Young People's Perception of HIV/AIDS Campaign in South-West Nigeria

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ABSTRACT

Since global attention was drawn to the identification and spread of HIV/AIDS in 1983, the media has been used as the primary vehicle for both formal and informal messages on the dreaded infection. However, limited studies have explored the perception of the targeted audience on HIV/AIDS campaigns. As a result, this audience research have been used to explore the perception of young people towards HIV/AIDS messages. An in-depth interview was conducted among 31 young people who were divided into two main categories. The first category were HIV positive patients from the Federal Medical Centre, Abeokuta, Ogun State, while the second category were HIV negative students of Moshood Abiola Polytechnic, Abeokuta, Ogun State. Uniquely, the study revealed that the majority of young people have negative perceptions on HIV messages that they were exposed to. Both categories of informants argued that campaign planners never involved them in the conceptualisation of the HIV/AIDS messages. They also complained that they were stereotyped by the portrayal of HIV/AIDS as a youth disease and in-like manner that the HIV/AIDS campaigns lack creativity and up-to-date information. Furthermore, the HIV positive informants vehemently complained about the negative stereotype that the mass media gave the general populace about the infection. Hence, this study concluded that in order for HIV/AIDS preventive communication campaign to be effective, there is an urgent need for campaign planners to improve and incorporate these negative perceptions in the concept of future HIV/AIDS campaigns in Nigeria.

Keywords: *HIV/AIDS, campaigns, young people, perception, mass media*

INTRODUCTION

Given their enormous potential to reach out and their cost-effectiveness, the mass media have been one of the main tools utilised in disseminating anti-HIV/AIDS public health campaigns to young people at risks of infections in Nigeria (Adegoke, Fife, Ogunnika & Hemmer, 2014). The proliferation of HIV/AIDS campaigns have led to the increase in the knowledge and awareness of the HIV/AIDS disease, as well as the risky sexual behaviour in the country (Bertrand et al., 2006; Keating, et al, 2006; Paul-Ebhohimhen, Pooalan & Tiejlingen, 2008).

However, these campaigns did not result in the decline of risky sexual behaviour (which led to HIV/AIDS) among young people (Erinosho, Isiugo-Abanihe, Joseph & Dike, 2012; Jappah, 2013). As a result, HIV/AIDS remains one of the greatest public health challenges in Nigeria in this age group (Oleribe, et al., 2014). Owing to the critical situation in Nigeria, it was suggested that urgent steps be taken towards having a holistic understanding on the perceptions of young people towards the HIV/AIDS campaigns.

The perception of Nigerian youths towards the HIV/AIDS campaigns is very important if the prevalence of the infection is to be reduced. For instance, Nigeria has the second largest number (3,400,000) of people living with HIV/AIDS in the world with about 260,000 new infections occurring annually (FMH, 2012; NACA, 2012). Over half of all new HIV infections occur among young people, with girls being four times more likely to be infected than boys (Ringheim & Gribble, 2010). Comparatively, it is estimated that 19.3% of Nigeria's total population is aged 15–24 years and that 1.2% of Nigerian males and 2.9% of Nigerian females in this age group are infected with HIV (UNAIDS, 2010). Young people (10-24 years) which constitute 26% of the world population (UN, 2011) face the greatest risk of sexually transmitted infections (STIs) because they involve in risky sexual behaviour at a very early age. Despite the high prevalence of HIV/AIDS in Nigeria, it is surprising that limited research have been done to explore the perception of the target populations on HIV prevention campaigns. More so, literature searches revealed that few studies have been done in this area despite the numerous programmes that have been implemented on HIV/AIDS.

Research has shown that studies on HIV/AIDS focus mainly on the knowledge of HIV/STI's, attitude towards STIs/AIDS, the effectiveness of channels used, assessment of populace needs on HIV/AIDS, prevalence of HIV/AIDS and sources of information on STIs. Some examples of such studies are: The efectiveness of HIV/AIDS school-based sexual health education programmes in Nigeria: A systematic review (Amaugo, Papadopoulos, Ochieng, & Ali, 2014), Community needs assessment of key populations at risk of HIV/AIDS in Nigeria's capital territory (Asuquo, Owolabi, Onoja, Okoro, & Durueke, 2014), Prevalence of STIs among attendees of AFRH centre in Ibadan (Okonko, Akinpelu & Okerentugba, 2012), Knowledge and practice of condom usage among undergraduate students in Edo State (Izekor, Osifo, Orhue, Momoh & Airhomwanbo, 2014), Knowledge and treatment seeking behaviour of University of Ilorin students (Kadiri, Ahmad & Mustafa, 2014), Vulnerability and knowledge of STIs among female traders of reproductive age in Enugu, Nigeria (Ikeako, Ekwueme, Ezegwu & Okeke, 2014), and Knowledge, sources of information and risk factors for STIs among secondary school youth in Zaria, Northern Nigeria (Aliyu, Dahiru, Ladan, Shehu, Abubakar, Oyefabi & Yahaya, 2013).

As a result, this study seeks to take a different stand by exploring the perceptions of

young people who are both HIV positive and negative, on the HIV/AIDS campaign.

Thus, to achieve an effective HIV/AIDS campaign and enlightenment, it is important that the interventions capture both young people who are HIV positive and also those who are vulnerable to HIV/AIDS. The significance of cultural acceptability of different aspects of the HIV preventive campaign cannot be ignored in future interventions. Therefore, this audience research is designed to explore how young people (both HIV positive and negative) perceive and understand HIV/AIDS messages and ultimately, how these perceptions may help in improving future campaign production and content.

LITERATURE REVIEW

Since international attention has been drawn to the identification and spread of HIV/AIDS in 1983, the media has been used as the primary vehicle for both formal and informal messages on the dreaded infection. Several media channels such as news broadcasts, documentaries, soap operas, magazines and newspaper articles have been awash with claims and counter-claims on the debilitating scourge (Presly, Akpan, & Rishante, 2013). From the onset, the global media attention focused mainly on awareness creation, prevention and management of HIV/AIDS. Consequently, as Nigeria is a country with the second largest people living with HIV/AIDS, government and non-governmental organisations have put funds and resources together towards creating awareness and promotion against the spread of this global scourge through every available media (Presly, Akpan, & Rishante, 2013). Unfortunately, HIV/AIDS preventive campaigns in Nigeria made little or no impact in altering high risk behaviour patterns among this dominant youth population (Erinosho, Isiugo-Abanihe, Joseph & Dike, 2012; Jappah, 2013)

As a result of the low impact, scholars have criticised HIV/AIDS campaigns because not only did they not have a clear purpose, the usage of language was confusing and even undermine the educational efforts as well as embodying prejudiced attitudes and perpetuating misconceptions on how HIV is transmited, failing to take into account the reality of people's lives and their power to protect themselves and others (Wusu, 2011; Mawadza, 2004; Watney, 1987; Carter and Watney, 1989; Holland et al., 1989). In addition, several researches have suggested that the same problematic ways of understanding AIDS are refected in the knowledge and attitudes of many people and vital health education messages are often not understood (Brook, 1988, McQueen et al., 1989).

Similarly, a study on the evaluation of HIV prevention campaign in Kenya revealed that a lot of posters and pamphlets were either misinterpreted or they were not reaching the anticipated target audience (Wite, Cameron, Lapinski & Nzyuko, 1998). The study showed that at the debut launch of the campaigns, the focus of communication were on creating anxiety among the targeted public through warnings on how dangerous HIV/AIDS was rather than the provision of basic information on the virus. The posters read: *"AIDS Kills: There is no cure."* Using a focus group discussion on young boys, commercial sex workers and truck drivers, Wite, Cameron, Lapinski & Nzyuko (1998) study revealed that the interpretations these group of people had difered from what the message intended. The group recognised that the posters have several implications, for example, that drugs like tablets, capsules and injections could protect them from AIDS (Wite, Cameron, Lapinski & Nzyuko, 1998). As a consequence, the posters have been criticised as vague and lacking information on condom use.

Another study conducted by Wite, Cameron, Lapinski & Nzyuko (1998) revealed that the poster on HIV/AIDS only emphasised threat without telling people how to effectively protect themselves. One of the poster which read *"Boys, let's avoid sex before marriage"* was heavily criticised for being unrealistic and totally unacceptable. A different study among young people in Accra, Ghana, also elicited the same response that young people made it clear that it is not possible to abstain from sex (John, 2000).

Similarly, there were suggestions in the literature that interventions fail to produce results because they lack understanding and sensitivity with regards to the existing community norms and beliefs (Harrison, Newell, Imrie & Hoddinot, 2010; Kristien, Mathew, Stanley, Ronan & Marleen, 2010). Gilbert (2005) argued that the reason why some health campaigns were ineffective was because of the way in which the campaigns were conceptualised. It was suggested that health campaigns failed to account for the material and cultural conditions of youths, preferring, for example to focus on the long-term medical effects of health conditions, which have litle impact on those who feel the content of the campaigns is unrelated to their everyday life context (Davidson, 1990; Shevalier, 2000).

Shevalier (2000) also suggested that health campaigns which are typically 'adult centred' and 'adult implemented', unwitingly dismiss or ignore the social context in which young people are involved in unhealthy behaviour. Correspondingly, Shevalier (2000) argued further that the seemingly accidental oversight invariably impacts on effectiveness because young people do not 'listen' to campaigns that spoke at them, rather than to them. She asserted that when prevention programme definitions are 'dissonant' with the meaning systems of the viewer, the viewer tends to alleviate this dissonance through passivity, 'dropping out' or 'inverting' programme meaning to suit their own ends.

HIV/AIDS PREVENTION CAMPAIGNS IN NIGERIA

The Nigerian government's initial response to HIV/AIDS was health-focused and directed by the Ministry of Health. The year 1999 brought in a commited democratic regime that recognised the increasing danger of allowing the epidemic of 5.8% zero-prevalence to spread amongst its 160 million people (Odukoya, Busari, & Ateh-Abang, 2006).

Some of the responses by the government include: seting up the Presidential Action

> If I know anyone who is HIV positive, I will have pity for the man because I know that very soon he will die and if the person is a lady then I know that she is not someone that I can have any intimate relationship with. I will be very careful with that kind of person if she is my friend. I will make sure that I avoid any body contact with her. It will affect my relationship with her because there are some discussions we can never share again like maybe her sexual life. I will also not want people to refer to me as a friend of an HIV carrier. They will think that I also have the disease because they might think that we must have shared so many things together. People will assume that maybe my HIV has not developed. (Informant B 31)

> If I know someone who is HIV positive, honestly I will avoid him or her because I am not sure that I wouldn't get the virus from him or her. I will be scared of him because I might be thinking that because he has the virus he might want to infect someone else with it. He might pierce himself with a needle and stab me with it. So I will be very careful with such a person. You can't trust people anymore. I don't think I will go near him again. I will also stop any interaction with such a person because people might feel that I also have the virus. There is this popular saying that birds of a feather flock together. I will be scared because I will be thinking of the possibility that I might contract the virus from him; I wouldn't eat with him again neither will I hug him and I will not shake hands with him again. I will be glad to interact with the person on phone. I will still behave this way despite the information that I have heard about the virus. (Informant B 27)

> Yes, there will be stigma attached to an STI person because in my kindred they will believe the person got it through sex… you know in the kindred you have all the grandmothers and fathers. They will not even get close to the person. They believe the only way to contract such disease is through sex. For youths like us we are told in school through all these campaign that people should not run away from somebody that has HIV/AIDS. I told my grandmother about this and she started cursing the people who passed across such information. (Informant B 14)

However, only few of the HNI express that PLWHA deserves understanding and respect from people in the society.

> If I come across someone with HIV I will not discriminate against the person because there is possibility that he may not have contracted it through sex. (Informant B 33)

Overall, it can be deduced that the messages churned through the media crystallised the perception that people who have HIV/AIDS contract it through sexual recklessness.

Youth Disease

Majority of the young people expressed that they felt disdain towards the media for stereotyping HIV/AIDS as a youth disease. They disliked the image and imagery painted of the youth in the mass media campaign messages. Some of the young people deplored the false claim rampant in the media, typecasting youth as the only set of people who are susceptible to the infection.

> What I think critically is that young people are often used in the campaign. I want to see elderly people too. You know using them maybe for drama. The use of young people makes us believe that it is only youths that are involved in risky sexual behaviour. (Informant B 25)

> The inadequacy of the adverts is that they mostly make use of the youths. They should also let people know that married couples too can contract the disease. The adverts are only talking to the youths on how to prevent it themselves. I feel they should also create a scenario in which married couples who went to the hospital only for them to discover that they have contracted the disease. They should create instances for couples who do not involve themselves in extra marital affair. Maybe the husband went to barb his hair and he got the infection from it. They should also let us know how married couples can also manage the disease effectively. They should not limit it to the youths alone. Some elderly people will tell you that it is the children nowadays who mostly contract the disease. They do not know that the disease can be contracted through the use of sharp objects. The advertisements give us the impression that it is only young unmarried people that can get HIV. (Informant B 30)

HPI also shares similar experiences as the HNI:

> The mass media made me believe then that it is men that give women the infection but when I got here (hospital) for treatment, I saw that it is not only adolescents that have the disease. Babies, children, married couples and old people are all living with HIV/AIDS. (Informant 11)

Creativity in Message Design

One of the interesting discoveries of this research is the criticisms against many of these media messages which range from lacking in creativity to being ambiguous sometimes. The consequence is that the messages at times, become complex for the ordinary average person to understand. Rather than aiming at the ordinary average person, it appears the focus tends to lean more on those whose status is above the average or close to the middle class. One of the HNI shares his view on this:

> The advert is okay and enough for me and I think anybody of my status can get the central message of the advert. A person of lesser status may not have a comprehensive understanding of the message due to the low academic qualifcations. (Informant B 23)

However, there are those who dismiss many of the messages as totally lacking in creativity:

> The contents of the adverts are too common place; imagine they place a lady's picture and a guy's picture with no word and the lady is backing the guy. The campaign should not be a hit and miss campaign because people will forget… It should be something creative and impactful. I might not be able to create something creative now but there should be something that when people see it, they will say waoh! They should create something new and attractive not something that is common and boring. (Informant B 31)

Two points need to be reiterated in this section. The first is the fact that media messages have to be creative in order for them to have a lasting influence on the young people. The second reason is that advertisements/messages need to imbibe the culture of the people, which demands conscious efforts as beautifully summed up by one of the informants:

> You shouldn't just frame up a message and take it to the North for instance because

> they have a different beliefs about things. So you have to go to the North to get information on how they do things, their views about that thing, their opinions and perceptions when you bring out the message, they will embrace it. The same thing goes with the Eastern part of the country. You shouldn't just cook up something and throw at people, they may not embrace it. (Informant B 32)

Out-dated Information

Even if the inherent imbalance is corrected, another additional problem must be solved. It pertains to ensuring that the information being conveyed is current. As of now, the view of many young Nigerians is that the public is fed with obsolete and out-dated messages. What they need is fresh and current information on HIV/AIDS. Without this freshness, the messages would serve little purpose of educating and enlightening them. As claimed by Informant 15, "I feel all the information that the mass media are disseminating are all stale news. There is no new information". A number of other Informants 16 and B 29, added more critical note on the adequacy of the messages being disseminated:

> The information I had before I tested positive were minor ones like HIV is real. It was after I tested positive that I started having real information about the disease from the hospital. (Informant 16)

> The advertisements were only talking about abstinence. People need to know something better than what they are giving us. They should let us know everything important and also current information. The information that they are giving us is so obsolete. There is a need for more researches to be made that will put so much fear into people's mind. (Informant B 29)

For the media, the challenge is for them to eschew the repetitive nature of their information. The information is not adding anything of substantial value to what many already know about HIV/AIDS, that it is an infectious disease that can be contracted through sex, and that it kills. Young people advocated for innovation from media practitioners and STI campaign planners to come up with information that can fill the knowledge-gap of the young people. Amongst others, they look forward to the mass media messages focusing "*more attention on the transmission of mother to child. It is important for every expectant mother to know this"* (Informant 8). In the same way too, the problem of *"Stigmatisation should be reduced in the society. The advert should address issues relating to that"* (Informant 2). In plain language, as a critical arm of the society, crucial to moulding opinion in the society, the Nigerian media too have a challenge to overcome if there is to be suppression of the continuous rising graph of HIV/AIDS.

DISCUSSION

The result of our study provide additional evidence of the urgent need to understand the perception of young people on the HIV/AIDS messages that is being disseminated to the target public particularly the youths. The findings of this study indicated that young people who are both HIV positive and negative have negative reservations for the HIV messages that is being disseminated to them. To the understanding of the young people, the data collected indicated that HIV/AIDS is being portrayed as an infection that affects only young people. They (the young people) explained that campaign planners were not letting the

public know that the categories of people who can be infected were not strictly limited only to young people. To them, most of the STI campaigns used young people as models for the campaign programme and this had the tendency of making the majority of people have the wrong perception that HIV/AIDS is purely a youth disease. The campaigns did not correctly give the information that old people as well as infants too can also contract HIV/AIDS. Kat, Fortenberry, Zimet, Blythe and Orr (2000) did make similar observations that often the most vulnerable group portrayed as far as HIV and STIs were concerned, were youths.

In addition, criticisms have also been levelled against the mass media for deepening the stereotypical impression that HIV/AIDS was not only sexually transmitted but is contracted by people who are highly promiscuous while underplaying the potential of it being contracted through sharing of sharp objects. The stereotyping, as believed, has been one of the reasons why society wrongly perceives the PLWHA as promiscuous individuals. This finding tallies with an earlier study of Lau and Tsui (2005) which showed 42% of the respondents in the research avoid physical contact with PLWHA.

Similarly, data from the study show that some HIV negative informants believed that the situation of HIV positive people resulted from their past promiscuous lifestyle. As far as the informants were concerned, the affiction was therefore a punishment for their immoral lifestyle. Without further equivocation, the HIV/AIDS preventive communication campaigns in Nigeria need to emphasise that contraction of HIV/AIDS is not only from immoral lifestyles but also through several other means such as sharing of sharp objects with an infected person.

Going by the study's results, young Nigerians rated HIV/AIDS information to which they were exposed to as out-dated. They also view media information on HIV/AIDS apart from being stale were often repetitive, drumming more on what people already know such as : HIV/AIDS being an infectious disease contracted only through sex, and that it's a killer disease as well. The media messages rarely showed currency with regard to what the youth ought to know. Thus, particular areas of the youths' information needs such as HIV/AIDS symptoms, the need to get tested, danger of transmission from mother to child, and many more hardly get mentioned. A resultant effect is that young people are not easily inclined to go for voluntary testing, especially in connection with HIV/AIDS, because they think that the infection is for other people. Unfortunately, sometimes it's too late for them when they discover their HIV status. By then, they might have become vulnerable to preventable opportunistic infections associated with AIDS complications. HIV/AIDS campaign in Nigeria would have to be responsive to these issues if it is to keep pace with the dynamics affecting HIV/AIDS in Africa's most populous country.

The other side of the data revealed that the HIV/AIDS messages were placing more emphasis on the risk factors, illuminating more on young people's active sex lives, and that they were the group engaging in risky sexual behaviour. Thus, the generalisation is simplistic and fallacious.

While it is right that HIV/AIDS messages should focus on sexually active youths, at the same time attention should also be paid to those who have cultivated the positive usage of abstinence as a measure of avoiding the possible outcomes from sexual unpleasantness. HIV prevention efforts will have little or no impact if the efforts were only concentrated or emphasising safer sex or risk reduction.

Abstinence ought to be given high visibility as the safest course of action to prevent HIV/AIDS. Therefore, there is a need to balance the nuance of messages, striking a healthy balance

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