

## **Channel and Source of Information about HIV/AIDS in Two Urban and Rural Communities of Cross River and Akwa Ibom States, Nigeria**

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### **Abstract**

*HIV/AIDS has affected the wellbeing of the people negatively. More cases of new infections are reported in hospitals. The acronym has received popular attention, that it is now a household name by members of the public. The awareness about HIV/AIDS prompted the study on the source and channel of information about the virus and the disease. Survey design method was adopted where 500 respondents were studied on sources of information about the virus. Radio was ranked as the first source of information about the virus and the disease. Television was ranked second while newspaper came third in the ranking. This channel was considered by urban respondents in Cross River and Akwa Ibom States. The knowledge of the channel and source of information will help to establish the channel that can best be adopted to reach out to the greater number of audience within the population.*

**Keywords:** HIV/AIDS, Mass Communication, Radio and Television, Disease.

### **Introduction**

Given the adverse nature of the HIV/AIDS not only on medicare but on family solidarity and income, it becomes imperative to consider the source and channel of obtaining information about the virus HIV and the disease (AIDS).

The problem of HIV/AIDS has invaded virtually all facets of human endeavour (homes, schools, work place, even churches and mosques). With a grim picture of the disease not only at the global or continental frontiers but, also at the national level, the spread of HIV/AIDS may continue like wildfire. As HIV/AIDS is devastating people of productive age, the world may experience years of economic depression resulting from the scourge of HIV/AIDS – which has no cure for now.

In urban as well as rural communities of Cross River and Akwa Ibom States; people are dying at increasing number from HIV infection and AIDS related diseases. Before most of the deaths occur, family incomes are usually spent on false treatment. The infected person is usually the “bread winner” of the family. This goes further to deplete the family income, thus weakening the economic base of the family and the African insurance scheme of “being your brother’s keeper” is unnecessary overstress by dependence.

Information about a disease is very important. The research examined the urban and rural communities to establish data on the most preferred sources and channel of obtaining information about the disease. This is to identify the most effective means of reaching out to the populace either in urban or rural settings.

## **Objectives of the study**

The major objective of this research is to contribute to the pool of knowledge by identifying the most effective means of communication for health education about HIV/AIDS within our communities. Also to identify the strength of this source in bringing about behaviour modification within the generality of the population. The proposition which give direction to this work is that the incidence of behaviour modification could be attained where the channel of communication or the source of information about the disease is effective, affordable and acceptable.

## **Empirical Review**

Nwagbara (2011) has noted that the increasing incidence and prevalence of HIV/AIDS in Nigeria (urban as well as rural) have raised the question of whether the heightened level of awareness, education and information on HIV/AIDS have not yielded sufficient dividend in the prevention and the control of the disease.

Increasing awareness on the effects of HIV/AIDS must be sustained especially as the statistics on HIV/AIDS is currently alarming and demoralizing. The channel of communication and knowledge about the virus and the disease is as important as the means of controlling its spread, especially where the population is socially active as Nigeria's population.

The role of mass media in information dissemination cannot be ignored. The mass media is a large-scale organization which use one or more of these technologies, radio, print and TV to communicate with large numbers of the people within the population. In recent years, with the advent of Global System of Mobile Telecommunication (GSM); the incidence of HIV/AIDS is bound to increase especially as more people are acquiring the GSM facility with the attendance networking of people, Abia et al (2011) has noted that "the advent of internet software phones compounded networking of people, as amorous episode of raw sex are downloaded into phones. Some of these images are transferred from phone to phone as video clips through Bluetooth. Internet has its own negative impact as pornography, scam and other forms of vices are committed through the internet.

Television and radio preceded the internet as electronic forms of mass media dissemination in Nigeria. There are many radio and television stations (National, State and Local) in Nigeria. To strengthen the capacity of electronic forms of mass media, private radio and television outfits have been licensed by the Federal Government. Public and private radio stations help to communicate health messages to the public as well as providing news and entertainment.

In rural areas, ownership of radio gadget is common, even in farming population, pocket radios are often carried along for the purpose of obtaining information, news and entertainment. Otu (2009) has stated that the role of the medium determines the effect of a message in communication process. Where the medium is a familiar and trusted source, messages carried by this medium are usually accepted as authentic. The credibility of the source of communication makes the message more effective.

The print media consist of newspapers and magazine. In Nigeria, there are many newspaper houses or publishing organizations in Nigeria. The print media is more urban centred and require a degree of literacy as the patronage depends on the ability to read and write. The print media carry information about prevailing health and disease conditions. It serves as good source of knowledge about conditions of illness and diseases including HIV/AIDS.

The HIV/AIDS is spreading like wildfire. In rural communities as well as urban areas cases of deaths resulting from HIV/AIDS are not usually reported (Abia et al 2011). Given the nature of the disease, the pattern of spread, it is imperative to consider the source and channel of communication opened to the public to know about the disease.

## **Methodology**

The research instrument consisted only of data obtained from primary source. A set of 43 questions were developed as questionnaire to obtain quantitative data on the problem studied. The questionnaire consists of general demographic questions on personal and household data of each respondent. The second section consisted of question on socio-economic factors leading to the spread of the disease.

The structuring of the questionnaire was based on closed ended and open-ended options. This removed ambiguity and ensured reliability of responses to the questions on the research instrument.

The simple random sampling procedure was chosen to obtain a representative sample of the respondents within the study communities. The sampling frame was the Primary Health Care (PHC) numbering register for each community. The entire sampling size for the community survey was 500 respondents. In view of cost, manpower and time constraint, the sampling unit was the household. The ratio of women to men was 300:200 at the percentage of 60:40. This was deliberate because women are the most vulnerable group for the disease. Respondents were to be of reproductive age (16 years and above). The respondents agreed to have had sexual relationship at least once in last six months and a hand set which is connected to any network services in Nigeria.

### Historical Perspective of the study areas

This research was a study on source of obtaining information about the virus and disease in two urban and two rural communities of Cross River and Akwa Ibom States, Nigeria. The study communities are presented in Table I below:

**Table I: Description of the study communities**

S/N	STATE	STATUS		
		URBAN	RURAL	TOTAL
A	<b>CROSS RIVER STATE</b>			
1	Calabar Municipality (Qua Clan)	1		1
2	Akpabuyo L.G.A. Ikot Ene		1	1
B	<b>AKWA IBOM STATE</b>			
1	Ikot Ekpene LGA Urban	1		1
2	Essien Udim LGA Ikpe Annang Clan		1	1
	<b>TOTAL</b>	<b>2</b>	<b>2</b>	<b>4</b>

*Sources: Authors' Fieldwork (2003)*

#### A. Cross River State

##### Calabar Municipality

Calabar municipality evolved from ancient city which falls within the “Old Efik kingdom”. This is what Charles (1993) referred to as “Old Calabar dynasty”. Calabar is the metropolis of Cross River State and the seat of the government of the state. It lies on longitude of 050, 200<sup>0</sup> East and latitude 040, 57<sup>0</sup> North of equator. Calabar is bounded in the North by the Republic of Cameroun, on the West by the Cross River, on the East by the Qua and Akpoayofe Rivers. The southern border is by Calabar River on whose bank the city stands. As a matter of fact, Calabar is completely surrounded by water. This feature was noted as far back as 1847 by Rev. Hope Waddell (a prominent missionary and educationist) as, “the distinguishing feature of the Calabar county”.

The population of Calabar Municipality is 183, 681 people, out of which 93,584 were males and 90,589 were females (2006 census report). Calabar is a town that has witnessed modernization in its social and economic life. It has a seaport, airport and good network of roads for intra and intercity movement. It is the seat of tertiary health institution (University of Calabar Teaching Hospital –UCTH) as well as the University of Calabar, Calabar.

Distributive trade is flourishing with the sitting of major industries. Hospitality business is also flourishing with major hotels and Nite Clubs located in this area. Recreational facilities are bound, so the social life of the city is vibrant which earned it the nickname “Canaan city” – where it is perceived that “the land is flowing with milk and honey”.

The geo-political entity of Calabar metropolis is a conglomeration of three ethnic groups namely: Efiks, Efuts and the Quas. For the purpose of this research, the Qua minor ethnic group is reviewed for this study; whose general inhabitants are Big Qua Town, Akim Qua Town and Ikot Ansa.

### **Akpabuyo Local Government Area – Rural**

Akpabuyo Local Government area is a rural local government in Cross River State. It is located within the latitude 4<sup>0</sup>.30N and 7<sup>0</sup>N and longitude 8<sup>0</sup>E and 9<sup>0</sup>.30 South East of Nigeria. The aggregate head count for this local government is 272,262 (males 141,602; Females 130,660 (NPC 2006 Census Report). Akpabuyo local government area is linked by one major road passing through, from Calabar to Ikang at the border to the Republic of Cameroun. The population is mixed of Efik stock and immigrants from Oron, Ibibio and Annang ethnic origins of Akwa Ibom State. Ikot Ene community is the preferred rural community for this study. The choice of Ikot Ene is borne out of the fact that, it is a rural community with a hospital facility. It comprises of twenty-eight villages and has facilities for GSM communication. The economic life revolved around subsistent agriculture which include fishing.

The people of Ikot Ene community as well as Akpabuyo local government area are of Efik stock and share their culture with that of Old Calabar dynasty (Aye, 1976; Charles 1993, 1996). They are highly religious people, dominantly Christians (though of diverse sects). Traditional religious practitioners of Ekpe and Obon cults are not uncommon. The Ekpe fraternity as elsewhere in Efik clan plays a dominant influence in the social life of the people. It wields enormous influence even among Christians. It is still seen as the embodiment of the norms within the community.

### **Akwa Ibom State**

#### **Ikot Ekpene Local Government**

Ikot Ekpene local government area attained the status of an administrative centre as far back as 1914, when it was a subdivision of the Old Eniong District in Akamkpa Division during the colonial era. In 1951, it became the nucleus of local government administration in the then Eastern region. It is the oldest local government are in Akwa Ibom State and is believed to be the traditional headquarters of Annang people.

It lies between latitudes 4<sup>0</sup>250 and 70 North longitudes 17.150 and 9.300 East. Bounded on the North and the West by Abia State, on the East by Ibibio speaking people. On the South by Abak local government area and the East by Essien Udim local government area.

The cosmology of the people is linked to the belief in the Supreme God – Abasi Ibom – which controls the affairs of the people. Christianity has a dominant influence on the majority of the people. It is the seat of the Roman Catholic Church. The economic life of the people of Ikot Ekpene rests on farming and handicrafts. Though these are done at the subsistent level, it has acquired commercial significance. Such handicraft in wood and metal products are common, together with the famous raffia products, which has earned Ikot Ekpene the name “raffia city”. Hospitality industries are also developing to cater for the need of the tourists. The local government host the State Polytechnic at Ikot Osurua and a Catholic Seminary. Ikot Ekpene local government area has facilities for GSM communications. The unit of study in Ikot Ekpene is Ikot Obong Edong community. The population of Ikot Ekpene local government area is 141,408 persons - male 71,738 and female 69,670 (CENSUS 2006 NPC)

#### **Essien Udim Local Government – Rural**

Essien Udim by all standard is a rural community. Before the civil war, the portion described as Central Annang, with it full autonomy as a council was merged with Ikot Ekpene urban and Otoro County Council. Essien Udim was created out of this structure on May 3, 1989, deriving its name from the two units of Essien Annang and Udim. Essien Udim has a total of 135 villages, 10 wards, federal and state constituencies. The population of the local government as given by 2006 census report is 193,257; male 97,888 and female 95,369. Essien Udim local government area occupies a land mass situated within latitude 5:10. It is bounded by Abia State to the North and West, on the East by Ikot Ekpene and Ikono local government area while on the south, it bordered by Abak and Etim Ekpo local government areas.

Like in every part of Akwa Ibom the people of Essien Udim believed the supreme being Abasi-Ibom. The economic life of the people is on farming and the land habits the palm belt of the State. The unit of study in this research is Ikpe Annang. It has 14 villages and has a General Hospital situated within the community. It also has facility for GSM communication. All the study communities either in urban or rural areas received radio and television signals.

## Data Presentation

**Table 2: Number and percentage distribution of respondents on sources of information on HIV/AIDS**

Study Area	Sources of Information					Total (%)
	Radio (%)	Television (%)	Peer group (%)	Newspaper (%)	Bill Board (%)	
CRS 1	118(23.6)	27(5.4)	2(0.4)	3(0.6)	-	150
CRS 2	89(17.8)	11(2.2)	-	-	-	100
AKS 1	124(24.8)	24(4.8)	-	2(0.4)	-	150
AKS 2	81(16.2)	19(3.8)	-	-	-	100
<b>Total</b>	<b>412(82.4)</b>	<b>81(16.2)</b>	<b>2(0.4)</b>	<b>5(1)</b>	<b>-</b>	<b>500</b>

Source: Author's Fieldwork (2003).

Table 2 shows the respondents opinion on sources of information on HIV/AIDS in all the study communities. Radio ranked higher (82.4%) as the major source of acquiring information about HIV/AIDS in both urban and rural communities in Cross River and Akwa Ibom States. Television ranked second with 16.2 percent while peer group discussion had only 0.4 percent of respondents. Newspaper ranked third with 1% per cent of the respondents acquiring information from this medium. This medium was listed by urban respondents in Cross River and Akwa Ibom States as the major source of acquiring information about HIV/AIDS.

**Table 3: Number and percentage distribution of respondents on sources of information acquiring information about means of protection against HIV/AIDS.**

Study Area	Source of Information			Total (%)
	Mass Media (%)	Peer group (%)	Health Education Campaign (%)	
CRS 1	134(26.)	12(2.4)	4(0.8)	150
CRS 2	86(17.2)	8(1.6)	6(1.2)	100
AKS 1	103(20.6)	13(2.6)	34(6.8)	150
AKS 2	73(14.6)	-	27(5.4)	100
<b>Total</b>	<b>396(79.2)</b>	<b>33(6.6)</b>	<b>71(14.2)</b>	<b>500</b>

Source: Author's Fieldwork (2003).

Table 3 shows that 79.2 percent of respondents stated that knowledge on sources of protecting against HIV/AIDS was acquired through the mass medium (radio, Newspaper, Bill boards and Television). The second source of acquiring information is through Health Education Campaign with 14.2 percent, peer group discussion ranked last with 6.6 percent respondents acquiring their knowledge through this source.

## Discussion of findings

The table presented as table 2 highlights the communication channels available to the public on sources of information about the disease. The following channels were listed radio, television, peer group, newspaper, bill board. The respondents were required to choosed from among these channels in order of their ranking. 412(82.4%) of the respondents agreed that radio remain a strong means of knowing about HIV/AIDS. Eighty-one of the respondents mostly urban dwellers accepted that television is the mean through which they got information about HIV/AIDS. One per cent of the respondents accepted newspaper as the source of information about the virus and the disease.

The implication of this finding is that radio remains a strong channel to reach out to members of the public. The benefit of radio over any other medium is that it required no full knowledge on how to read and write before accessing or receiving it. Nwagbara (2011) has listed radio as a strong channel of mass communication. It reaches the widest audience at a single signal. It carries the persuasive force to modify a person's behaviour because of it acceptability and coverage. Radio gadget is affordable with less than five dollar a radio set could be acquired. In urban settings where television is accessible, reliance on radio is widespread among households. Radio as a channel could be accessed with the help of dry cell batteries.

In our state of development where electricity is a national problem, news are obtained from radio more than television. When there is a black out from public power supply, radio provides the breach in news and information dissemination, (which include health messages and jingles).

Newspaper is accepted by negligible number of respondents as the channel they acquire knowledge about the disease. This could be understood, as newspaper is elites which requires a level of education to be able to read and interpret the newspaper and the message carried by it.

To strengthen our findings, the source of knowledge of protecting against HIV/AIDS was required from the respondents in Table 3. The source were grouped into mass media (radio, television and newspaper), peer group and health education campaign. The mass media ranked first with 79.2%, while health education campaign ranked second with 14.2 percent. Peer group information source was given the third position by the respondents. The mass media stands out dominantly as means of acquire information about the disease and the source of protecting against it.

### ***Conclusion***

In reaching out to the populace, consideration as of necessity be given to the source of acquiring information about the disease. Radio and television are the major sources of information gathering and dissemination. To control the spread of HIV/AIDS, requires reaching out to a wider number of people. The source that is most affordable, accessible and acceptable is the radio, followed by the television. These sources cannot be ignored if we want to achieve rapid reduction in the spread of the virus through behaviour modification by health education. Repeated jingles on radio and television have the persuasive force of modifying our negative behaviour (especially loose sexual behaviour). The wave of conduct over condom are to be reinforce using radio and television channels. However, other channels of communication must be explored especially with the GSM facility to increase peer group communication on behaviour modification base on conduct and abstinence over the use of condom.

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