

## **CHAPTER ONE**

### **Introduction**

#### **1.1. Background Of The Study**

It is said that health is wealth. The issues of health have overwhelmed our daily comments, since evolution of science.

The Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) is a recent recognized disease throughout the world, which is caused by the infection of the Human, Immune Deficiency Virus, which attack selected cells in the immune system and produces defects in function.

Human Immune Virus (HIV) and AIDS in Nigeria was first discovered in 1984 among researchers at the National Institution for Medical Research, Yaba Lagos.

The first evidence of AIDS in Nigeria was reported to health officials by Nasidi, and Heavy in 1986.

Against this background the federal government in conjunction with other countries of the world through the World Health Organization (WHO) decided to embark on massive campaigns against HIV/AIDS pandemic in rural areas and the nation in general.

Nigerian Television Authority Enugu as part of its efforts to eradicate this dreadful disease which seems to have defied Federal government's efforts at combating it, then established the National AIDS control programmes in response to public concern

raised the awareness of the Human Immunodeficiency Virus (HIV) infestation in Nigeria.

For Nigerian Television Authority (NTA) Enugu to campaign on any issue of interest to the public, it must not be regarded as fallacious or unsystematically prepared but rather involving message on existing public interest to the people based on experience, facts, beliefs, socio-economic and educational backgrounds.

Despite the fact, the non-challant attitude the masses still prevails in relation, to accept the Role of NTA Enugu in the Campaign against HIV/AIDS as a complete truth. Moreover, one should not forget that it takes a lot of courage and grief to affect change in a society.

Though this study may not go into the structure of AIDS control programmes or the imminent dangers inherent in AIDS, it will look at the information management and the use of NTA Enugu to campaign to facilities proper public understanding of programme of will prove the degree of which the entire public have related to the HIV/AIDS campaign and to what extent these campaigns have helped alert the masses of dangers of HIV/AIDS.

Again in response to the evidence and the debate on the existence of HIV/AIDS in Nigeria the then minister of Health Professor Olukoye Ransom, Ikuti in 1987, instituted the National Expert Advisory Committee on AIDS (NEACA) and was charged with the responsibility of whether or not AIDS exist in Nigeria, they were also mandated

to advise the government as well draw up programmes strategies and activities to prevent control of HIV/AIDS infection in the rural areas.

The report from the committee stated that “HIV/AIDS existed in Nigeria and warned that unless immediate steps were taken to prevent the spread of the diseases, caused mainly by sexual intercourse. Sexual intercourse is largely responsibility for the transmission of HIV/AIDS from men to women and from women to men. People include rampant exchange of sexual parent for example sexual promiscuity are more vulnerable to have contributed immensely to the HIV/AIDS epidemics which is exculpating by lapses and bounds among teenagers world wide, receptive intercourse is more effective than other form of sexual activity transmitting HIV in homosexual men. It is because AIDS virus can be contacted in the anus of a carrier and through this act of sexual prevention.

Moreover, during blood transfusion, if the blood of a patient gets in hospital is not well screened for HIV/AIDS infection blood will surely contact HIV/AIDS, so it should be well screened, contaminated needles, when one needle has been used on a patient that has HIV/AIDS and the same needle is used on another patient who is free from the virus the person will later contract the virus through the use of contaminated needle.

According to Ernest Alhabu (1985-5 HIV/AIDS can be transmitted to HIV/AIDS free person who share the same tooth brush or razor or shaving stick with an AIDS infected person because blood from AIDS patient can easily get into the body of AIDS free person when such is being shared.

The rural are would be faced with tremendous health problem “this necessitate the establishment of AIDS co-ordinating units and twenty one testing facilities in the various states of the federation. Training was conducted for personnel to men these centres, there were also public enlightenment activities and production of educational materials like posters, hand bills, pamphlets and book on HIV/AIDS.

In February 1989, a two weeks workshop was organized by the federal ministry of Health and other human services organization including states ministries of Health with the technical assistance from the Global Programme on AIDS (GPA) World Bank and other international agencies to address the issue of AIDS in Nigeria. In March 1990, a resources mobilization meeting was convened with participation by the Health Federal Ministry of Health, by the world Health Organization, Global Programme on AIDS and other international denor agencies.

Also in March the National Aids co-ordinating units had the first “All Nigerian conference on AIDS during which the former vice president, Admiral August Aikomu (Ltd) launched the maiden edition of the Handbook on HIV infection and AIDS or Health workers. All these efforts were aimed at affecting possible solution towards ensuring the AIDS measure in Nigeria and to ensure Healthier environment for the populace.

Assertions have been made that the acquired immune deficiency syndrome (AIDS) is a mere fallacy and government programme of securing people from enjoying sexual relationship-some ridiculous names, have been given the acronym AIDS, such as America, idea of dissuading sex, animal infected diseases syndrome and so on. It has

been discovered that the greater number of people infected by AIDS fall within the range of 20-40 years by age which is the prime age of life.

## **1.2. Statement Of The Research Problem**

In spite of the increase in the number of people living with HIV/AIDS and the increase number of death recorded.

Some people still regard the existence of AIDS in Nigeria as a mere fallacy, yet the AIDS co-ordinated unit has proved that there is rapid emergency of HIV/AIDS infected persons in Nigeria.

## **1.3. Objectives Of The Study**

1. Whether NTA Enugu Campaign against HIV/AIDS can create positive impact on Ezimo Community.
2. How have these campaigns either locally or internationally transformed Ezimo people towards sexual behaviours?
3. Whether NTA Enugu Campaign can modify the behavioral pattern of the people of Ezimo Community towards people living with HIV/AIDS.

## **1.4. Research Questions**

1. How has NTA Enugu's Campaign against HIV/AIDS impacted on Ezimo Community?
2. To what extent have these campaigns either locally or nationally transformed Ezimo Community towards sexual behaviours?

3. To what extent has NTA Enugu Campaign against HIV/AIDS modify the behavioral pattern of Ezimo Community towards people leaving with HIV/AIDS?

### **1.5. Scope Of The Study**

The scope of the study is limited to NTA Enugu handling of HIV/AIDS issues in Ezimo Community in Udenu Local Government Area of Enugu State.

It is also limited to survey of the campaign against HIV/AIDS. This scope is going to centre on Ezimo Community and also based on time and financial constraints.

### **1.6. Assumptions**

This study is based on the assumption that HIV/AIDS in rural areas, has hit the earth and many people have lost their lives. Also that NTA Enugu Campaign plays a key role in their effort to fight HIV/AIDS in rural area. Looking at the agenda setting theory of the mass media, which stated that the media do not only inform us but also influence us, whatever the press publishes and emphasis on, will be what the public will think about.

### **1.7. Significance Of The Study**

This study is justified by the need to highlight the importance of NTA Enugu in the campaign against HIV/AIDS in rural area. It is noted that HIV/AIDS is fast spreading statistics show that infected persons are increasing on daily bases.

Nigeria like other developing or third world countries craves for development in the academic, political and social realm, to realize this, there is need to find out possible way of improving HIV/AIDS awareness programmes in rural areas.

### **1.8. Definition Of Terms**

Some of the key words used in this research were defined operationally as follows:

**Role:** This means the part played by Nigeria television authority Enugu in the fight against HIV/AIDS in Ezimo Community.

**Television:** This means audio visual device used in educating, informing, motivating, entering and persuading Ezimo community.

**Campaign:** This means a series of organized action carried out in support of the advocacy for the fight against HIV/AIDS.

**HIV/AIDS:** This means a disease of the human immune system caused by infection with human immunodeficiency virus.

**Rural Area:** This means a geographic area that is located outside cities and towns with low population density and settlement.

## **CHAPTER TWO**

### **Literature Review**

#### **2.1. Introduction**

The source of literature used in this study was obtained through the primary data, which was collected with the use of questionnaire to obtain more accurate information from the respondents. The secondary involves the literature review of data related to the present study available on television, radio newspaper features and other professional books in mass communication.

#### **2.2. Review Of Concepts**

The following concepts were reviewed.

Concept of NTA Enugu

Concept of HIV/AIDS

##### **2.2.1. Concept Of NTA Enugu**

The Nigerian Television Authority Enugu offers the Ezimo community the opportunity to learn about sexual behavior and sexually transmitted diseases, but how these messages are interpreted constitute public health concern. This is because no epidemic in human history probably generated much concern as the AIDS epidemic (Korge, 1992).

He further argues that “the very – campaigns that are likely to be the most under funded, those desiring to achieve social ends are least likely to be in a position to utilize



these shortened television spots, that enough money should be committed to programmes that until enlighten the masses.

Television has always been said to be one of the most powerful media of communication with their attributes ranging from ephemerality voracity, ubiquity to flexibility and all the innovation in production technique in image manipulations and representation displayed, the goal is achieved (Ume Nwagbo, 1988). Programmes on AIDS through television offers media operators an opportunity to inform and educate the community as well to enlighten and persuade the masses that using of condom is important, acceptable and convenient to avoid HIV/AIDS and Sexual Transmitted Infection (STI).

Nigerian programmes on television use high quality production techniques to attract prominent expert citizens in their various programmes to convey well researched public health message, through some programmes like 1zozo, founded by the wife of the former vice president of Nigeria Atiku Abubakar some years back a drama series like “God by tomorrow”, wetin dey and society and we all created an interactive forum where prominent issues, such as AIDS were highlighted. Some of the social ills and deficiencies with the view of correcting them lessons are been learnt from all these. More so, it provides opportunity for interactive advertisement to be disseminated such as doctor’s diary, media link, etc.

Nigerian television authority provides information campaign, health and social services that people used in order to protect themselves from HIV/AIDS infection. Sexual behaviour on television covers a wide spectrum, which looks at the contribution

that overall amount of television viewing towards sexual behaviours, and conceptions of viewers could be maturely address at a limited areas.

In support of this view, Signorill (1990) suggested that:

Researchers of television coverage on sexual behaviour has to beyond mere counting and get to the dynamics of the situation such as who involved, why are they involved and what are the outcome of specific sex related sciences.

In the same vain, the then vice president of Nigeria, Admiral August Aikhomy launched the maiden edition of the handbook on HIV infection and AIDS for Health Workers in March 1991 at the first All Nigerian Conference on AIDS organized by the nation AIDS coordinating unit. All effort was to eradicate AIDS and to ensure that through NTA, effective campaigns on AIDS could be reliable to the people in rural area.

### **2.2.2. Concept Of HIV/AIDS**

According to Geothe, “the destiny of any nation at any given time solely depends on the young men and women. This phenomenon must have worried Okechukwu Aloka, a columnist to note that up till now, some people in Nigeria still regard information about the spread of this killer disease in Nigeria as a calculated attempt by racist to ridicule African. He further noted that Africa is made vulnerable to AIDS and other epidemic disease due to poverty which stimulated the increase in the number of prostitutes, bachelors, and spiristers in the continent with corresponding increase in sexual disease.

When AIDS surfaced in Nigeria about decades ago the federal government in conjunction with the media have left no stone unturned to ensure that the killer disease

never penetrated into the Nigerian society. In response to the enhanced evidence of AIDS in Nigeria, Professor Olukoye Ransome-Kuti, a medical expert and former health minister of Nigeria in 1987 instituted the national expert advisory committee on AIDS (NEACA).

The NEACA was charged with the responsibility of advising government on what measures to adopt in order to check the AIDS virus infection, this resulted in the institution of AIDS coordinating units and twenty one screening centers in the various states of the federation, public enlightenment campaigns were undertaken by the media through which constant AIDS campaigns were held indifferent part of the countries. The handbook produced by the federal ministry of Health revealed television as well as the print media production of educational materials such as posters, handbills, pamphlets and books on AIDS were published to educate the public on the dangers of AIDS.

The various coordinating units in the various states have organized seminars and conferences in the local government pleasant intention, Aloka expressed delight that the world in general through the media have disseminated information on AIDS as a means of eradicating the menace. He noted that education and enlightenment campaign on AIDS now against the disease is the only way to minimize the spread of AIDS.

A medical Professor Bahaly observed that there has been a prevalence of the disease in some other categories for people, those most affected are the commercial sex hawkers and their consorts giving life to the global assessment that sexual habit among Nigeria likely to be bedrock for the spread of the virus in his research conducted. Another group which has shown a prevalence of the disease is blood donors (75%) HIV

carriers also found among pregnant women who had come in for routine antenatal check-up shown an infection rate as high as (3.5%).

Apart from sexual persuasiveness, the medical expert says the pervert level of populace has also encouraged the quick spread of the disease. He pointed out there are some who as a result of poverty, used sex in appetite for it. According to special priority the young people, will change the future course of the epidemic, changing behaviours and expectations early result in a life time benefit both in prevention and in over-coming HIV related stigma. However, it is pertinent to note that educating young people about HIV/AIDS and teaching their skills in negotiation, critical thinking, decision making and communication improves their confidence and ability to make informed choices such as postponing sex until they are mature enough to protect themselves from HIV/AIDS and other STDs and unwanted pregnancies. Dr. Aloka observed that as dangerous as HIV/AIDS may be, it is surely preventable but not curable. Its total eradication through available preventive methods, have not been possible in the world today because curbing personal behaviour like the habit of sexual excess is not an easy task. HIV/AIDS campaigns in Nigeria are having some bottle necks in the area of financial constraints and cultural restriction which still forbids public discussion of sex and sexual related topics. He noted with regret that HIV/AIDS has spread to many rural areas and no effective preventive measures are evenly distributed to them. Furthermore, he marked with dissatisfaction the lukewarm attitude of Nigeria towards the use of condom which experts agreed can be very effective.

## **The Challenge of HIV/AIDS**

Looming as perhaps the single almost serious long-term threat to survival and threatening to plunge the country into a multifaceted development crisis. The fast spreading HIV/AIDS epidemic warrants spectral attention from a relatively unknown disease some disease ago. HIV/AIDS has assumed center stage in Nigeria with a rising prevalence rate. Multiple mode of transmission of HIV/AIDS, which ranges from sexual intercourse with an intended person, the use of contaminated lunsterilised sharp objects, blood transfusion and from mother to an unborn child. More worrisome on its spread is the increasing number of infected women and children and the fact that most of the children infected with the virus contracted it from their mother.

- a. Decline in population, especially youth population.
- b. Giving rise to the number of orphans.
- c. Affecting the nation's economy negatively
- d. Breeding an unhealthy population.

## **Decline in Population**

It is difficult to state in a very clear terms how many people are involved in this problem, but the prediction that the number of people infected with HIV/AIDS virus would triple in the next three years sounds crazy, but it is true. This is because more and more people are lost to HIV/AIDS annually-Nigeria as a country has suffered not only decline in population but also massive decline in the number of youth in the country who are suppose to be at the frontier of the quest for development. It is obvious that both the

children and aged people depend mostly on the youths, with decline in the number of youths, it is left to be imagined what becomes the fate of these people.

### **Increase in the number of orphans**

A thousand and one adults and parents have died of HIV/AIDS leaving children who become orphans and have their fates in unknown hand of may be friends or relatives these orphans may end up having no family or school friends to socialize with them. They may never develop their God given potentials or may never be able to play a constructive role in the society.

### **The face of stigma and discrimination**

Stigma could also mean a distinctive mark on someone or a group of people. HIV/AIDS stigma exist around the world in a variety of ways including rejection, ostracism, discrimination and avoidance of HIV infected people, compulsory HIV/AIDS testing without prior consent or protection of confidentiality violence against HIV infected individuals people who are perceived to be infected with HIV/AIDS and the guarantee of HIV/AIDS individuals, the U.S. Agency for international Development (USAID).

There are various forms of stigma and it manifests itself in various ways other than lack of access to social protection. For example, people are known to have been denied their right of getting treatment and left in the cold, such actions encourage others to disown and isolate him or her from all right due to him or her. In addition to this, the HIV/AIDS stigma has been divided in the following categories.

First is the instrumental AIDS stigma which is a reflection of the fear and apprehension that are likely to be associated with any deadly and transmissible illness, often HIV/AIDS stigma is expressed in conjunction with one or more other-stigma, particularly those associated with home sexuality. Stigma is conveyed in the language we use “when we refer to HIV and AIDS with such derogative name as “obirina aja ocha” the sickness of the wayward or prostitutes. In this way we are directly encouraging stigma, there is also self stigma, a form of stigma where the person condoms himself and withdraws from the public, such action encourage others to disown and isolate him from all right due to him. Those most likely to hold misconceptions about HIV transmission and to harbor HIV/AIDS stigma are less educated people and people with high level of religiosity or conservative political ideology “Herel et al., (2002). Due to the way these impression are stigmatizing as much as they are judgment. The stigma itself often, time is known to be a factor killer than the HIV/AIDS virus itself.

### **2.3. Review Of Related Studies**

Oboh and Sani (2009), Role of Radio in the campaign against the spread of HIV/AIDS among farmers in Makurdi, unpublished project works.

Oboh U.U. and Sani, in the study assessed the role of Radio Benue in the campaign against the spread of HIV/AIDS among farmers in Makurdi Local Government Area (LGA) of Benue State, Nigeria. Observed that HIV/AIDS radio programme packaged in Pidgin English, Local Language or dramatized enhance farmer’s interest, listernship and positive change in behaviour. In addition, farmer’s level

of education gender and ownership of radio sets were found to positively improve their level of satisfaction with HIV/AIDS television or radio programmes.

This research and the current study are related in the sense that both studies are focused on the campaign against HIV/AIDS. The scope of the study is so wide and not effectively executed while the present study is limited to a particular location Ezimo Community in Enugu State.

Joseph Keating, Dominique Meekers, Alfred Ademuyi (2006) assessing effects of media campaign on HIV/AIDS awareness and prevention in Nigeria.

Joseph et al., in response to the growing HIV epidemic in Nigeria, through the US Agency for international Development (USAID) initiated the vision project, which aimed at increasing the use of family planning, child survival and HIV/AIDS series. The vision project used mass media campaign especially TV that focused on reproductive health and HIV/AIDS prevention.

The study assessed the extent programme exposure translates into increased awareness and prevention of HIV/AIDS the analysis is based on data from the 2002 and 2004 family planning and reproductive health surveys, which were conducted among adult, living in the vision project areas of Bauchi, Enugu and Oyo.

The vision project reached a large portion of the population and exposure to mass media programmes about reproductive health and HIV prevention topics can help increase HIV/AIDS awareness. Programmes that target rural populations, females and unmarried individuals, and disseminate information on where to obtain condoms, are needed to reduce barriers to condom use. Improvements in HIV/AIDS prevention



behavior are likely to acquire that these programme efforts be continued. In conjunction with other interventions targeted towards individuals with specific socio-demographic characteristics.

This research and the current study are related in the sense that both studies were focused on the role of the mass media in the campaign against HIV/AIDS in rural areas. The reviewed study failed to specify its scope of study while the current study defines its scope to be Ezimo Community.

#### **2.4. Theoretical Framework**

A theory is an attempt to explain a phenomenon a symbolic creation designed to explain why phenomena occur in the patterns we observe (infante, Rancer and Womack, 1990) because communication is a complex process, communication theory creates avenues for understanding this process by interpreting it in a more useful, flexible and simple ways. When Nigerian youths due to exposure to American media content, start talking, dressing and behaving like Americans without nay contact with the Americans, theories help us to understand why, all in all, theories attempt to determine and explain what effect mass communication has on individuals and society. Mc Combs and Shaw 972) made reference to the “agenda-setting function” of the mass media according to them, people or the mass media audience judge as important what the media judge as important, by implication, media help people to determine what is important in the public discourse. Agenda setting theory describe the very powerful influence of the media. The media, ability to tell us what issues are important, and what persons are important in the society.

This theory further explain that audience members not only learn about public issues and other matters through the media they also learn the importance to attach to an issue or topic from the emphasis the mass media place upon it. To this end, this theory supports the power of NTA Enugu in the campaign against HIV/AIDS which is the topic under study.

## **2.5. Summary**

The imperativeness of television in the society is very necessary will not be a step of tongue to say that NTA Enugu has played a vital role in enlightening Ezimo community about HIV/AIDS.

Television has always been said to be one of the most powerful media of communication with their attribute ranging from ephemerality, voracity ubiquity to flexibility and all the innovation in production technique in image manipulations and representation displayed, the goal is achieved (ume Nwagbo, 1988).

Programmes on AIDS through television offers media operation an opportunity to inform and educate the community as well to enlighten and persuade the masses that using of condom is important acceptable and convenient to avoid HIV/AIDS.

In the view of this agenda setting theory propounded by MCombs and Shaw has be reutilized in order to give this study a theoretical basis and paradigmatic perspective.

The theory describes the very powerful influence of the media's ability to tell us what issues are important, and what persons are important in the social. This theory will go a

long way in helping to convince the people of Ezimo community of which this study is focused on, on the need to embrace the campaign and as well join hands in preventing HIV/AIDS.

## **CHAPTER THREE**

### **Research Methodology**

#### **3.1. Introduction**

This chapter deals essentially with the methodology that is used in collecting data for this research work. It contains and explains the following:

1. Research design
2. Population of study
3. Sampling technique (sample)
4. Description of Data Gathering instrument
5. Validity of data gathering instrument
6. Method of data collection
7. Method of data analysis

#### **3.2. Research Design**

According to Obasi (2008) research design is a blueprint which specifies how data relevant to a given identified problem should be collected and probably analyzed to produce authentic result.

The research design is the structure and strategy for obtaining a reliable and valid result.

Survey as a research methodology is found to be the most suitable option for this study because it focuses on people, the vital facts of people and their beliefs, opinions and attain survey as a method will not only be useful in uncovering communication problems as it will equally be relevant in seeking solutions to the existing problems of the study.

### **3.3. Population Of Study**

Nwosu (2009) defines population of study as the total number of elements within a given environment which a researcher is set to survey. According to the national population commission in 2006 census figure, Ezimo community had a population of 17,466.

### **3.4. Sample Technique/Sample Size**

Sample could be defined as selected portion of a give population as representative figure of an entire population. Again sample is a portion or specimen of a larger group selected in such a way that attributes exhibited by the small portion is accepted as representative of the whole group. The researcher used purposive sampling technique to get the sampling size which is 200. The choice of purposive sampling technique by the researcher was due to certain characteristics which had to do with the knowledge of the respondents. So she simply used purposive sampling technique which is employed for the purpose of selecting a handy sampling size which is 200.

### **3.5. Description Of Research Instrument**

The research instrument used for this study was questionnaire.

A questionnaire is a data collection tool which uses various questions 70 achieves the research objectives (Madueme, 2010).

A total of twenty (20) items were drawn and administered to the respondent. The questionnaire was divided into two parts.

Part A contained items on demography of the respondent while part B contained items that answered the research question formulated for the study item.

Item 1-5 answered question on the demographic trends of the respondent.

Item 6-11 answered research question one

Item 12-16 answered research question two

Item 17-20 answered research question three

### **3.6. Validity Of Data Gathering Instrument**

The instrument used was questionnaire. Its validity is based on its ability to measure what it is designed to measure.

The researcher went further to ensure that the questionnaire used for this study was carefully designed to ensure its clarity, relevance, un-ambiguity and comprehension.

### **3.7. Method Of Data Collection**

The data in this study was collection by the researcher herself using questionnaire. This was to enhance efficiency in retrieving completed questionnaire and to enable the researcher have physical contact with respondents.

The researcher distributed questionnaire to 200 respondents and was able to retrieve 100 copies.

### **3.8. Method Of Data Analysis**

Data collected were grouped in frequencies, using tables for easy reference. Percentage method was also used.

## **CHAPTER FOUR**

### **Data Presentation And Discussion Of Findings**

#### **4.1. Introduction**

The aim of this study was to determine the role of NTA Enugu in the Campaign against HIV/AIDS in Rural Area. This chapter dealt with the analysis of data collected through the use of questionnaire distributed to 200 respondents, and was able to retrieve 200 copies.

The study was able to answer the following research questions.

1. How has NTA Enugu's campaign against HIV/AIDS impacted on Ezimo community?
2. To what extent have this campaign either locally or nationally transformed Ezimo community positively towards sexual behaviour?
3. To what extent has NTA Enugu campaign against HIV/AIDS modify the behavioral pattern of Ezimo community towards people living with HIV/AIDS?

#### **4.2. Data Presentation Analysis**

##### **4.2.1. Analysis Of Demographic Data**

Item 1 to 5 in the questionnaire answered questions on the demographic of respondents.

#### **Question 4.2.1: Sex distribution of Respondents**

**Table 42.1: Response to Question 1**

<b>Sex</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Female	90	45%
Male	110	55%
<b>Total</b>	<b>200</b>	<b>100%</b>

**Source: Field Survey, 2014.**

An analysis of data in table 4.2.1 shows that out of 200 respondents 90, Or (45%) respondents were female, while 110 or (55%) respondents were male.

#### **Question 4.2.2: Age Distribution of Respondents**

**Table 4.2.2: Response to Question 2**

<b>Age</b>	<b>Frequency</b>	<b>Percentage (%)</b>
25-30	25	12.3%
31-35	38	19%
36-40	63	31.5%
41-45	44	22%
46 and above	30	15%
<b>Total</b>	<b>200</b>	<b>100%</b>

**Source: Field Survey, 2014.**

The above table shows that out of the 200 respondents 2 or (12.5%) respondents were within the age bracket of 25-30yrs, 38 or (19%) respondents were of the age bracket of 31-35yrs, 63 or (31.5%) respondents were of the age bracket of 36-40yrs, 44 or (22%)



respondents were of the age range of 41-45yrs and 30 or (15%) respondents were of the age range of 46 and above.

**Question 4.2.3: Showing Educational Qualification**

**Table 4.2.3: Response to Question 3**

<b>Educational Qualification</b>	<b>Frequency</b>	<b>Percentage (%)</b>
WAEC/NECO	30	15%
OND/HND	65	32.5%
B.Sc./M.Sc	70	35%
Ph.D and Above	35	17.5%
<b>Total</b>	<b>200</b>	<b>100%</b>

**Source: Field Survey, 2014.**

From table 4.2.3, it was observed that 30 or (15%) respondents have WAEC.NECO as their highest qualification, 65 or (32.5%) respondents have OND/HND as their highest qualification, 70 or (35%) respondents have B.Sc/M.Sc as their highest qualification and 35 or (17.5%) respondents have Ph.D and above as their highest qualification.

**Question 4.2.4: Showing Marital Status of Respondents**

**Table 4.2.4: Response to question 4**

<b>Marital Status</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Married	60	30%
Single	95	47.5%
Divorced	40	20%
Widow	5	2.5%
<b>Total</b>	<b>200</b>	<b>100%</b>

**Source: Field Survey, 2014.**

In table 4.2.4 above 60 of (30%) respondents are married, 95 or (47.5%) are single, and 40 or (20%) respondents are divorced, while 5 or (2.5%) respondents were widow.

**Question 4.2.5: Showing Occupational Distribution of Respondents**

**Table 4.2.5: Response to Question 5**

<b>Occupation</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Student	50	25%
Civil servant	60	30%
Teacher	40	20%
Self employed	30	15%
Journalist	10	5%
Trader	10	5%
<b>Total</b>	<b>200</b>	<b>100%</b>

**Source: Field Survey, 2014.**

Table 4.2.5 shows that 50 of (25%) respondents were students 60 or (30%) respondents were civil servants, 40 or (20%) respondents were teachers, 30 or (15%) respondents were self employed, 10 or (5%) respondents were journalist, while 10 or (5%) respondents were traders.

Section b research question

**Question 4.2.6: Have you heard about HIV/AIDS?**

**Table 4.2.6: Response to Question 6**

<b>Response</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Yes	200	100%
No	0	0%
<b>Total</b>	<b>200</b>	<b>100%</b>

**Source: Field Survey, 2014.**

From table 4.2.6, 200 or (100%) respondents have heard about HIV/AIDS, while 0 or (0%) respondents said No.

**Question 4.2.7: Through which medium do you receive information about HIV/AIDS campaigns?**

**Table 4.2.7: Response to Question 7**

<b>Response</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Television	40	20%
Radio	80	40%
Newspaper	20	10%
Magazine	15	7.5%
Interpersonal Communication	5	2.3%
All of the above	40	20%
<b>Total</b>	<b>200</b>	<b>100%</b>

**Source: Field Survey, 2014.**

From table 4.2.7, 40 or (20%) respondents receive information about HIV/AIDS campaigns through television 80 or (40%) respondents radio 20 or (10%) respondents,

newspapers, 15 or (7.5%) respondents magazine 5 or (2.5%) respondents interpersonal communication, while 40 or (20%) respondents all of the above.

**Question 4.2.8: Of all these media listed in No. 7, which one do you receive better and more information from?**

**Table 4.2.8: Response to Question 8**

<b>Response</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Interpersonal communication	0	0%
Magazine	0	0%
Newspaper	30	15%
Radio	40	20%
Television	30	15%
All of the above	100	50%
<b>Total</b>	<b>200</b>	<b>100%</b>

**Source: Field Survey, 2014.**

In table 8, 0 or (0%) respondents receive better and more information from interpersonal communication 0 or (0%) respondents magazine, 30 or (15%) respondents newspaper, 40 or (20%) respondents radio, 30 or (5%) respondents television, 100 or (50%) respondents, all of the above.

**Question 4.2.9: Do you agree that HIV/AIDS exist in Nigeria?**

**Table 4.2.9: Response to Question 9**

<b>Response</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Yes	200	100%
No	0	0%
<b>Total</b>	<b>200</b>	<b>100%</b>

**Source: Field Survey, 2014.**

In table 9, 200 or (100%) respondents said “Yes” that HIV/AIDS exist in Nigeria, while 0 or (0%) said “No” that HIV/AIDS does not exist in Nigeria.

**Question 4.2.10: How has NTA Enugu’s campaign against HIV/AIDS impacted on Ezimo Community?**

**Table 4.2.10: Response to Question 10**

<b>Response</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Total abstinence	50	25%
To play safe	20	10%
To make use of condom	60	30%
To wait till marriage	51	2.5%
To be sexually protected	6	3%
To reduce the rate of unprotected sex	20	10%
Keeping to one partner	4	2%
To be very careful	35	17.5%
<b>Total</b>	<b>200</b>	<b>100%</b>

**Source: Field Survey, 2014.**

In table 10, 50 or (25%) respondents believe that NTA Enugu Campaign against HIV/AIDS has impacted on Ezimo Community to be total abstained 20 or (10%) respondents to play safe, 60 or (30%) respondents, to make use of condom, 5 or (2.5%) respondents, to wait till marriage, 6 or (3%) respondents to be sexually protected, 20 or

(10%) respondents to reduce the rate of unprotected, 4 or (2%) respondents keeping to one partner. While 35 or (17.5%) respondents to be very careful.

**Question 4.2.11: To what extent have these campaign either locally or nationally transformed Ezimo community towards sexual behavior?**

**Table 4.2.11: Response to Question 11**

<b>Response</b>	<b>Frequency</b>	<b>Percentage (%)</b>
To a great extent	80	40%
To an extent	70	35%
To a little extent	22	11%
No option	28	14%
<b>Total</b>	<b>200</b>	<b>100%</b>

**Source: Field Survey, 2014.**

From table 4.2.11, 80 or (40%) respondents to a great extent has these campaigns either locally or nationally transformed Ezimo community towards sexual behaviours, 70 of (35%) respondents to an extent, 22 of (11%) respondents to a little extent, and 28 or (14%) respondents no option.

**Question 4.2.12: To what extent has NTA Enugu campaign against HIV/AIDS modify the behavioural pattern of Ezimo community towards people living with HIV/AIDS?**

**Table 4.2.12: Response to Question 12**

<b>Response</b>	<b>Frequency</b>	<b>Percentage (%)</b>
To a great extent	68	33%
To an extent	54	27%
To a little extent	14	7%
No option	64	32%
<b>Total</b>	<b>200</b>	<b>100%</b>

**Source: Field Survey, 2014.**

From table 4.2.12, 66 or (33%) respondents to a great extent, 54 or (27%) respondents to an extent, 14 or (7%) respondents to a little extent while 66 or (32%) respondents No option.

**Question 4.2.13: To what extent has the campaign restructure your attitude?**

**Table 4.2.13: Response to Question 13**

<b>Response</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Keeping to one partners	44	22%
Total abstinence	84	42%
Casual sex	52	26%
Can't say	20	10%
<b>Total</b>	<b>200</b>	<b>100%</b>

**Source: Field Survey, 2014.**

From table 4.2.13, 44 or (22%) respondents that the campaign has restructure their attitude to keeping to one partner, 84 or (42%) respondent's total abstinence, 52 or (26%) respondent's casual sex while 20 or (10%) respondents can't say.

**Question 4.2.14: Do you know your HIV/AIDS status**

**Table 4.2.14: Response to Question 14**

<b>Response</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Yes	112	56%
No	88	44%
<b>Total</b>	<b>200</b>	<b>100%</b>

**Source: Field Survey, 2014.**

From table 4.2.14, 112 or (56%) respondents said "Yes", they knows their HIV/AIDS status, while 88 or (44%) respondents said "No".

**Question 4.2.15: Has the media campaign on HIV/AIDS changed the discriminatory attitude of many people against those living with the virus in Ezimo Community?**

**Table 4.2.15: Response to Question 15**

<b>Response</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Yes	120	60%
No	80	40%
<b>Total</b>	<b>200</b>	<b>100%</b>

**Source: Field Survey, 2014.**

From table 4.2.15, 120 or (60%) respondents said “Yes” that the media campaign on HIV/AIDS has changed the discriminatory attitude of many people against those living with the virus in Ezimo community while 80 or (40%) respondents said “No”.

**Question 4.2.16: To what extent are you satisfied with the government’s involvement in this campaign?**

**Table 4.2.16: Response to Question 16**

<b>Response</b>	<b>Frequency</b>	<b>Percentage (%)</b>
To some extent	76	38%
To large extent	10	5%
Can’t say	114	57%
<b>Total</b>	<b>200</b>	<b>100%</b>

**Source: Field Survey, 2014.**

From table 4.2.16, 76 or (38%) respondents said to some extent in which they are satisfied with the government involvement in this campaign, 10 or (5%) respondents to large extent, while 114 or (57%) respondents can’t say.



**Question 4.2.17: As an individual how do you identify with this campaign?**

**Table 4.2.17: Response to Question 17**

<b>Response</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Favourably	80	40%
Fairly good	88	44%
Indifferent	8	4%
Unfavourably	16	8%
Strongly opposed	8	1%
<b>Total</b>	<b>200</b>	<b>100%</b>

**Source: Field Survey, 2014.**

From table 4.2.17, 80 or (40%) respondents identify with this campaign to be favourable, 88 or (44%) respondents fairly good, 8 or (4%) respondents indifferent, 16 or (8%) respondents unfavourably while 8 or (1%) respondents strongly opposed.

**Question 4.2.18: Do you agree that HIV/AIDS can be transmitted through?**

**Table 4.2.18: Response to Question 18**

<b>Response</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Sex	28	14%
Blood transmission	26	13%
During child delivery	10	5%
Sharing of sharp object	16	8%
All of the above	120	60%
<b>Total</b>	<b>200</b>	<b>100%</b>

**Source: Field Survey, 2014.**

From table 4.2.18, 28 or (14%) respondents agreed that HIV/AIDS can be transmitted through sex, 26 or (13%) respondents blood transmission 10, or (5%)

respondents during child delivery, 16 or (8%) respondents sharing of sharp object while 120 or (60%) respondents all of the above.

**Question 4.2.19: How can we treat those living with the virus?**

**Table 4.2.19: Response to Question 19**

<b>Response</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Love	200	100%
Hated	0	0%
Discrimination	0	0%
<b>Total</b>	<b>200</b>	<b>100%</b>

**Source: Field Survey, 2014.**

From table 4.2.19, 200 or (100%) respondents answered they should treat those living with the virus with love 0 or (0%) respondents said hated, while 0 or (0%) respondents said discrimination.

**Question 4.2.10: From the TV campaign you have been exposed to so far about HIV/AIDS, what is your perception of the virus?**

**Table 4.2.20: Response to Question 20**

<b>Response</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Deadly	184	92%
Harmless	16	8%
Can't say	0	0%
<b>Total</b>	<b>200</b>	<b>100%</b>

**Source: Field Survey, 2014.**

From table 4.2.20, 184 or (92%) respondents said deadly that from the TV campaign they have be exposed to so far about HIV/AIDS, that is their perception about the virus, 16 or (8%) respondents said harmless, while 0 or (0%) respondents can't say.

### **4.3. Discussion Of Findings**

#### **Research Question One**

How has NTA Enugu's campaign against HIV/AIDS impacted on Ezimo Community?

The answer to the question was provided in table 4.2.10, it shows that 60 or (30%) respondents from the above that a significant number of the respondents said NTA Enugu's campaign against HIV/AIDS impact on Ezimo community in their use of condom.

#### **Research Question Two**

To what extent has NTA Enugu Campaign against HIV/AIDS modify the behavioural pattern of Ezimo community towards people living with HIV/AIDS.

The answer to the question was provided in table 4.2.12, findings in table 4.2.12, it shows that 68 or (33%) respondents accepted that NTA campaign against HIV/AIDS modify the behavioural pattern in Ezimo community towards people living with HIV/AIDS. It can be inferred from the above that a significant majority of the population to a great extent.

#### **Research Question Three**

To what extent has this campaign either locally or nationally transformed Ezimo community positively towards sexual behaviours?

The answer to the question was provided in table 4.2.11, findings in table 4.2.11, it shows that 80 or (40%) respondents. It can be inferred from the above that majority of the respondents to a great extent have these campaign either locally or nationally transformed Ezimo community towards sexual behaviors.

## **CHAPTER FIVE**

### **Summary, Conclusion And Recommendations**

#### **5.1. Introduction**

The main objective of this study was to determine the role of NTA Enugu in the campaign against HIV/AIDS in Rural Areas.

The survey research design was adopted using questionnaire for data gathering based on the data collected analyzed and discussed the following findings, conclusion and recommendations were made.

#### **5.2. Summary**

This research work has show that NTA Enugu campaign against HIV/AIDS has plays a very great role on Ezimo community, through their various HIV/AIDS campaign programmes. It has really created a positive impact, also have these campaign either locally or nationally transformed Ezimo community positively towards sexual behaviours and was able to modify the behavioural pattern of Ezimo community towards people living with HIV/AIDS. Finally, a significant number of the respondents agreed that it is best and safer to make use of condom, since not everyone can abstain or wait till when they are married.

#### **5.3. Conclusion**

This study has shown that NTA Enugu in the campaign against HIV/AIDS has, to a great extent influenced the people of Ezimo community positively towards sexual behavior, restructured their sexual attitude and scare them from indulging in casual sex.

#### **5.4. Recommendations**

Based on the findings made in the course of this study the researcher hereby made the following recommendation:

1. Sequel to the findings of this research work, the researcher is suggesting that further research on this topic should be extended to other rural areas to see the extent rural people have accepted and believed in the existence of HIV/AIDS.
2. That this study will serve as a reference material to the government media managers, media practitioners, parents, researchers, students and other professionals.
3. That parent should start from home in teaching their children about the danger in contracting HIV/AIDS and other STDs right from home example sex education.
4. That everybody in the country should take part in the spread of HIV/AIDS messages including market women and opinion leaders instead of leaving the campaign for media and government alone.
5. Policy should be made to persuade young people to abstain from sexual activities or at least delay their sexual initiation until they are married or more mature.
6. Reducing the size of commercial sex industry in major cities in Enugu State legislation will have an important limiting effect on the HIV/AIDS epidemic-law enforcement agencies can use to arrest and scare away these commercial sex workers.

7. Stimulation of the rural economy and expansion of women's job options in Enugu State may begin to curb the influence of women into commercial sex industry and reduce the risk of the spread o HIV/AIDS.
8. The government should establish more screening centers in all hospitals in the country to screen blood transfusion and test be conducted between two people getting married to each other.
9. That media should be equipped very well, and make everybody take part in media use, for the message to reach everybody, both people in rural areas.
10. That a study of this kind should be carried out in other metropolitan cities in the country to enable us compare the results.
11. Just like WHO recommends, HIV/AIDS control centers should concentrate their efforts on teaching people to be selective in their choice of sexual partners and to use condoms.

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## APPENDIX A

Department of Mass Communication,  
Caritas University,  
Amorji-Nike,  
Enugu,  
Enugu State.  
July, 2014.

Dear respondent,

I am a final year student of the above mentioned institution. I am conducting a research on Role of NTA Enugu in the Campaign against HIV/AIDS in Rural Area.

Please, kindly give your frank response to the questions below. This research is purely an academic exercise and all information supplied will be treated with strict confidence.

Yours faithfully,

**Okafor Angela C.**

## APPENDIX B

**Instruction:** Please tick (✓) appropriately in the boxes.

1. What is your sex?  
a. Male [ ] b. Female [ ]
2. What age bracket do you belong?  
a. 25-30 [ ] b. 31-35 [ ] c. 36 -40 [ ] d. 41-4 [ ]  
e. 46 and above [ ]
3. Educational Qualification  
a. WAEC/NECO [ ] b. OND/HND [ ] c. B.Sc/M.Sc [ ]  
d. Ph.D and above [ ]
4. Marital Status  
a. Married [ ] b. Single [ ] c. Divorced [ ] d. Widow [ ]
5. Your Occupation  
a. Student [ ] b. Civil Servant [ ] c. Teacher [ ]  
d. Self employed [ ] e. Journalist [ ] f. Trader [ ]

### SECTION B

6. Have you heard about HIV/AIDS?  
a. Yes [ ] b. No [ ]
7. Through which medium do you receive information about HIV/AIDS campaign?  
a. Television [ ] b. Radio [ ] c. Newspaper [ ]  
d. Magazine [ ] e. International communication [ ]  
f. All of the above [ ]
8. Of all these media listed in no 7, which one do you receive better and more information from.....  
.....
9. Do you agree that HIV/AIDS exist in Nigeria?  
a. Yes [ ] b. No [ ]

10. How has NTA Enugu's Campaign against HIV/AIDS impacted on Ezimo Community?:.....  
 .....
11. To what extent have these campaign either locally or nationally transformed Ezimo community towards sexual behaviour?  
 a. To a great extent [ ] b. To an extent [ ] c. To a little [ ]  
 d. No option [ ]
12. To what extent has NTA Enugu campaign against HIV/AIDS modify the behavioural pattern of Ezimo community towards people living with HIV/AIDS?  
 a. To a great extent [ ] b. To an extent [ ] c. To a little [ ]  
 d. No option [ ]
13. To what extent has the campaign restructure your attitude?  
 a. Keeping to one partner [ ] b. Total abstinence [ ]  
 c. Casual sex [ ] d. Can't say [ ]
14. Do you know your HIV/AIDS status?  
 a. Yes [ ] b. No [ ]
15. Has the media campaign on HIV/AIDS changed the discriminatory attitude of many people against those living with the virus in Ezimo community?  
 a. Yes [ ] b. No [ ]
16. To what extent are you satisfied with the governments involvement in this campaign?  
 a. To some extent [ ] b. To large extent [ ] c. Can't say [ ]
17. As an individual how do you identify with the campaign?  
 a. Favourably [ ] b. Fairly good [ ] c. Indifferent [ ]  
 d. Unfavourably [ ] e. Strongly opposed [ ]
18. Do you agree that HIV/AIDS can be transmitted through?  
 a. Sex [ ] b. Blood transmission [ ]  
 c. During child delivery [ ] d. Sharing of object [ ]  
 e. All of the above [ ]

19. How can we treat those living with the virus?  
a. Love [ ] b. Hatred [ ] Discrimination [ ]
20. From the TV campaign you have been exposed to so far about HIV/AIDS, what is your perception of the virus?  
a. Deadly [ ] b. Harmless [ ] c. Can't say [ ]