls from the outside world and maintaining their chastity. Girls get married between the ages of 12 and 13 and there is usually a large age gap between husband and wife (National Population Commission, 2009). Young married girls are at risk of contracting HIV from their husbands as it is acceptable for men to have sexual partners outside marriage and some men have more than one wife (polygamy). Because of their age, lack of education and low status, young married girls are not able to negotiate condom use to protect themselves against HIV and STIs (Population Council, 2004).
6. **Female Genital Mutilation:** Female genital cutting (FGC), also known as female circumcision or female genital mutilation (FGM) is a cultural practice which involve the partial or total removal of the external female genitalia or any other injury to the female genital organ for nonmedical reasons(WHO) 1997). An estimated 19.9 million Nigerian women have undergone FGM/C meaning that approximately 16% of the 125 million FGM/C survivors worldwide are Nigerians (NPC, 2014) Overall prevalence of FGM/C among girls and women aged 15-49 years in Nigeria (27%) is lower than in many countries However, due to its large population, Nigeria has the third highest absolute number of women and girls (19.9 million) who have undergone FGM/C worldwide (after Egypt and Ethiopia) (National Demographic and Health Survey (NDHS) 2013). In many cultures including Nigeria, FGC is a cultural practice that is considered important for the socialization of women, curbing their sexual appetites, and preparing them for marriage. Despite its cultural importance, FGC has drawn considerable criticism because of the potential for both short- and long term medical complications, as well as harm to reproductive health. FGC puts women and girls at risk of contracting HIV from unsterilized instruments.
7. **Sex Work:** Prostitution is illegal in Nigeria but there are more than 1 million female sex workers. Hence, sex work is a highly stigmatized activity in Nigeria. As a result, many sex workers operate clandestinely, although an increased presence of young women engaged in sex work are noticeable in designated spots in many Nigerian cities such as Abuja, Lagos and Port Harcourt. Female sex workers (FSWs) in Nigeria broadly consist of two groups – brothel-based and non-brothel based. FSWs are usually between late teenage years and forty in age. FSWs are generally a highly mobile population, sometimes moving from one location to the other within days (SFH, 2004).

The findings of various surveys carried out in Nigeria suggest very high level of awareness of HIV and AIDS among FSWs (SFH, 2004). However the high level of awareness does not necessarily translate into high level of knowledge (SFH, 2004). HIV infection rates among sex workers have been estimated to be as high as 30% in some areas. There are low levels of condom use among sex workers because of a lack of knowledge about HIV transmission and poor acceptance by male clients (USAID, 2003). The main risk of HIV in sex works relates to lack of condom use or inconsistent condom use by FSWs despite the high number of partners they have sex with. Reason why most FSWs would not use condom is as a result of the competition in sex works. Clients' dislike for condom is another major reason that FSWs may not use condoms. Many clients have been said to dislike condom on the ground that it diminishes their sexual pleasure. Despite their risky sexual behaviour, risk perception among FSWs is

low. Fifty-five percent of FSWs surveyed in 2004 believed that they were not at the risk of contracting HIV (UNAIDS, 2007, ENHANSE, 2007).

The notion of sex work which is usually commercialized are now been seen among sex workers as a social service. Average sex workers believed they are offering social services to their client; hence they regard themselves as social workers. This view of their trade constitutes high risk for the sexually active population who patronize them.

These factors, lack of sexual health information, stigma and discrimination, poor health services, gender imbalance, marriage practices, female genital mutilation and sex work, as discussed are critical issues that must be examine if any meaningful behaviour change intervention must take on HIV and AIDS prevention initiatives. This brings the role of the media to the fore front as agent of change and information dissemination. But with depth of the intervention what role could the media play in this regard?

Media Effect on Behaviour Change

One of the major concerns of communication theorists for years has been to investigate the effect of mass communication. Mass media have become a major force to reckon with in society but the questions still stand out. Are the effects of mass communication large or small? Are they malevolent or benign? Are they obvious or subtle? Are they potent for behaviour change? These are some of the questions programme implementer put into consideration especially with the emergence of HIV and AIDS epidemic in sub Saharan Africa.

The media are interconnected, large-scale organizations that gather, process, and disseminate news, information, entertainment, and advertising worldwide. Whether they are small operations, such as a neighbourhood newspaper, or large corporations employing tens of thousands of people, the media influence almost every aspect of human life: economic, political, social, and behavioural. The outcomes of media dissemination of ideas, images, themes, and stories are termed media effects (National Institute of Health, 2005 citing Babara & Karen, 2005)). Media effects research investigates not only know how the media influence the knowledge, opinions, attitudes, and behaviours of audience members, but also how audience members affect the media. Because audience members are active seekers and users of health information, the content transmitted through the media reflects their needs, interests, and preferences. Two questions are central to understanding the effects of media on audience:

1. What factors affect the likelihood that a person will be exposed to a given message?
2. How do media effects vary with the amount of exposure to that message?

Funding is a primary factor that determines whether or not audience will be exposed to a message through the mass media. Since money is needed to buy media time and space, many public health programmes do not have large budgets, so they often must rely on strategies for free distribution. Options may include public service announcements, embedding health messages in entertainment programmes (e.g., soap operas), or promoting news coverage of public health topics in print and electronic media. Community institutions can adopt and disseminate messages, and social networks can also generate excitement about some messages, depending on their content (Freimuth & Quinn, 2004). How often do people need to hear a message before it influences their beliefs or behaviours? This depends on several factors. Characteristics of target audiences (e.g., their readiness for change, the ways they process information), the complexity of the health issue, the presence of competing messages, and the nature

of the health message influence the relationship between exposure to a health message and an outcome effect. Repeated exposure to a message, especially when it is delivered through multiple channels, may intensify its impact on audience (National Institute of Health, 2005).

Planners often assume that a certain percentage of the target audience will be exposed to a message and that another fraction of those who receive the message will be engaged by it (National Institute of Health, 2005). Yet there are several possible paths through which a health communications message can influence someone's beliefs and/or behaviours. These include immediate learning (people learn directly from the message), delayed learning (the impact of the message is not processed until sometime after it has been conveyed), generalised learning (in addition to the message itself, people are persuaded about concepts related to the message), social diffusion (messages stimulate discussion among social groups, thereby affecting beliefs), and institutional diffusion (messages instigate a response from public institutions that reinforce the message's impact on the target audience) (National Institute of Health, 2005). This shows that the nature of the media and its effect on the target audience must be examined for the required impact especially on issue of HIV and AIDS that is not a popular message with the people. We shall examine case studies of media use for HIV prevention interventions in Nigeria.

Case Studies of Media Use for HIV Prevention Interventions in Nigeria

The former Africa Regional Director of International Federation of Journalist (IFJ) Gabriel Ayite Baglo stated the roles that the media should play in HIV/AIDS prevention:

… the media has a crucial role to play in the battle against HIV/AIDS. As with other development issues in the world and in Africa in particular, the media is an integral and important part of the discourse. Journalists have been and continue to be in the forefront either individually or collectively because first and foremost they are members of society and HIV/AIDS affects every member of society. (FAMEDEV Bureau RégionalAfrique, 2005)

The use of the media to disseminate messages on health issues like HIV and AIDS has been documented in various researches to be a potent strategy for behaviour change (Osakue, Kayode, Marcel & Adekunle, 2010; Obono, 2011; Ogbabo, 2011),. This has been shown in their combination of messages with entertainment, which promote specific programmes. Television media with its combination of visual images and sound make its message convincing while radio is most effective when used in conjunction with other channels of communication. Several media are best used together to reinforce each other or to compensate for each other's shortcomings because different media reach different audiences. The media has contributed to the AIDS response in the following ways:

- Providing information and education on the epidemic,
- Advocating for a cause in relation to HIV by giving voices to the 'voiceless,
- Contributing to Behaviour Change through continuous information dissemination,
- Raising public awareness by mobilizing support for the epidemic,
- Promoting gender balance reporting and literacy among PLWHAs,
- Promoting hope that being HIV positive is not a death sentence,
- Setting agenda by putting issues in the front burner of public discourse,
- Investigating cure claims by medical researchers and allaying public fears,
- Supporting and monitoring government and community efforts in HIV/AIDS prevention.

The amount of time and attention that people give to mass media provides an ideal opportunity for communicating about sexual health. Hence, the media have been used effectively to promote sexual responsibility in most countries for decades. The media have a pivotal role to play in the fight against AIDS. Many media organizations are rising to the challenge by promoting awareness of HIV/AIDS and educating listeners and viewers about the facts of the epidemic and how to stop it. A study on the media and HIV and AIDS in the United States of America, United Kingdom and other countries in Africa shows that 72% of Americans identify television, radio, and newspaper as primary sources of information about HIV and AIDS while similar statistics was reported in UK and India. Clearly, media organizations have an enormous influence in educating and empowering individuals to avoid contracting HIV. Doing so with maximum efficiency, however, requires a clear understanding of the challenges and the obstacles to widespread and effective HIV-prevention education (UNAIDS, 2004). Other studies have revealed the contribution of the media to behaviour change and HIV prevention in Nigeria. We shall review three case studies in this regard.

CASE STUDY 1

Enhancing Nigeria's Response to HIV/AIDS 2009-2014: BBC Media Action Programme Awards

The BBC Media Action broadcast radio programmes and supported local radio stations across Nigeria to produce content and public information that aimed to control the spread of HIV and mitigate the impact of HIV and AIDS. The project included:

- Youth-focused radio magazine programmes *Flava* and *Ya Take Ne* (What's happening?) broadcast in English and Hausa on a network of partner radio stations across Nigeria.
- Short films and TV and radio public service announcements (PSAs) about HIV and AIDS.
- Training for journalists, TV and radio producers and station managers, as well as film and music producers.
- Annual media awards for radio and television stations.

The project BBC Media Action helped to tackle misconceptions about HIV and AIDS, encouraged people to seek testing and treatment, and challenged stigma surrounding people living with HIV and AIDS. In addition to making radio magazine programmes and radio and TV PSAs, BBC Media Action worked with Nigeria's booming Nollywood film industry, musicians and other creative producers. This included staging workshops for more than 50 producers, directors, singers and scriptwriters during which they learned more about the science behind HIV and AIDS as well as meeting people living with the virus. Four short films (Wetin Dey, Let's Talk HIV, Shuga and I need to Know) tackling issues relating to HIV and AIDS were by created by Nollywood producers and directors as a result of the collaboration. To encourage media managers to commission radio programmes about HIV and AIDS, BBC Media Action also ran "master classes" with senior managers from partner radio stations. This training covered editorial guidelines, broadcast management and revenue generation (BBC Media Action, 2015)

CASE STUDY 2

Journalist Against AIDS (JAAIDS) 1988-2015

Journalists Against AIDS in Nigeria (JAAIDS) an NGO on advocacy and communications was formed by Omololu Falobi, a features editor with the Sunday Punch. The most visible aspect of JAAIDS HIV prevention activity was the daily Nigeria AIDS e-forum which was used as a communications tool on HIV/AIDS in Nigeria and across Africa. Health and development professionals around the world use the daily list-serve to share information, news, contacts, and debates on HIV/AIDS in Nigeria. Omolulu's leadership, his long-time commitment to pushing for Africa's own community leadership over its epidemic, his example of how journalists can be stronger social activists, his vision and championing of the Nigeria e-forum, and his ability to draw other activists together for positive change have inspired and motivated people from around the globe into action. Hence, JAAIDS became a leading global organization in advocate for HIV/AIDS treatment, care, and prevention (Journalist Against AIDS (JAAIDS), 2007)

CASE STUDY 3

HIV/AIDS and the Broadcast Media in Urban Communities in Edo State, Nigeria

The study examines the role of the broadcast media particularly the television medium in educating the public on Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) as well as caring for the HIV/AIDS infected persons in Edo State. The result showed that television, as a medium of mass communication has been able to raise awareness on HIV/AIDS through its various programmes, which are geared towards enlightening people about HIV/AIDS or helping the infected persons to live positively. It was also found that a partial disconnect exist between the people's sense of awareness and sexual behaviours as could be gleaned from their attitude in terms of risky sexual behaviours indicated by the increase in HIV/AIDS infection in Edo state (Osakue, Kayode, Marcel & Adekunle, 2009).

DIRECTIONS FOR FUTURE RESEARCH

Interventions designed to modify people's behaviour need to be based on sound principles of behaviour change. Several media strategies have been mention in the chapter to understanding dissemination of information for HIV prevention. However, no single media strategy is sufficiently potent to provide all the essential messages or information to change behaviour. Based on this understanding there is need for a complementary combination of media strategies that can be incorporated into behaviour change program design. Hence future studies can be explores into developing media strategies for targeting specific high risk groups, for reinforce individual behaviour change efforts and maintenance of behaviour change over time.

CONCLUSION AND RECOMMENDATION

Improving the Role of the Media in HIV Prevention in Nigeria

The role of the media is undermined by a variety of factors including creating more awareness that are not translating to *"required behaviour change",* reaching large audience with no potent feedback mechanism, reporting about HIV which seems monotonous, competing of other health problems with HIV, inadequate training of journalist about HIV reporting, ideological constraints as determined by information gatekeepers and the commercial interests of media formations(mailto:jaaidsng@nigeria-aids.org 2007,CADRE, 2001,p. 11). Hence, there should be guiding principles for project communicator using the media for HIV prevention in Nigeria as is the case in South Africa (CADRE, 2001). Media use should include: accuracy and consistency in reporting, the use of non-alarmist, non-moralistic and non-discriminatory language implicitly or explicitly blaming those with HIV or involved in high-risk activities, the promotion of basic human rights and gender equity, the use of acceptable local languages, and the promotion of HIV related services and resources (CADRE 2001p.11). In addition, "greater attention should be paid to working within existing media institutional frameworks to train journalists and promote editorial policy conducive to the production of good quality reporting in line with health promotion aims" (CADRE 2001p.12).Hence, the media should be involved in HIV project implementation from the inception rather than a situation of just taking HIV news to media houses. On the part of media institutions, they urgently need to develop codes of good practice for reporters to safeguard against reporting which simply counts the numbers of the infected and the dead and which explicitly or implicitly presents AIDS as an issue of public morality rather than of public health.

Communication efforts that use multiple media, reach most people and best reinforce the message. When closely tied to behaviour change, such multimedia efforts can promote and sustain positive behaviour among the target population especially in Nigeria. The effectiveness of communication channels like radio and television depends on the accessibility of such media by intended audiences (De Fossard, Baptiste, Corrales &Bosch, 1993). Hence, there is great potential for the media to contribute more constructively to the conceptualization of the HIV/AIDS epidemic for behaviour change and to be proactive in shaping societal and government response to the epidemic (CADRE, 2001), However, various studies and experiences have shown that irrespective of the contribution of the media and various intervening strategies, behaviour change still lies with the individual decisions.

In a study by the Global HIV Prevention working group (2008), their findings reveal that there are limitations to the potency of applying the existing theories of behaviour change interventions. Hence, they stated thus

… existing models of behavioral interventions are based on various cognitive behavioral theories that assume that individuals will take steps to avoid risks if they are fully informed and sufficiently motivated. While such approaches may work well for many people, they are unlikely to address the needs of the myriad populations at risk of infection. Because human sexuality and drug dependence are phenomena that are not always subject to cognitive control or mediation, cognitive approaches alone will not produce behaviour change in many people. (Global HIV Prevention working Group, 2008, p.13)

They concluded that "many individuals confront exceptionally elevated risk of infection not primarily as a result of their own risky behaviour, but rather because of the behavioural characteristics of their partners or the particular structure and functioning of the social networks to which they belong. Hence, influencing individual behaviour in such cases will have only a limited impact on infection rates (Global HIV Prevention working Group, 2008, p.15). This submission revealed that, there is need to evolve other form of communication like interpersonal communication, community mobilization and advocacy to support media strategies for effective HIV prevention initiatives in Nigeria for the required impact on the target population who are diverse in socio cultural and behavioural characteristics.

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KEY TERMS AND DEFINITIONS

Behaviour Change: Behavior change can refer to any transformation or modification of human behavior.

Behaviour Change Communication (BCC): An interactive process of any intervention with individuals, communities and/or societies (as integrated with an overall program) to develop communication strategies to promote positive behaviors which are appropriate to their settings.

Health Services: Include all services dealing with the diagnosis and treatment of disease, or the promotion, maintenance and restoration of health. They include personal and non-personal health services. Health services are the most visible functions of any health system, both to users and the general public. Service provision refers to the way inputs such as money, staff, equipment and drugs are combined to allow the delivery of health interventions.

HIV and AIDS: HIV (human immunodeficiency virus) is a virus that attacks the immune system, the body's natural defense system. Without a strong immune system, the body has trouble fighting off disease. Both the virus and the infection it causes are called HIV.The last stage of HIV infection is AIDS (acquired immunodeficiency syndrome). People with AIDS have a low number of CD4+ cells and get infections or cancers that rarely occur in healthy people. These can be deadly.

Mass Media: The use of technology that is intended to reach a mass audience. It is the primary means of communication used to reach the vast majority of the general public. The most common platforms for mass media are newspapers, magazines, radio, television, and the Internet. The general public typically relies on the mass media to provide information regarding political issues, social issues, entertainment, and news in pop culture.

Sexual Behaviour: Sexual behaviour deals with all things relating to sex, conception and satisfaction. Also this deals with any activity—solitary, between two persons, or in a group—that induces sexual arousal. There are two major determinants of human sexual behaviour: the inherited sexual response

patterns that have evolved as a means of ensuring reproduction and that are a part of each individual's genetic inheritance, and the degree of restraint or other types of influence exerted on the individual by society in the expression of his sexuality.

Sexual Health Information: Information about a person state of physical, mental and social well-being in relation to sexuality. It contain information about a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

Sexual Practices: The manner in which humans experience and express their sexuality. People engage in a variety of sexual acts, ranging from activities done aloneto acts with another person in varying patterns of frequency, for a wide variety of reasons.