

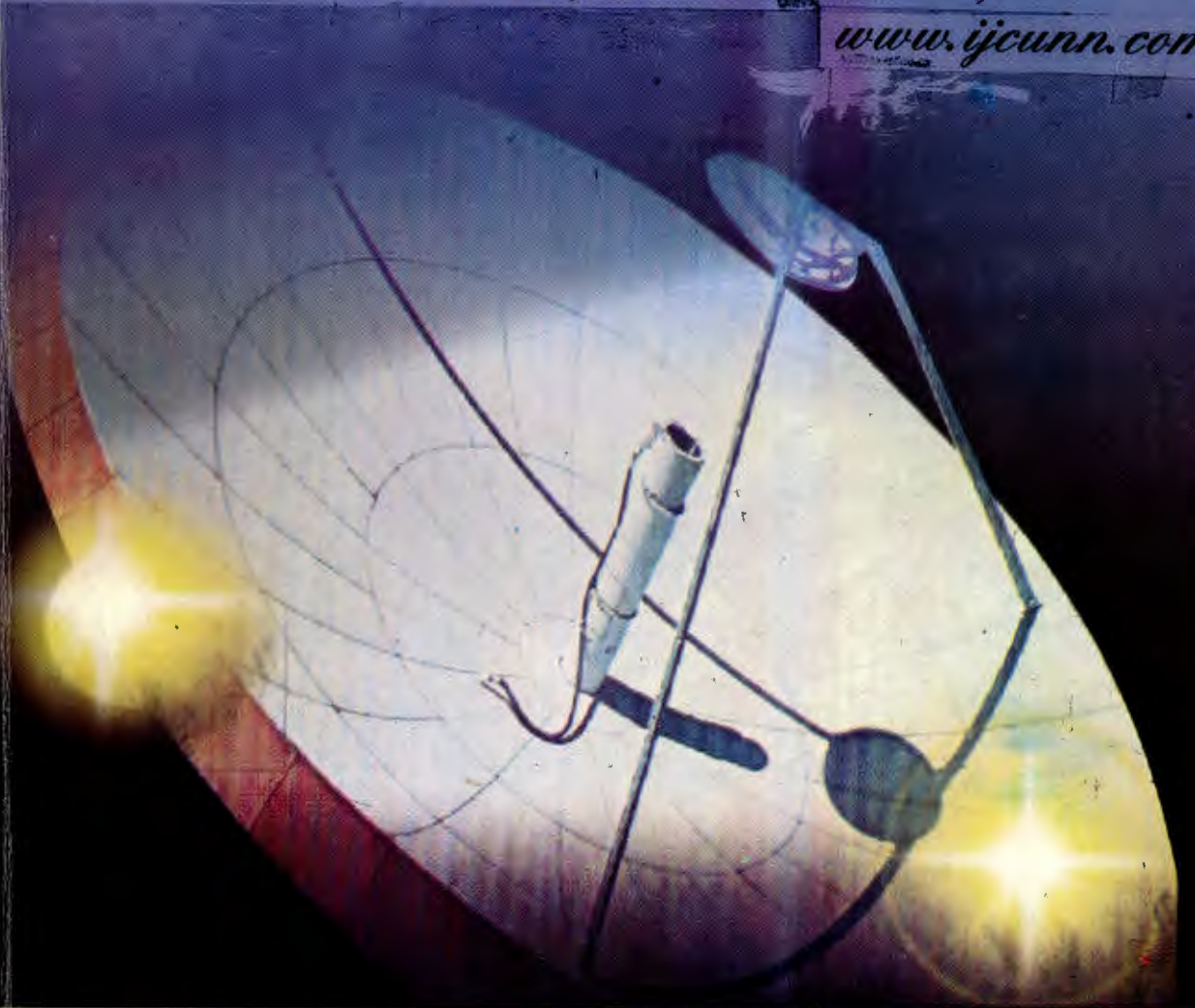
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MAKING A DIFFERENCE IN HIV/AIDS AWARENESS FOR NIGERIA'S DEVELOPMENT: THE ROLE OF THE MEDIA

By

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ABSTRACT

HIV/AIDS is one of the biggest global concerns and the worst pandemic humanity has ever faced. It has spread further, faster and with more catastrophic long-term effects than any other disease. Despite several campaigns and awareness, its impact has become a devastating obstacle to development. This paper discusses the strategies of distinctive and pivotal roles the media can play in the fight against HIV/AIDS to enhance development. The paper opines that the mass media can be instrumental in breaking the silence that surrounds the disease and in creating an environment that encourages discussion of how individuals can protect themselves and change their behaviour, if necessary, and suggests that media organisations should rise to the challenge by promoting awareness of HIV/AIDS and educating listeners and viewers about the facts of the pandemic.

INTRODUCTION

The Human Immunodeficiency Virus and Acquired Immune Deficiency Virus (HIV/AIDS) pandemic is spreading fast and rapidly all over the world. People are being infected with one disease or the other. Most of these diseases either caused by bacteria or fungi are always heard of. However, Acquired Immune Deficiency Syndrome (AIDS), which is caused by a virus known as Human Immunodeficiency

Virus (HIV), has attracted attention all over the world. The media stand at a vantage position in the fight against HIV/AIDS, and owe the responsibility to educate the wider society on the issue involved.

Acquired Immune Deficiency Syndrome (AIDS) was first discovered in 1981. It is caused by Human Immunodeficiency Virus (HIV), which attacks selected white cells within the blood, thereby

paralyzing the body mechanism to fight or combat external invaders exposing the body to a progressive destruction which results to death in the immune system and produced defects in **function** (George, 1998).

Acquired Immune Deficiency Syndrome (AIDS) has led to the death of more than 25 million people since it was first recognised in 1981, making it one of the most destructive pandemics in recorded history (UNAIDS, 2007). Despite recent improved access to antiretroviral treatment and care in many regions of the world, the AIDS pandemic claimed approximately 2.1 million (between 1.9 and 2.4 million) lives in 2007. UNAIDS and the WHO estimated that the total number of people living with the **Human immunodeficiency Virus** (HIV) has leveled off. As of 2007, there are an estimated 33.2 million people now living with HIV.

The number of people living with HIV has risen in most parts of the world, despite strenuous prevention strategies. Sub-Saharan Africa remains the worst-affected region, with 20.9 million to 24.3 million people living **with** HIV at the end of 2007. Sixty-eight percent of all people living with HIV are in Sub-Sahara Africa. South East Asia is the second most affected (UNAIDS, 2007).

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AN OVERVIEW OF REGIONS WITH LARGE INFECTED POPULATIONS

World region	Estimated prevalence of infection (ages 15-49) 2007	of adult HIV	Estimated adult and child deaths during 2007
Worldwide	30.6 million - 36.1 million		1.9 to 2.4 million
Sub-Sahara African	20.9 million - 24.3 million		1.6 million
South and East Asia	3.3 million - 5.1 million		270,000
Eastern Europe and Central Asia	1.2 million - 2.1 million		55,000
Latin America	1.4 million - 1.9 million		58,000
Western and Central Europe	600,000 - 1.1 million		12,000
North America	480,000 - 1.9 million		21,000

Source: UNAIDS 2007

THE FIRST CASE OF AIDS WAS discovered in the United States of America, USA, because it was common among homosexuals. Then it was called "GAY RELATED IMMUNODEFICIENCY DISEASE". But in defence to gay activism, the media renamed it "ACQUIRED IMMUNE DEFICIENCY SYNDROME" (AIDS). Intravenous Drug Users (IVDUs), haemophiliacs, and recipients of blood transfusions were recognised as being at increased risk of the disease as well. It was noted that sexual partners of persons displaying the syndrome could contract the disease (Kelly, 1987).

Further studies of AIDS patient revealed marked depletion of certain white blood cells, called T-4 lymphocytes. White cell plays a vital role in orchestrating the

body's immune defense against invading organisms. It was presumed that this defect in AIDS patient was acquired in a common manner until 1983 when T-cell Lymphotropic virus was separately discovered by a duo, Robert/Gallo of the United States' National Institute of Health and Luc Montagnier France's Pasteur Institute. The virus was at first given various names: Human Lymphotropic Virus (HLTV-111), Lymphadenopathy Human Lymphotropic Virus (LHLV) and considerable evidence demonstrates that it is indeed the causative agent for AIDS (Montagnier, 2000).

The first case of AIDS was identified in Nigeria in 1986. Eighty percent of HIV infections in Nigeria are transmitted by heterosexual sex. Factors contributing to this include lack of information about sexual health and HIV, low levels of condom use and high levels of STIs such as Chlamydia and gonorrhoea, which make it easier for the virus to be transmitted. Blood transfusions are responsible for 10% of all HIV infections.

The key facts surrounding this origin of AIDS are currently unknown, particularly where and when the pandemic began, though it is said that it originated from the apes in Africa. Because the virus can only be seen in monkeys in the Central African Region of Congo,

this has made some western scientists to posit that HIV comes from Africa. Since there is no scientific evidence to back this up, many scientists doubt the veracity of this claim. Little else is known about the biological and geographical origins of HIV (Clarke, 1999).

CHALLENGES AND OBSTACLES TO EFFECTIVE HIV/AIDS PREVENTION EDUCATION

The media have a pivotal role to play in the fight against AIDS. It is often said that education is the vaccine against HIV. Many media organisations 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. According to a national survey, 72% of Nigerians identify television, radio and newspapers as their primary source of information about HIV/AIDS. Similar statistics have also been reported in the United Kingdom and elsewhere in the world.

Clearly, media organisations 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.

WIDESPREAD LACK OF AWARENESS

Level of awareness of, and knowledge about, HIV/AIDS vary widely around the world. According to recent surveys from over 40 countries, more than half of young people most at risk those aged 15-24 have serious misconceptions about how the virus is transmitted. A surprising number of people, especially the young, have simply **never heard of HIV**. In 21 African countries, more than 60% of young women, for example, have either never heard of the virus or have at least one major misconception about how it is spread. In Igbo Eze, a local government in Enugu State, Nigeria, only 2 out of 10 girls have sufficient knowledge about it. While most young women in Lagos have heard of HIV/AIDS, only about 10% can correctly identify the three primary ways to avoid infection: abstinence, fidelity and consistent condom use.

Sex is usually a private subject in Nigeria for cultural and religious reasons. The discussion of sex with teenagers, especially girls is seen as indecent. Up till recently, there was little or no sexual health education for young people and this has been a major barrier to reducing rates of HIV. Lack of accurate information about sexual

health has meant there are many myths and misconceptions of HIV and sex. Many people in all parts of the world have not yet accepted that the risk of contracting HIV applies to them. For instance, more than 90% of adolescents in Enugu State in a research I conducted believe they have a tiny or non-existent risk of contracting it, while the nation actually has one of the highest prevalence rates.

DENIAL, STIGMA AND DISCRIMINATION

Denial about the virus exists on both personal and societal levels. Many continue to believe that AIDS is an issue for 'others'. Equally damaging to the effort to disseminate factual information about the epidemic is the belief, widespread in a number of societies, that HIV/AIDS is something that happens to people who are immoral and socially deviant. In addition to strengthening the stigma and discrimination that keep many from seeking information or help if they are infected, these beliefs promote denial, allowing many in society to distance themselves from the realities of the epidemic, and therefore to be lulled into a false sense of security.

Stigma and discrimination against people living with HIV/AIDS are commonplace in Nigeria. Both

Christians and Muslims see immoral behaviour as being the cause of HIV/AIDS epidemic. This affects attitudes towards people living with HIV/AIDS (PLWHA) and HIV prevention. PLWHA often lose their jobs or are denied healthcare services because of the ignorance that 60% of healthcare workers think HIV positive should be isolated.

In a recent survey, conducted on "The assessment of HIV/AIDS awareness among university students", 57% of respondents said those who became infected through unprotected sex "only have themselves to blame". In another survey, nearly 20% of respondents also believed that people who acquired HIV through sex or drug use had got what they deserved. These attitudes towards HIV/AIDS fuel both official and unofficial discrimination. Infected individuals or those perceived to be at risk have been shunned by their communities; denied access to services or health care in addition to losing their job. Children have been forced out of schools (Farinde, 2005). The results of stigma and discrimination can be far-reaching. According to UNAIDS (2007), they are the "greatest barriers to preventing further infections, providing adequate care, support and treatment and alleviating impact".

THE IMPACT OF GENDER INEQUALITY

Around the world, women are increasingly at risk from HIV and bear the brunt of stigma and discrimination. Because women often lack freedom of choice, they sometimes find it harder to avoid HIV infection. Many women may be aware of what they should do to protect themselves, but are unable to take precautions because of powerlessness, economic dependence on their partners and fear of violence if they refuse sex. Rape is also often a reality.

Other women, for whom violence is not a factor, may feel that it is simply their duty to please their man, even to the detriment of their own well-being. Reversing HIV infection rates in women will require addressing these fundamental issues concerning how men and women relate to one another. Answering a question on subject matter, a husband said "I am the lion of the house and my wife does not have the right to say no". Given such attitudes, women are at high risk of infection (Panos, 2007).

POOR HEALTHCARE SERVICES
Over the last two decades, Nigeria's healthcare system 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. Sexual health clinics providing contraception, testing and treatment are also very few.

CULTURAL BELIEFS AND PRACTICES

Culture refers to shared systems of values and behaviours. It is a system of interrelated values active enough to influence and condition perception, judgment, communication and behaviour in a given society (Ajayi, 2007). Culture has been shown to have both positive and negative influences on health behaviours. It is often a great factor that has made HIV/AIDS to affect the African population. These factors range from beliefs and values regarding sexuality, including when to become active and the number of sexual partners to have. A survey by Lawoyin (2000) for example, conducted in selected local government areas of rural and urban Oyo State, Nigeria, over a period of five months (April to August 2009) noted that traditional tenets are strongly upheld; polygamy is accepted as the culture and extra marital partners are acceptable (men only). This study brings to the fore

the fact that men are involved in almost every case of transmission.

MEDIA TRENDS ON HIV/AIDS IN NIGERIA

At the initial state of HIV/AIDS challenge, the occasional news items on the pandemic in Nigerian mass media tended to focus on stories and issues from developed countries with little or no local relevance. Moreover, most HIV/AIDS stories failed to make the front page in print or lead in electronic media, because editors gave them a lower priority than stories in politics, business, sports or the economy. On the other hand, many media reports on local events relating to the epidemic bordered more on sensationalising the issues with such headlines as "Another AIDS victim is dead", "New kicker sexual disease discovered". "Call girls spread AIDS".

Numerous media reports also appeared to be evasive of the reality of the threat that HIV poses to Nigerian Society. At other times, media coverage of HIV/AIDS issues in Nigeria was largely limited to government events and activities as well as the reactions on HIV/AIDS from health-focused NGOs, research institutions and government agencies. These days, however, the situation has been changing gradually. A recent analysis of mass media reports

and activities, for instance, found a growing media interest in the epidemic and greater involvement of media professionals in HIV control efforts, particularly in communication activities. The use of alternative media strategies such as street theatre, home videos, documentary films, public service announcements, posters and music has also increased (Odutolu, 2006).

Also, a content analysis of 2156 reproductive health articles published in four national print media between 1986 and 1997 showed a greater attention on sexually transmitted infections, especially HIV (68%) than other major reproductive health issues. Most of the reports however, covered workshops, conferences and government pronouncement rather than in-depth field reports and analysis of the country's newspapers. In general, the media paid little attention to the science and prevention of HIV/AIDS between 1986 and 1997, a period during which the government's activities and support for HIV prevention were low. Most news coverage on the epidemic in that era related to the NGO activities rather than accurate descriptions of HIV/AIDS itself.

Since 2000, mass media in Nigeria have recorded major progress in covering the epidemic. A study of

print media from March 2002 to March 2003, for example, indicated increased HIV/AIDS coverage and an improved understanding of key issues involved by journalists. Media reports still tilted more to news; features, editorials and opinion articles lagged behind. An analysis of the publications covered in the study showed that news reports, which generally provide little information on the science and control of HIV/AIDS constituted 74.5% of media reports, followed by news features (18.1%) and opinion pieces (6.8%). Editorials constituted only 0.05%. The study also showed that the quality of coverage still left much to be desired. Greater participation of the mass media in HIV/AIDS awareness stemmed, perhaps, from the realisation that they could exercise considerable influence on the public by increasing people's knowledge, attitude and promoting debates on HIV/AIDS, as well as sensitising and mobilising people against the epidemic. Odutolu (2006) encouraged media practitioners to become more active in the HIV/AIDS communication domain at individual, institutional and professional levels. The emergence of media-based NGOs in the late 1990s such as Journalist against AIDS (JAAIDS) and Development Communication Network, also added impetus to

media based initiatives against HIV/AIDS in Nigeria.

The death of Fela Anikulapo-Kuti in August 1997 marked a turning point in HIV/AIDS reporting in the country. Fela's death received intense media coverage because it marked the first time a prominent Nigerian was publicly associated with HIV/AIDS, bringing the reality of the epidemic to the doorstep of many Nigerians. Yet, the Nigerian mass media failed to fully explore the opportunities offered by Fela's death for educating the population about HIV/AIDS. Other transient increases in HIV/AIDS reporting followed Fela's death. The most notable were the media coverage of the AIDS "cure" proponents between 2000 and 2001 and the claim of the discovery of an effective treatment by a Nigerian surgeon trained in immunology.

In the absence of a coherent response from the authorities, the media were awash with reports that a curative drug had indeed been found in Nigeria. Media outlets in Nigeria continue to feature information about unproven AIDS cures; those marketing "cures" even buy media space regularly to advertise their products. To improve media coverage and participation in HIV/AIDS control efforts, a number of development partners,

including donor agencies and government institutions, have offered or supported training programmes

for media professionals to improve their HIV/AIDS reporting. Support has also been given for the establishment of media resource centres (NACA, 2001).

Many organizations have waged media campaigns as a practical way to raise HIV/AIDS awareness among people in different regions of Nigeria. Such a campaign differs from an institutionalized approach that is led by media organizations as a core component of media programming. Media-led approaches, which are institutional responses of media organizations themselves, have greater potential than media campaigns to improve features, editorials, opinion pieces, and news reports in the media (NACA, 2001).

THE ROLE OF THE MEDIA IN PREVENTION OF HIV/AIDS

As a global problem, HIV/AIDS has become an issue with economic, social and security implications. The Media have an important role to play in providing a solution to this problem by focusing attention on what is being done and what more must be done. It is no longer someone else's problem. It is the life and death challenge of our times and

we are all affected even if we are not all infected. Media should understand its role and should refrain from reporting exaggerated and distorted facts about this scourge. An effective media can raise the awareness level and can also bring about sustainable behaviour change thereby reducing vulnerability to the virus. Media are capable of performing the following roles in preventing HIV/AIDS:

- A Channel for communication and discussion: One of the roles of Media is to open the channels for communication and foster discussions about HIV and interpersonal relations. Addressing HIV/AIDS in entertainment programmes can have an enormous impact on the society at risk. There are a number of things that the media can do to stem the tide of HIV/AIDS infection, and indeed many organisations are already engaged in successful efforts to both raise awareness and promote sustainable behaviour change to reduce vulnerability to the virus.
- A vehicle for creating a supportive and enabling environment: Mass media can be instrumental in breaking the silence that envelopes the disease and in creating an environment that encourages discussion of how individuals can protect themselves and change their behaviour, if necessary. While this may mean combating existing social norms, values and conditions, it is not necessarily as difficult and daunting as it might appear in the society. The popular soap opera, *Mirror*, developed by an NGO, has been aired on four television stations- Galaxy, NTA, AIT and STV since 2007. It has brought about social policy change at a national level.
- Facilitator for removing stigma and discrimination attached to the disease: HIV/AIDS afflicted individuals, besides the anatomical discomforts, undergo the mental suffering of stigma and discrimination in the hand of the society. A number of media campaigns have focused on the need to overcome prejudice and encourage solidarity with people infected/affected by the virus. WHO has various extraordinary stories of HIV people who are not only fighting the virus but are also playing an integral role in prevention of AIDS.
- A tool for creating a knowledge base for HIV/AIDS related services: The collaborative efforts of all modes of media in

association with states, NGOs and organisations, service providers have brought to the lime light the availability and source of beneficial services like counselling, testing and condom provisions, treatment and social care. The broadcast and print media have a specific role to play as their efforts have tremendous recall value.

- Education through entertainment: For creating an efficacious awareness about HIV/AIDS, the messages need to be informative, educative as well as entertaining as these are mutually exclusive. The education of HIV/AIDS has to be spread as if we are selling the product. Thus, a holistic approach for dealing with the emotional, psychological and physical realities needs to be adopted.
- Mainstreaming: Broadcasters are mainstreaming the HIV issue across a number of programmes, ensuring that the message permeates a diverse range of output, not just outlets and public service messages dedicated specifically to the issue. The fact that the virus affects all sections of the society is reinforced in such a way that many people who might not pay attention to a traditional AIDS campaign or who do not choose to watch AIDS programming, are exposed to HIV/AIDS messages. A coordinated, multifaceted campaign has greater impact than a single programme. Documentaries, news items, concerts, public service announcements, competitions, hotlines, books and websites can be used to reinforce awareness, information and messages about HIV related attitude and behaviour.
- Putting HIV/AIDS on the news agenda and encouraging leaders to participate: In recent years, several leading broadcasters in Nigeria, like NTA and AIT, have found innovative ways to report on the epidemic. The more the leaders learn about HIV in news the greater the resources they invest in anti-AIDS strategies, which in turn leads to increased media coverage of the issue and helps to sustain public awareness which again has an impact on leaders' priorities.
- Media as an institution of oversight, restraint and collaborative efforts: Media can render services in providing accurate and correct news coverage of HIV/AIDS which can help elicit public response to state

sponsored efforts. Such efforts have the potentials to awaken social and political leaders to review their strategies and take mid course corrections with regard to policy concerning HIV/AIDS. In such a process, the media have the potential to influence public opinion and attitudes about HIV/AIDS, including attitudes towards people living with HIV/AIDS. An analysis of media coverage and public opinion over several decades concluded that there is a strong relationship between them. When the media focus on a particular issue, there is a higher degree of public awareness and support to tackle that issue. Attitudes affect how people respond to HIV/AIDS and how people with HIV/AIDS are treated or cared for by their peers, employers, families, communities, the health care system and the justice dispensing system.

- Effective and wide coverage of HIV/AIDS issues: The main factor behind the multiplication of HIV/AIDS is that about fifty percent of People Living With AIDS (PLWHA) are not even aware about the disease. The power of Media is tremendous as media cannot only break the

silence but can also educate the people and can launch a war against the stigma, discrimination and taboo attached to the disease by encouraging the people to openly discuss it. Effective media coverage personalizes the HIV issue, encourages people to interact and share their views which in turn prompts the government to prioritise the HIV/AIDS issue in the social and political agenda. The reporting of the hidden HIV cases from the remote places of the country; instances of poor medical treatment provided to PLWHA; instances of stigma and discrimination attached to the disease, shapes the beliefs of the people, influences the attitudes of the people and the response of the government. Effective media coverage enforces the element of accountability and a sense of responsibility that encourage the people to raise their voices.

Media too have the capability to bring about transformation in the thinking pattern of the society in respect of PLWHA and thus sow the seeds of attitudinal changes. The media can be a great facilitator for the preventing process while imparting the need for a healthy behaviour towards the section of the society and those individuals most vulnerable to

HIV/AIDS as well as those individuals affected by it.

CONCLUSION

The media, as one of the most powerful tools of attitude and behaviour change has a big role to play in creating awareness, especially where they are perceived to be a trusted source of accurate, trusted information, and where they already hold the attention of target groups in the society. The mass media are clearly vital in the world's fight against the virus. The media are already undertaking impressive work on HIV, but much more needs to be done. The media can make HIV/AIDS programming a key part of their output and, indeed, their corporate strategy. This can be done in a number of ways, including the following:

Giving the epidemic prominent news coverage.

Dedicating airtime/space to HIV/AIDS public service messages.

Supporting the broadcasting of HIV/AIDS special programming.

Supporting the development of AIDS storylines in existing programming.

Making public service messages and original programming available to other outlets on a rights-free basis.

The task at hand requires vision, dedication and, above all, creative

programming that truly engages audiences. The media can talk to listeners and viewers about HIV in a language they understand, appreciate and find entertaining. They can build partnerships and alliances. They can put pressure on the powerful to take the disease seriously and give people the information they need to protect themselves.

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