

Full Length Research Paper

Evaluation of the effect of media-mix on HIV/AIDS information dissemination in Abia State, Nigeria

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The study examined the effectiveness of media-mix in disseminating HIV/AIDS information to rural communities in Abia State, Nigeria. Abia State is made up of three Geo-political Zones namely Abia North, Abia South, and Abia Central. From the three zones, two zones Abia North and Abia South were randomly selected and from these two zones, two Local Government Areas (LGAs) – Ohafia and Obingwa were purposively selected because they met the criteria for the study. From these LGAs, two communities Akanu-Ukwu and Mgboko-Amairi were also purposively selected and from these communities two villages, Abia for Akanu-Ukwu and Obete for Mgboko-Amairi were also selected. From each village, 50 respondents were randomly selected bringing the total to 100 respondents. Data were collected through well structured questionnaire and Focus Group Discussion and subsequently analyzed with the use of simple descriptive and inferential statistics. Major findings of the study indicated that majority (40%) of the respondents were still in their active and productive years. Respondents' level of knowledge before intervention revealed that 42% of the respondents from Abia North had high knowledge of the epidemic, while 46% of the respondents from Abia South had high knowledge of the epidemic. The results also revealed a significant increase in the level of knowledge of the respondents after intervention. For Abia North, level of knowledge increased to 66 and 80% for Abia South. On effectiveness of the media-mix, the result indicated that the level of knowledge for Abia North increased from 42 to 66% indicating significant increase of 24% while that of Abia South increased from 46 to 80% indicating significant increase of 34%. The paper recommends, therefore, that media-mix should be used in HIV/AIDS educational campaign. This is necessary as message that is repeated many times perhaps with variables but with basic consistency becomes familiar and the people come to recognize and understand it without having to think.

Key words: Evaluation, media-mix, communities and Abia State.

INTRODUCTION

Mass media intervention organized by the Abia State government was aimed to prevent HIV by increasing knowledge, improving risk perception and changing sexual behaviour. The State in collaboration with non-governmental agencies often had organized workshops and seminar for information dissemination and control of HIV and AIDS among the general public, youths in educational institutions and out of school youths. There is

a misconception about the disease that it only spread through sexual contact contrary to other important factors such as blood transfusion, exchange of syringe needles, use of sharp object with affected person and mother to child transmission. From recent report from UNAIDS (2008) Abia State no more has low prevalence of the disease. Although mass media interventions offer a cost effective way to reach large number of people, including

people who may be difficult to reach through interpersonal approach especially those in the rural areas, research has shown declining awareness and concern about AIDS among the Abians (Odoemelam, 2011). Many individuals at highest risk of infection either do not recognise their risk or believe that HIV is no longer a serious threat. Studies indicate that those who are complacent about the threat of HIV are likely to practise risky behaviour (Abronua and Maiback, 2008).

The effects of mass media may be short term; re-inforcement of messages is needed to sustain behaviour change (Mix Media).

Rural livelihood is changing rapidly because of HIV/AIDs epidemic. Many people pass away in early phases of their lives. The epidemic touches communities and rural societies. The consequences include, for instance: an increasing amount of orphans, a lack of knowledge sharing from generation to generation, not being able to work and generate enough income, children being withdrawn from schools to help generate income, out-migration to urban areas. As at 2008, rural prevalence rate of Abia State was 13.7% (Odoemelam, 2008). Communities need to learn appropriate strategies to prevent this disease. HIV/AIDs is a socially complex problem covering many different sectors of rural life. It is more than a health issue and affects all sectors of life. Many countries including Nigeria acknowledge this, at least in principles through their multi-sectoral approach after their initial period of denial. The television has played a visible role in the (AIDS) Acquired Immune Deficiency Syndrome in the developing countries (Bertrand et al., 2006), including Nigeria and Abia State in particular.

The Nigerian Government having realized the inability of the health sector to handle the crisis of the epidemic alone, they then turned to educational campaigns using the mass media to halt the spread. In Abia State, the same educational campaigns were going on using mass media and line ministries. All these efforts were conducted with useful messages and also with the intention that the information will create an environment that is conducive for safer behavioural practices. Unfortunately, these communication interventions have not been very successful (Lambo, 2004). Therefore, something might be wrong with the communication strategies which are being employed in the state. Even when AIDS is a theme in a mass media material, it is often not addressed in the most responsible way, because mass media is a business and customers must not be offended (Church and Coller, 1989). And also Palmer (1998) cited that of all the AIDS cases portrayed on television, 37% were caused by blood transfusion, while the actual figure does not exceed 3%. All these lead to the conclusion that unplanned, regular media and entertainment material will never on its own provide health education which would in any significant way influence HIV/AIDs related behaviour. So the needs for media-mix

for reinforcing the messages become necessary. Palmer (1998) opined that through methodology and technology for effective dissemination of information using mass media, there is a need in linking mass media with interpersonal communication. The purpose of this paper was, therefore, to evaluate the effectiveness of media-mix in disseminating HIV/AIDs information to rural communities in Abia State, with the following specific objective:

1. To identify the socio-economic characteristics of the respondents.
2. To ascertain the language literacy of the respondents.
3. To know the level of knowledge of the respondents before and after intervention
4. To identify the channels through which respondents receive health messages.
5. To ascertain the effectiveness of the media-mix in disseminating the messages.

METHODOLOGY

The study area

The study area was Abia State. Abia State is made up of three senatorial zones, namely Abia North, Abia South and Abia Central. Abia North and Abia Central are made up of five local government areas each while Abia South is made up of seven local government areas.

Multi-stage sampling procedure was used in the selection of the sample size. In the first stage, a local government area was selected from each senatorial zone (Ohafia LGA for Abia North senatorial zone and Obingwa for Abia South senatorial zone). From each local government area, two communities were selected (Akanu-ukwu for Ohafia and Mgboko-amairi for Obingwa LGA). From these communities, one village was selected and from these villages, women between the ages of 15 - 55 and men between the ages of 25 - 60 formed the sample frame; and the sample unit was 50 for each village, bringing the sample size to 100 respondents. Data collected were of two sets for the study. The first set involved asking the respondents the following questions to determine their level of knowledge before exposure to media-mix:

1. Are you aware of HIV/AIDs?
2. Have you seen someone suffering from the epidemic?
3. Mention some of the symptoms observed?
4. Mention various ways one can contract HIV/AIDs?
5. Name some of the preventive measures you can employ to halt the spread of the epidemic?

Their responses formed the primary data for the study (pre-intervention exercise) (E_1). In the second stage, the respondents were exposed to an intervention (television programme carrying HIV/AIDs preventive messages) and later reinforced with interpersonal channel. Two weeks later, questionnaires were administered to them to determine their level of awareness/knowledge after intervention (E_2). Quantities as well as qualitative analytical techniques were used to derive inferences. Deductive reasoning was applied for qualitative data while quantitative data were analyzed using simple statistical tools.

Level of knowledge was measured by asking the respondents 19-point questions reflecting the nineteen key messages carried by the HIV/AIDs campaigns. Using Likert-scale, the level of knowledge

Table 1. Selected socio-economic characteristics of the respondents.

Variables	Frequency	Percentages
Age		
15-20	10	10.00
25-30	25	25.00
35-40	40	40.00
45-50+	15	15.00
	10	10.00
Marital status		
Married	65	65.00
Single	35	35.00
Occupation		
Farming/Trading	8	8.00
Farming	42	42.00
Artisans	30	30.0
Civil services	12	12.00
Students	8	8.00
Education		
Non formal	31	31.00
Primary	39	39.00
Secondary	30	39.00
Tertiary	-	-
Household size		
1-3	21	21.00
4-6	51	51.00
7-10	28	28.00

was summarized and categorized into three levels (Ekwe, 2004). These levels were obtained by dividing the nineteen spaces in the scale (0-19) into three parts, with a unit interval of 6.3. The level of knowledge is considered to be high, if the mean number of responses were within 12.7 – 19; moderate, if the mean number was 6.4 – 12.6 and low if the mean number of responses was within 0 – 6.3.

Objectives 1 – 4 were analyzed using simple descriptive statistics while objective 5 were analyzed with the use of Likert scale (Nwachukwu, 2008);

E ₁	=	Level	of	knowledge	before
intervention.....					1
E ₂	=	Level	of	knowledge	after
intervention.....					2
Effectiveness	of	media-mix	(Φ)	=	E ₂
E ₁					3

RESULTS AND DISCUSSION

Socio-economic characteristics of the respondents

Results in Table 1 revealed that majority of the

respondents (40%) were within the age bracket of 25-30 years, while insignificant percent (10%) were within the age bracket of 45 – 50 years. The result obtained on age is of significance when viewed from the economic perspective. This is an indication of active productive and reproductive work. When the economic pressure on the productive segment of the population is much, the likely outcome for household heads is they would probably migrate outside their community to seek for greener pasture exposing them to risky behaviour.

Marital status

Table 1 also indicates the marital status of the respondents. About 65% of the respondents were married while 35% were single. The high level of married respondents ordinarily should mean that they have permanent partners and less likely to be infected with HIV/AIDS. However, Xiaoming et al. (2000) have shown many men do not agree to stick to one partner and also to use condom while having sex with their wives.

Occupation

The result in Table 1 further revealed the occupation of the respondents. Majority of the respondents (42%) were into farming and (30%) of them were artisans. Since farming generates about 80% of the population livelihood, disruption of food production as a result of impact of HIV/AIDS epidemic can have devastating long-term consequences for all aspect of health. Rising mortality among elderly farm workers will also disrupt the transmission of agricultural knowledge and land management skills from one generation to the next. A recent survey in rural Bukoba District of Tanzania found that women, whose husbands were sick, spent (60%) less time on agricultural activities than ordinarily would (UNAIDS, 2008).

Household size

The result further revealed the household size of the respondents. Majority of the respondents (51%) had 4 – 6 members in the households, while 28% had 7 – 10 members in their households. With large family size and the economic situation in the country, the household heads will likely migrate to other places in search of jobs, the children will spend greater part of the day hawking to supplement their family income while the women are left alone. This situation can restrict the women's ability to make sound choice about sexual practices; thereby exposing her into a situation of heightened risk, as one of the important factors in the spread of HIV/AIDS is poverty and economic insecurity.

Table 2. Distribution of respondents according to language literacy.

Variables	Frequency	Percentages
Igbo	51	51.00
English	25	25.00
Efik	19	19.00
None	5	5.00

***Multiple responses.

Language literacy of the respondents

Result in Table 2 indicated that all the respondents could speak at least one of the listed languages, while 5% of the respondents could not read with understanding any of the listed languages. The main language they could read and speak with understanding was Igbo (51.00). The implication is that most of the HIV/AIDS intervention messages should be prepared in the Igbo language.

Communication channels respondents receive health messages

Channels, according to Nwachukwu (2003), can be defined as the means by which a message comes from a source to a receiver. Results in Table 3 revealed the channels respondents receive health messages. About 11.8% receive health messages through health centres; television, 7.1%; schools, 21.1%; newspaper, 5.7%; spouse, 10.0%; religious organization, 12.8% and radio, 36.0%. Television and newspaper were not among the major sources of health information for the respondents.

Radio had the highest percentage, but the newspaper/magazine requires a distribution. Respondents complained of poor power supply and cost of battery, which of course were not visible because of low demand from the buyers. Most of the campaigns in Abia are usually carried out using these media. So there is a need for reinforcement using interpersonal channels.

After the interaction with the respondents before intervention, their responses were recorded. Table 4 shows the level of knowledge of the respondents on HIV/AIDS before exposure to intervention (television with interpersonal channel).

The table indicated that 42% of the respondents from Abia North had high knowledge, while for Abia South, 46% of the respondents had high knowledge. The implication of this result is that the conventional mass media being used in the state is fairly effective in disseminating the messages but needed to be reinforced to scale up the increase in level of knowledge.

Results in Table 5 show respondents' level of knowledge of the epidemic after the intervention exercise. From the results, one might wonder why some of the respondents still had low knowledge about the epidemic:

Table 3. Distribution of respondents on channels they receive health message.

Variables	Frequency	Percentage
Health centre	25	11.8
Television	15	7.1
Schools	45	23.1
Radio	76	36.0
Newspaper/magazines	12	5.7
Spouse	21	10.0
Religious organization	27	12.8

***Multiple responses.

34% from Abia North and 20% from Abia South. According to Leeuwis (2006), people may receive additional messages from the intervention but stick to their original view as a result of their socio-cultural background.

Effectiveness of the media-mix

Results in Table 6 indicated the level of knowledge of the respondents after exposure to media-mix intervention. Level of respondents from Abia North increased from 42 to 66% and that of Abia South increased from 46 – 80%. Looking at the results, there were some levels of significant different in the knowledge of the respondents. According to Odoemelam (2010), a similar study was carried out using television and interpersonal channels, separately. The result shows 14% increase in level of knowledge for Abia South; 18% increase in level of knowledge for Abia North. Television channel records (8%) increase in level of knowledge for Abia South and 10% increase in level of knowledge for Abia North. Television channel recorded the lowest success, and this may be as a result of poor utilization of the mass media (may be the audio signals conflict with the visual thereby confusing the receiver). For the interpersonal channel, the respondents were able to bring their experience and ideas and received appropriate feedback. So issues which were not immediately clear at the onset were resolved, making the message clearer. The media-mix recorded highest percentage because the respondents remembered the messages better as it was perceived with more than a single sense, and so making it more retentive.

Conclusion

Most of the respondents were illiterate, so repetition of the message is essential to increase retention of the message. The level of knowledge of the respondents increased significantly after intervention. Therefore, media-mix channel is effective in disseminating HIV/AIDS messages in rural communities in Abia State.

Table 4. Respondents level of knowledge before intervention.

Variables	Abia North		Abia South	
	frequency	Percentage	Frequency	Percentage
High knowledge	21	42	23	46
Low knowledge	29	58	27	54
Total	50	100	50	100

Table 5. Respondents' level of knowledge after intervention.

Variables	Abia North		Abia South	
	Frequency	Percentage	Frequency	Percentage
High knowledge	33	66	40	80
Low knowledge	17	34	10	20
Total	50	100	50	100

Table 6. Effectiveness of the media-mix.

Variables	Abia North	Abia South
Level of knowledge %		
Before intervention	42	46
After intervention	66	80
Effectiveness	24	34

RECOMMENDATION

Based on conclusion of the study, the following recommendations are made:

- Since resources are always limited, communication strategies should identify a leading medium to carry the messages and focus on major efforts there. This decision should be made primarily on the basis of the initial audience analysis.
- The use of media-mix in the HIV/AIDS educational campaign is necessary because a message that is repeated many times perhaps with variations but always with basic consistency becomes familiar and people come to recognize and understand it without having to think.
- Halting the spread of HIV/AIDS will require using appropriate media-mix carrying HIV/AIDS messages blended with empowerment strategy for the rural poor. This is necessary because the reality behind the HIV/AIDS epidemic in poor rural communities in Nigeria has more to do with socio-economic constraints than with individual cultural attitudes.
- Communities should be allowed to set their own agenda, as these must tackle the problem within context specific frameworks that take into account the core issues that are derived from the epidemic in the communities.

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