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# Knowledge, Attitude and Sources of Information among HIV Positive Patients at a Federal Medical Centre in Nigeria

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## Abstract

Globally, Nigeria has the second largest prevalence of HIV/AIDS in the world. However, limited studies have focused attention on the knowledge, attitude and sources of information of People Living with HIV/AIDS (PLWHA) in Nigeria. This study explored the depth of knowledge, attitude and sources of information among HIV/AIDS positive patients at Federal Medical Centre, Abeokuta, Nigeria. The in-depth interview among the PLWHA revealed that they have different misconceptions on HIV/AIDS prior to the discovery of their health status. Also, the PLWHA have vague information on HIV/AIDS before testing positive to the infection. Therefore, they considered the information that they received through the medical personnel in the hospital, support groups, HIV seminars and workshops as better channels for up-to-date information on HIV/AIDS. Furthermore, information disseminated through the traditional mass media was regarded as vague and obsolete. Some informants do not use condoms during sexual intercourse with their spouses and lovers because of their inability to disclose their status to their partners for fear of stigmatisation. The study concludes that there is a need for strategically designed HIV/AIDS campaign to meet the sensitive needs of PLWHA. It is expedient for mass media to strategically design HIV/AIDS messages for PLWHA in Nigeria through partnership with medical personnel and support groups.

**Key Words:** Knowledge, Attitude, Sources of Information, HIV/AIDS, Campaign

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## Introduction

HIV/AIDS has become a pandemic disease that threatens the world population especially people living in the sub-Saharan Africa. Particularly, 68% of people infected with HIV/AIDS worldwide (22.9 million out of 34 million) are from the Sub-Saharan Africa (UNAIDS, 2009). The prevalence of the epidemic in Sub-Saharan Africa varies significantly across the continent with the highest prevalence in South Africa and Nigeria (UNAIDS, 2008). HIV/AIDS is a virus that destroys the Cluster Differentiation (CD4) cells which makes individuals who are infected to die prematurely if they do not get the required medical treatment (Abasiubong, Udoh, Idung, & Umoiyoho, 2012; Cole et al., 2003). It has also been proven that Highly Active Anti-retroviral Therapy (HAAT), when promptly and adequately provided and taken, reduces HIV morbidity and mortality (Anastos, Barron, & Miotti, 2002). In Nigeria, the sero-prevalence of HIV/AIDS among adults aged 15-49 years was 4.1% in 2010 thereby showing that the disease still remains a huge problem for people in the country (IBBSS, 2010). Consequently, the continued increase in the pervasiveness of the disease in both developing and developed countries shows that there is a need for the knowledge, awareness and sources of information of PLWHA to be investigated since heterosexual route accounts for 80% of the transmission of the infection in Nigeria (Abasiubong, Udoh, Idung, & Umoiyoho, 2012; Cole et al., 2003). Therefore, there is a need for efforts to be geared towards understanding and improving the quality of life of PLWHA who are considered as a risk group in the campaign against the prevalence of HIV/AIDS.

Despite the increase in evidence attributing the upsurge of HIV/AIDS in developing countries to ignorance and poverty (UNAIDS/World Health Organization, 2006), an in-depth understanding of the knowledge of HIV/AIDS, attitude of PLWHA and their sources of information remain important factors that will contribute to the reduction of the disease. A glimpse into the literature shows that several studies have explored HIV/AIDS knowledge, attitudes and practice (KAP) among secondary school students in Nigeria (Nwokocha & Nwakoby, 2002) and university students (Odu et al., 2008); and others have examined attitude of health workers towards HIV/AIDS (Reis, et al., 2005; Essien, Ross, Linares, Osemene, 2000). Nwokocha & Nwakoby (2002) showed that majority of the young students in the study explained that they will cut off all interaction with any friend who is HIV positive. The study conducted by Reis and colleagues revealed that majority of health professionals in four states in Nigeria have negative attitudes towards their patients living with HIV/AIDS (Reis, et al., 2005). The study shows that the medical practitioners restrict their interaction with their patients who are HIV/AIDS positive. However, the study conducted by Odu et al., (2008) revealed a different dimension which showed that a little over half (59.8%) of the respondents have a positive attitude towards PLWHA, however, one out of four (27.2%) stated that PLWHA should be isolated from the community.

On the issue of knowledge of HIV/AIDS in Nigeria, it was revealed that majority (89.4%) of the respondents were aware of the existence of HIV/AIDS, and they knew the aetiology, mode of transmission, signs and symptoms, and

preventive measures against the disease (Odu et al., 2008). Nwokocha & Nwakoby (2002) study on young students in Nigeria revealed that the respondents have a defective knowledge of the disease. They were aware but afraid of the disease as being deadly but not sure of the cause, nature, or modes of transmission and prevention, except that illicit sexual activity should be avoided. The results indicated that the students were knowledgeable about transmission and symptomatology but there were some misconceptions about the mode of transmission of HIV.

Studies on the sources of information on HIV/AIDS in Nigeria focused mainly on young people who are not HIV positive. For instance, a study conducted by Odusanya & Bankole (2006) shows that radio, posters and television are the leading sources of information on HIV/AIDS. Similarly, Oyo-Ita et al., (2005) revealed that television and radio were the two main sources of information on HIV/AIDS.

The reality brought to the fore by the above studies show that HIV/AIDS negative young people and medical practitioners are being investigated. This makes it imperative for the assessment of baseline levels of knowledge, attitude and sources of information in a relatively unstudied population such as HIV/AIDS positive young people which constitute a crucial precursor to the development of appropriate communication campaigns.

### **HIV/AIDS Preventive Communication Campaigns**

In tackling the problem of HIV/AIDS, there is a need for the provision of an integrated socio-behavioural approach to communication on HIV/AIDS because of the non-existence of medical cure for HIV/AIDS. In the absence of medical interventions for the cure of HIV/AIDS, changing human behaviour towards unprotected sex has been acknowledged as the only possible way to curtail the sporadic prevalence of the disease (Edgar, Fitzpatrick, & Freimuth, 1992; Maibach, Kreps, & Bonaguro, 1993; Freimuth, Hammord, Edgar, & Monahan, 1990). Therefore, communication has a huge role to play in this scenario because it sends across information that may curtail risky behaviour while increasing awareness leading to reduction of social stigma of PLWHA (Melkote & Muppidi, 1999). AIDS prevention campaigns disseminated through mass media or NGOs are directed towards changing sexual practices. However, evidence abounds that not all of these programs are successful because it fails to bring about appropriate behavioural change (Melkote, Sundeep, Muppidi, Divakar Goswami, 2000). To minimize the chances of failure, therefore there is a need for HIV/AIDS campaigners to meticulously analyse and understand the knowledge, attitude and sources of information of HIV/AIDS positive people which will bring about effective campaigns that will address the communication gap that exist. To the best of the researcher's knowledge, no study has conducted studies on the knowledge, attitude and sources of information of HIV positive young people in Nigeria. Therefore, the main objective of this study is to address how the knowledge, attitude and sources of information of HIV positive young people can be used to improve HIV/AIDS preventive communication strategies in Nigeria.



## **Methods**

This study investigated the depth of knowledge, attitude and sources of information among fifty-three HIV positive patients attending clinics at Federal Medical Centre, Abeokuta, Nigeria. The data were gathered through an in-depth interview among the HIV/AIDS positive patients between the ages of 18 and 25 years old. Thirty-two of the patients were females while the remaining were males. The in-depth interview was conducted in either Yoruba or English language depending on the language which each informant is versatile in. In analysing the transcripts of the discussion, Nvivo 10 was used for the thematic analysis. The in-depth interview centred on knowledge, attitude and sources of information of HIV positive patients on HIV/AIDS and how these variables can be strategically used to improve the HIV/AIDS media campaigns.

## **Findings**

Analysis of the transcripts revealed eleven main themes which were identified simultaneously by two independent reviewers of the transcripts. The eleven themes were identified as follows: Knowledge, symptoms, misconceptions, inadequate mass media information, mode of contraction, mass media, interpersonal communication, media strategies, disclosure of status, selectivity in the disclosure of status, stigmatization.

## **Knowledge**

The knowledge of young people is very imperative in order to have a good understanding of the dynamics of the HIV/AIDS epidemic. All the HIV positive informants knew that HIV/AIDS could be contracted through unprotected sexual intercourse or through the sharing of sharp objects. One of the informants explained his knowledge of HIV/AIDS thus: "...what I know about HIV/AIDS is that it makes an individual to take medication often. Using condom is the way to prevent HIV." When the informants were asked about other forms of STIs they know apart from HIV/AIDS, their responses show that all of them know about gonorrhoea but few of them know about other types of STIs like syphilis and herpes. None of them mentioned Chlamydia and hepatitis B. When the young people were asked the reason for the little or no knowledge of other forms of STIs, many of the informants expressed that there is little information on the other types of STIs in the mass media. A male informant explained that he got information on gonorrhoea for the first time through the traditional herbal advertisers who promote their drugs on the different mass media. Another female informant explained that she got information on syphilis through her friends. Yet another informant explained that she got to know about hepatitis B through the posters that she see in hospitals that she visit.

## **Symptoms**

On the symptoms of HIV/AIDS, it was observed that each informant experienced different kinds of symptoms. One of the informants explained: "... once you are affected your body starts changing in the negative aspect like rashes; your lips starts changing to white and you start reducing in your weight" Another said,

"...I discovered my status through random HIV test, I wasn't feeling sick at all, I still feel I am a normal person". Still another commented, "... i was terribly sick and was taken to the hospital for treatment. The symptoms that manifested were diarrhoea, loss of weight, and my hair was falling off." Another informant said: "I was at AIDS stage at the time my status was discovered. I had boils all over my body. It was usually very painful. I was stooling and I lost so much weight".

### **Misconceptions**

The in-depth interview revealed that HIV/AIDS positive young people have different misconceptions on the disease prior to contracting HIV. Some of the informants explained that they thought that HIV/AIDS was a western disease which did not exist in Nigeria. One said: "...I was shocked when I was diagnosed of HIV; I used to think the infection is not in Nigeria." Another described the misconception that he has on HIV: "I discovered my HIV status in 2005. Before I discovered about my HIV status, I never believed that the virus exist even though I have the basic information about it".

### **Inadequate Mass Media Information**

The informants explained that their knowledge of HIV increased as a result of their interaction with medical personnel who treats them after their diagnosis. They referred to the information that mass media disseminated to them concerning HIV/AIDS as too minute and greatly insignificant. One of the informants explained that: "...I don't listen to all those things. All they will tell you is to protect yourself; I already know what they want to say; and they say exactly what I know... to use condom." Another said, "...information about HIV is not enough. The campaign is been done so casually that it makes it looks so ordinary. Knowledge about the disease is not enough."

Apart from the inadequate information on the mass media, majority of the informants explained that the mass media campaigners need to go a step further by deconstructing the negative attitude that society have towards people who are HIV positive. According to one, "I believe that the HIV campaigns have tried their best but what I want them to concentrate more efforts on is to encourage people to stop stigmatising against people living with HIV. HIV is not as bad as some diseases that some people have." Another said, "...the stigmatisation that PLWHA experience is so acute, there is a need for mass media to concentrate more effort on this area."

A female informant argued that the stigmatisation that they experienced by the society was initiated by the messages the mass media disseminated to people. She specifically mentioned the skeleton which was used in the past to indicated how deadly HIV/AIDS can be. Though she mentioned that the usage of the skeleton has been banned for some time now, nevertheless it has affected the mental attitude of people towards PLWHA. A male informant commented, "I remember the advertisement they used in the past, they used skeleton to depict HIV people. Sincerely, whenever they are showing any advertisements on HIV, I just walk away because I don't have any interest".



### **Mode of Contraction of HIV**

When the informants were asked about their mode of contracting the infection, majority of them did not attribute it to promiscuous life style. Most of them explained that they contracted the infection through their spouses and lovers. However one of the informants explained that he was infected because of his indulgence in risky sexual behaviours with different sleeping partners. While some of the informant explained that they cannot explain how they got infected with HIV/AIDS.

### **Mass Media as Source of Information**

The HIV positive informants talked about their sources of information on HIV/AIDS and their perceptions towards the HIV messages that they received. Most of the informants described radio and interpersonal communication as the best source of information on HIV/AIDS. They described radio as very convenient, portable and mobile device which makes information accessibility very easy for people who are upwardly mobile.

One of the interesting discoveries of the research was that most of the informants do not use television as a source of their information. They explained that their busy schedule do not give them the luxury of time to sit down and watch television. Some other informants explained that the epileptic power supply in the country made it difficult for them to have access to programmes on television. One of them said "it is difficult to watch television because of the poor power supply. Even if I wish to put on the generator, I cannot afford to fuel it because of my poor financial status".

### **Interpersonal Communication as Source of Information**

One informant explained that interpersonal communication like seminar, symposium, public lecture and workshop are the most effective source of information because of its potential in diffusing information effectively to people. One of the informants said "it is easier to believe information when it comes from someone that you can see and trust. People don't really trust most information that is disseminated through the mass media because they are full of vague and fabricated information." Another informant explained that "interpersonal communication is so rich and fulfilling because it gives us the opportunity to ask questions from the facilitators. It creates opportunities to clarify information that needs in-depth clarifications."

Another form of interpersonal communication that the informants explained as the most reliable source of information on HIV is the medical practitioners in the hospitals that attend to them. One of the informants said: "...I had information on HIV before I tested positive but they were minor ones like HIV is real. It was after I tested positive that I started having real information about the disease through the medical practitioners who attend to us in the hospital." Yet another commented, "The medical practitioners that attend to us in the clinic are the most authentic sources of information for me. I don't bother myself about the information I get from the media, I always ask my doctors and pharmacists about any information that needs clarifications".

### **Media Strategies**

When informants were asked about how STIs media strategies could be improved, a lot of divergent opinions were generated. The informants explained that religious and traditional leaders who have charisma and prestige can be used as channels of communication on HIV/AIDS. The reason for the suggestion is that people easily believe information that comes from someone with great integrity. One of the informants explained that "...religious and traditional leaders are mostly charismatic people. Hence, it is easier for people to believe and accept information that comes out of their mouth"

The informants explained that there is a need for HIV campaign designers to expose people to different channels of communication on HIV/AIDS. Most of the informants emphasized the need to use integrated marketing communication in the disseminating of HIV messages. One of the informants explained: "...the advert should also be put on bill board on every street. The information must be passed across to people just like the way the advertisements of Coca-Cola is." Another informant explained: "it is important that campaign practitioners should avail themselves of the channels of communication that people in a community are mostly exposed to. For instance, if they prefer a particular radio station or newspaper; then the HIV messages must be disseminated through this medium. The channels of communication must be research based not intuitions".

### **Disclosure of Status**

The young people living with HIV/AIDS described stigmatisation as one of the greatest challenges they faced after confirming their status. The in-depth interview also revealed that HIV/AIDS is still shrouded in a lot of secrecy; hence many of the HIV positive interviewees have problems disclosing their status to their spouses, family members, friends, employers and landlords. The data of this study revealed that disclosure of HIV status is a difficult emotional task which creates opportunity for either support or rejection. The reluctance and anxiety to disclose HIV status is precipitated by the fears of being rejected and discriminated against in the communities. One informant explained that she was infected with the virus by her husband who refused to disclose his status even at his point death. She explained further that it was a friend of his late husband that took her to hospital when she was having incessant sicknesses after the death of her husband. She said: "my husband knew he was positive but refused to tell me because he envisaged that he would be discriminated against. ...as a result of this, I cannot tell anyone the condition of my health because of stigmatisation that is associated with it" Another informant explained that he found it very difficult to tell his lover about his HIV status. However, he informed his father about his status but he is still looking for the right time to tell his lover even though he still has unprotected sex with her. The above statements illustrates that some spouses and lovers do not disclose their HIV status to their partners, thereby showing the level of secrecy that surrounds the status of being HIV positive.



### Selectivity in the Disclosure Status

When the STI positive interviewees were asked about the people that they disclose their status to, it appeared that majority of the informants exhibited some patterns of selective disclosure. Most of the STIs informants disclosed their status to few people that they have close relationship with. The reason for their selective disclosure is associated with the social support that they anticipate that they will get from such disclosure. According to one, "I didn't tell anyone except my former husband. I couldn't tell my parents too because of their health status." Another said, "When I learnt about my HIV status in 2007, I felt so sad. I had to tell some of my family members (brothers, sisters, father, mother and aunty) that I am close to in order to make my heart lighter. I was lucky that I was not discriminated against". Upon further questioning, one of the informants explained that she only told her husband and brother about her status because she needs some form of support from them. These statements show that HIV positive people only confide in people who can give them support in their daily lives.

The interviews with HIV positive informants who work with NGOs called Network of People Living with HIV/AIDS (NPLWH) in Nigeria revealed another perspective about the disclosure of status. The respondents in this group were not ashamed of disclosing their status to the public. Many of them are involved in social work which involves enlightening people about HIV/AIDS. According to them, the responsibilities attached to working for NGOs involve producing jingles, reaching out to people in rural and sub-urban areas and also talking on radio and television shows. They explained that the disclosure of their status has given hopeless people hope and it has also given them more opportunities of improving their career. One said, "I have told the whole world about my status. I told my aunty that I have HIV because I had to stop the herbs that she was giving to me. My family is aware and they have been highly supportive. I told my neighbours and went on TV stations." This statement is buttressed by another male informant, who is also a member of NPLWH "...I am a public figure as far as HIV is concerned. I have talked about it in newspaper, radio and television. I have done jingles in the past. In fact some people feel that I am paid to talk about it. I talk about it as if it is a normal thing."

### Stigmatisation

Majority of the HIV positive informants explained that stigmatisation is a major challenge they face which is caused by several factors such as lack of understanding of the diseases (including misconceptions about modes of transmission), irresponsible media reporting, incurability of AIDS, prejudice and fears relating to a number of socially sensitive issues. They also explained that stigmatisation has made many PLWHA to shun medical consultations in hospitals and strict adherence to drugs.

One of the informants explained that the media is to be blamed for the high rate of stigmatisation that PLWHA are experiencing. One of the informants explained that: "the cast being used by the mass media in television and poster advertisements stereotype us as someone who is about to die." Another informant

explicated that mass media campaign practitioners should endeavour to use individuals who looks like 'kings' and 'queens'. She explained that the usage of such casts can change the perception that people have about HIV/AIDS. She concluded by saying "after all, there are other deadlier diseases than HIV/AIDS and people are not even scared of them."

One of the HIV/AIDS positive interviewees observed that it is necessary for policy makers to address the discrimination and stigmatisation against people living with HIV/AIDS. "We are proposing that people should be charged to court for stigmatization. We already have a lawyer for this particular purpose and we are seriously working towards achieving this goal. If anyone is stigmatized against, those people should be seriously dealt with."

### **Discussion**

A very important finding of our study was that all the HIV positive young people agreed that HIV/AIDS could be contracted through indiscriminate unprotected sexual intercourse. The study also shows that most of the informants have good knowledge of HIV/AIDS. However, they explained that they have not being exposed to mass media information on other STIs such as syphilis, gonorrhoea, and hepatitis B. This may explain the reason for the scanty knowledge on other STIs. This finding is similar with the studies of McManus & Dhar (2008) and Frappier, Kauman & Baltzer (2008) which show that young people have little information on STIs apart from HIV/AIDS.

The findings of this study show that different people manifest different symptoms of HIV/AIDS. While some of them had symptoms such as loss of weight, breakage of hair, loss of appetite; one of the informants was asymptomatic prior to being diagnosed of HIV/AIDS. This shows that HIV/AIDS may not show any symptoms in some people.

The study revealed that some of the informants had various misconceptions about the existence of HIV/AIDS. Prior to the disclosure of their status, some of the informants believed that they could never be infected with HIV/AIDS while a significant others had the perception that HIV/AIDS does not exist in Nigeria. This finding is consistent with the findings of Temin et al., (1999) and Oladepo and Fayemi, (2011) whose findings indicated that young people in Nigeria have various misconceptions of STIs.

Radio and various interpersonal communication channels were the most common means of obtaining information about HIV/AIDS. However, the most credible source of information amongst the interpersonal communication was the information derived from the medical personnel that attends to them. They explained that the information that medical personnel provide as fresh and current compared to the information they receive through the various mass media. The information from the various mass media was described as being stale and obsolete therefore it was categorised as not adding any value to their lives. However, several studies conducted revealed that television, radio and newspaper remain the best source of information for young people (Tavoosi, Zaferani, Enzevaei, Tajik, & Ahmadinezhad, 2004; Temin et al., 1999)



One interesting finding of this study is that television was found as an ineffective and most inappropriate means of disseminating information across to PLWHA. The informants considered this channel as not convenient and conducive because of the epileptic power supply in Nigeria and their busy life style which do not give them the luxury of time to sit back and watch television. When compared to previous studies done on sources of information of young people on HIV/AIDS, most young people mentioned the television as one of their sources of information (Tavoosi, Zaferani, Enzevaei, Tajik, & Ahmadinezhad, 2004; Temin et al., 1999) however; this study presents a significant change because the study group is PLWHA.

The use of credible traditional and religious leaders as a channel of communicating information was often mentioned by majority of the informants. They explained that the reason for their choice is because people usually believe information that comes out of the mouth of these people.

The variety in the channels of information on HIV/AIDS is considered important by PLWHA. The comments of the informants indicated that there is a desire for the saturation of information on HIV/AIDS. The informants stressed that there is a need to increase the communication channels of HIV/AIDS which will bring about effective dissemination of information.

The study revealed that stigmatisation of PLWHA still remains a burning issue in the Nigeria society. The disclosure of HIV status remains a herculean tasks for HIV/AIDS positive individuals and those who chose to disclose their status prefer to tell few people they regard as their confidants who are likely to give them support and not let them down. The informants explained that the stereotype portrayed by the mass media is the major reason why PLWHA are being stigmatised against. For instance, they explained that the casts that are used by HIV/AIDS campaign planners gave them a derogatory perception in the minds of people. This shows that the mass media practitioners and HIV campaign planners have a major task of deconstructing the perception that people have on HIV/AIDS through the same channel that started off the stigmatisation process.

The interviews with HIV positive informants who work with NGOs revealed another perspective about the disclosure of status. The respondents in this group were not ashamed of disclosing their status to the public. Many of them are involved in social works which involves enlightening people about HIV/AIDS. The task of the NGOs involve producing jingles, reaching out to people in rural and suburb areas and also talking on radio and television shows. They explained that the disclosure of their status has given hopeless people hope and it has also given them more opportunities.

### **Conclusion**

The data in this study indicated that PLWHA have a good knowledge of STIs, however they have low knowledge on other types of STIs. Also, they considered the information that they received through the medical personnel in the hospital, support group, HIV seminars and workshops as a better channels for up-to-date information on HIV/AIDS. The respondents considered the information that is

disseminated through the traditional mass media as vague and out-dated. Some of the participants do not disclose their status to their partners for fear of stigmatisation and sometimes do not use condoms during sexual intercourse. The study concludes that there is a need for strategically designed HIV/AIDS campaign to meet the sensitive needs of PLWHA. It is expedient for the mass media to strategically design HIV/AIDS messages and conceptualised it for PLWHA in Nigeria through partnership with medical personnel and NGOs towards ensuring that PLWHA get adequate information on HIV/AIDS.

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