ANALYSIS OF YOUTHS PERCEPTION OF THEHIV/AIDS PROGRAMME: 'RAYUWA SAIA SLOW INKSMC RADIO, KADUNA

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ABSTRACT

This study evaluated youths' perception of the HIV/AIDS radio campaign programme 'Rayuwa Sai a Slow'(RSAS). The research was informed by the need to assess the perception of youths regarding the programme which was produced to create more awareness about the HIV/AIDS epidemic that has been a subject of discourse for about three decades. Since the youths comprise the most productive sector of an economy and absence of relevant information regarding HIV/AIDS has been attributed as a factor to increasing the spread of the disease among them. The general objective of this study is to ascertain whether or not the programme has facilitated youths' better understanding of the HIV/AIDS pandemic and whether it has facilitated behavioural change among them. Quantitative method was employed and questionnaire was used as instrument of data collection. The research population was the youths (male and female) who listen to the RSAS programme and are residents ofKaduna metropolis. The sampling techniques employed were the cluster and the purposive sampling techniques. Sampling size for the study was 300 youths. And the statistical package for social sciences (SPSS) was used to analyse data from the field. Findings from the study revealed that RSAS programme has facilitated youths' understanding of the HIV/AIDS pandemic and, it was found that the issues raised in the programme have to a large extent facilitated behavioural change among them. Also, most of the respondents were attracted to the programme because of its content. It was concluded that there was high level of acceptance among audience and the programme can be rated high in increasing youths' level of awareness. However, it was recommended that the duration of the programme should be increased and people living with HIV/AIDS should be included to add to the beltevability and credibility of the programme.

Introduction

There are numerous and diverse social problems around the world. These problems are being combated by policy makers as solutions are sought to address important problems in health, environment, crime, social welfare etc. Human Immune Deficiency Virus or Acquired Immune Deficiency Syndrome (HIV/AIDS) is one of the global epidemics that has for a very long time affected nations especially the third worlds perhaps due to limited resources.

This HIV/AIDS scourge has over the years steadily become a global pandemic which is claiming lots of lives. Its associated deaths still top mortality charts worldwide, thus always amongst the top irrespective of developmental status of nations (Alabi, 2011).

The United Nations warns that Africa bears 68 to 70 percent of the global AIDS burden (Science & Discovery ,2010).Since the first case of Acquired Immune Deficiency Syndrome (AIDS) was discovered and recognized in 1981 in the United States of America, its impact has been felt most severely on the economies of the developing world. Given that AIDS kill mostly people between

15-49 years age group, it is therefore uniquely devastating in terms of increasing poverty and reversing human development achievements (UNDP, 2001).

UNAIDS report on the global HIV/AIDS epidemic (2004) holds that every single minute, almost 10 people get infected with the virus while8.000 people lose their lives each day to the pandemic, worldwide. Studies around the globe have established that the vast majority of young people remained uninformed about HIV/AID (World Youth Report, 2013).

According to Anderson, Beutel & Brown (2007), the HIV/AIDS prevalence rate is also high among South African Youths a situation similar to Nigeria's because according to the National Agency for the Control of HIV/AIDS (NACA, 2010) one out of every 18 youths between the ages of 18 and 49 is infected. This is an indication that the youths are mostly affected even in Nigeria. Data provided by NACA revealed that, Kaduna State topped the list in the North-West zone with5.1 percent prevalence rate.

The prevalence rate in Kaduna has continued to fluctuate from about 5.6 percent in the 2006 sentinel survey conducted by the Federal Ministry of Health to 7.0 percent in 2008. Despite the fact that the 2010 survey conducted by the Federal Ministry of Health indicated a decline in the state's HIV/AIDS prevalence rate with 5.1 percent, the state has consistently maintained its first position in prevalence rate in the north western region of the country. Therefore, the state's HIV/AIDS prevalence rate is still pathetic as it exceeds the national prevalence rate of 4.1 percent.

Confirming the above data, the Information officer of the Kaduna state Agency for the Control of AIDS (KADSACA), Mr. Emmanuel also disclosed that the youths are the most affected in the HIV/AIDS prevalent rate of the state.

Corroborating the above fact, the Chairman of the Kaduna State Network of People Living with HIV/AIDS (NEPWAN) Elder Aboi stated that they have over one million people (as members) living with the virus as contained in their register. Aboi also revealed that they have the list of positive people across the 23 Local Government Areas of the (Kaduna) state as provided by the support groups which indicate an alarming increase from 1991 to date.

Media campaigns to raise awareness of HIV are a practical way of reaching many people in different regions as health communicators have laid emphasis on the pivotal role of the media in the fast spread of scientific information related to the pandemic and view the vehicle of the media, especially radio as necessary in curtailing the disease (Idu & Obinne, 2003).

In line with above stated advantages of media campaigns to raise awareness especially radio, the Kaduna state government in collaboration with UNICEF in 2011 lunched a new HIV /AIDS awareness and prevention campaign through the Kaduna State Media Corporation (KSMC). *'Rayuwa Sai a Slow* '(literally meaning *Life is not easy)* is a campaign sponsored by UNICEF as part of its social responsibility of halting the spread of HIV/AIDS among the youths in partnership with KSMC. The purpose of the campaign is to achieve a future secured for Nigerian youths as they are the most economically viable members of the society needed to sustain a country but highly vulnerable more than any segment of the population to the disease.

Many studies (Idu & Obinne, 2003; Cooper, Nwoke & Godfrey 2007; Munthali 2008) have focus on awareness creation without bothering to assess the perception of audience regarding the

HIV/AIDS campaigns carried out on them. Perception refers to the act of deriving meaning from certain or particular information and how it affects behavioural change. This study was therefore designed to assess the perception of youths within Kaduna Metropolis on the newly introduced HIV/AIDS Radio drama programme entitled *'Rayuwa Sai a Slow'*targeted at youths aired on Kaduna state AM radio and KADA FM stations owned by the Kaduna State Media Corporation (KSMC).

Problem Statement

According to UNAIDS (2009) report on global AIDS epidemic, the number of people living with HIV/AIDS has risen from around 8 million in 1990 to about 40 million in 2009, and is still growing. More than 25 million people have died of AIDS since 1981 (UNAIDS, 2009).A recent survey in low and middle income countries indicates that, about 3,000 young people are newly infected with HIV daily. This was revealed by youth leaders from around the world who recently presented a set of youth-defined recommendations that will guide UNAIDS Secretariat's work on HIV and young people through 20l5(Tene,2012,p.32).

Since HIV/AIDS was discovered in Nigeria in 1986, the infection has continued to spread fast. The prevalence rate among those between the ages of 15-49 has risen from 3.4% in 1993 to 4.5 % in 1995 and to 5.4 % in 1999 (UNICEF, 2001).

Statistic made available by the National Agency for the control of AIDS (NACA, 2010), indicates that one out of every 18 youths between the ages of 18-49 is infected with the Virus in Nigeria. This shows that the disease is still prevalent with about 3 million Nigerians living with the virus. According to KADSACA (2010), youths in Kaduna State constitute a higher percentage in the prevalence rate of the epidemic.

There is no doubt that youths comprise the most productive sector of any economy. And, according to several researches within and outside the (Africa) continent (Akinlabi, Cooper, Nwoke & Godfrey 2007; Idu&Obinne 2003; Cooper, Nwoke& Godfrey 2007), absence of relevant information regarding HIV/AIDS is a contributory factor to the increasing spread of the disease among them. Even where information is available, it is often inadequate. Messages and campaigns are what the mass media utilize to educate and enlighten the youths.

However, it is on record that the Kaduna state government of Nigeria through its media conglomerate KSMC has been featuring some health-related programmes which include HIV/AIDS awareness campaign through the state-owned radio stations called "Kaduna State Radio" and "KADA FM".

As part of its contribution to HIV prevention and to halt the spread of the disease among the youths in the state, the Kaduna State Media Corporation in partnership with United Nations Children's Fund(UNICEF) designed a 15 minute programme entitled *'Rayuwa Sai a Slow'* targeted at youths in the state. The programme which comes in a drama format is broadcast in Hausa language. The programme was first broadcast in July 2011 and the ultimate goal of this radio drama is to increase awareness of HIV/ADDS and therefore prevent the spread of HIV virus among the youths.

Radio has been recognized as a powerful tool in creating and increasing awareness about HIV/AIDS and combating the pandemic. Previous studies (Idu&Obinne 2003; Keating, Meekers & Adewuyi 2006; Munthali 2008; Agwu & Akinlabi 2007) around the world and in some parts of Nigeria had shown that radio is the most accessible medium of communication of information regarding the pandemic. But there is a huge gap between awareness and perception and most researchers have focused on the role of media particularly the radio on HIV/AIDS awareness campaigns. According to Anderson, Beutel & Brown (2007) there has been limited research in sub-Saharan Africa on factors associated with perceived risk or on relationship between perceived risk and risk behaviour. However, this study attempted to fill the gap by assessing youths' perception of the HIV/AIDS radio programme: *'Rayuwa Sai a Slow'*in Kaduna metropolis which specifically targeted the youths.

Objectives of the Study

The broad objective of this study is to investigate the perception of youths on the HIV/AIDS radio programme: 'Rayuwa Sai a Slow' in Kaduna Metropolis. The specific objectives are:

1. To find out the factors that facilitate audiences' attention to the programme *RSAS;*
2. To find out the extent to which issues raised in the programme facilitate behavioural change among youths in Kaduna Metropolis; and
3. To find out the programmes reception and acceptance levels among the youths in Kaduna Metropolis.

Literature Review and Theoretical Framework Process of Perception

Perception according to Gamble and Gamble (2002:83) refers to ''the process of selecting, organizing, and subjectively interpreting sensory data in a way that enables us to make sense of our world" the above definition has clearly indicated that perception actually deals with subjective interpretation of things.

To corroborate the above definition, Watson and Hill (2006, :212) defined it as "the process of becoming aware and making sense of the stimuli received from our environment by the senses: sight, hearing, smell, taste and touch".

Perception is, therefore, a complex process. How individuals perceive things are different because it is our interpretation of events based on our previous experiences.

Perceptions are relative. Two persons may not perceive a particular radio programme the same way. Hence, it is dependent on who is engaging in it. And when it is done or where it occurs, it is subjective in the long run (Akpan, 2011).

Perception is therefore, important to communication. Its understanding is crucial to appreciating why people may perceive things differently. It influences our responses. The interpretation of a particular programme reflects in the reactions (responses) to such activities in the programme (Akpan, 2011).

Brief Retrospect of HIV/AIDS Situation in Nigeria

hi Nigeria, the first two cases of HIV/AIDS were identified in 1985 and were reported at an international AIDS conference in 1986 .In 1987; the Nigerian health sector established the

National AIDS Advisory Committee, which was shortly followed by the establishment of the National Expert Advisory Committee on AIDS (NEACA), (AVERT, 2010).

In 1991, the Federal Ministry of Health of Nigeria made its first attempt to assess Nigeria's AIDS situation. The results showed that around 1.8 percent of the population of Nigeria were infected with HIV. Subsequent surveillance reports revealed that during the 1990s the HIV prevalence rose from 3.8% in 1993 to 4.5% in 1998. And in 2001 the Nigerian prevalence rate was 5.8 percent which translates to over 2.7 million people (UNDP, 2001).

Between 1999 to 2001, the National Action Committee on AIDS (NACA) and a three-year HIV/AIDS Emergency Action Plan (HEAP) were created by the Federal government and Nigeria also hosted the organisation of African Unity's first African Summit on HIV/AIDS, Tuberculosis, and other related infectious diseases in 2001 (AVERT, 2010).

Despite the Federal government's effort in giving priority to tackling the Nigerian HIV/AIDS epidemic with the target of providing universal access to HIV prevention measures, treatment, care and support with the large amount of money being donated from international funds and some non-governmental organisations (NGOs),Nigeria is yet to achieve much .especially in the area of prevention.

Emphasizing on the nation's HIV/AIDS prevalence rate, former Director General of the National Action Committee on HIV/AIDS, Professor Babatunde Oshotimehin in 2009 revealed that as at the year 2005, four out of every 100 adults were HIV-positive in Nigeria (Abba, 2009).

Approximately 192,000 people (in Nigeria) died from AIDS in 2008. With AIDS claiming so many lives, Nigeria's life expectancy has declined significantly. In 1991 the average life expectancy was 54 years for women and 53 years for men. In 2009 these figures had fallen to 48 for women and 46 for men due to increase in HIV/AIDS related deaths (UNAIDS, 2009).

According to the National Agency tor the Control of AIDS (NACA, 2010) HIV is still prevalent in Nigeria as one out of every 18 people between the ages of 18-49 are infected. Kaduna state's prevalence has not been stable as it continued to fluctuate. The state has consistently topped the list regarding prevalence rate in the North-Western region of the country since 1991 to date according to sentinel Surveys by the Federal Ministry of Health, thereby making it one of the highest prevalence states in the country.

The HIV/AIDS Epidemic in Kaduna State (Situation Analysis)

It is yet to be ascertained when the first case of HIV/AIDS was reported in Kaduna state. However, the HIV/AIDS epidemic trend in the state has been clearly unstable from 1991 to date. There are also wide variations in the magnitude of the epidemic across the state, but generally, the southern towns as revealed by surveys have higher rates than the northern ones with some rural sites having higher rates than urban location.

The Federal Ministry of Health HIV/AIDS sentinel surveillance survey reports showed that between 1991 and 1999, Kaduna state experienced an exponential rise in HIV, with the HIV prevalence rate rising from a rate of 0.9% in 1991 to 11.7% during the period. The rate has

declined from 6% in 2003 to 5.6% in 2005, however, the Federal Ministry of Health (FMOH, 2005) sentinel survey report that there was a recorded increased in the prevalence rate with a reversal to 7% according to 2008 sentinel survey report. Although,the 2010 sentinel survey had indicated a that there is a decline in the state's HIV/AIDS prevalence rate which has dropped to 5.Lit is still not good enough as the state's HIV prevalence rate is higher than the national HIV prevalence rate and its HIV epidemic trend has been unstable. Therefore, there is no guarantee that it would not reverse to a much higher rate in subsequent surveys as the state has consistently had the highest HIV prevalence rate in the North West geo-political zones. (Kaduna state HIV/AIDS strategic plan, 2010-2015).

Emphasizing the upsurge in the state, the chairman of the Kaduna State Network of People Living with HIV/AIDS (NEPWAN), Elder Aboi maintained that:

> We have over one million people infected with the virus in the state as contained in our register.....we have the list of positive people across 23 local government areas of the (Kaduna) state as provided by the support groups. We are more than the figure the Federal Ministry of Health gave out.... (Mudashir 2011, January 8 p. 16).

A breakdown of the 2008 and 2010 HIV/AIDS prevalence rate in Kaduna state indicates that Kaduna Town, Saminaka, Kwoi, Zaria and Kafanchan are regarded as HIV/AIDS prone areas with their high prevalence rate (Aboi 2010, Akowe, 2010 & KADSACA, 2010), Lamenting on the HIV/AIDS prevalence rate of Kaduna State, based on a 2008 sentinel survey, Mudashir (2011, p. 16) states that:

> The rate at which HIV/AIDS is spreading across Kaduna state is not only alarming but shocking. In the 2008 sentinel survey carried out by the Federal Ministry of Heath, Kaduna State topped the list in the North-West zone with seven percent. (Mudashir, 2011, p. 16).

A number of factors have been attributed as factors to drive the epidemic. These include lack of adequate knowledge of HIV/AIDS and its mode of transmission, socio-cultural barriers to prevent methodologies, poverty and the high level of commercial activities in a number of towns in the state among others (KADSACA, 2010).

Radio and HIV/AIDS Awareness

Throughout the world, radio continues to be one of the most popular media to transmit information and engage large numbers of people from many parts of society. In recognition of this, governments, elements of civil society, and the United Nations system have used radio as a powerful tool to achieve a broad range of goals. This has been particularly evident in recent years in situations of national crisis, such as in Cambodia, Bosnia, Rwanda, Liberia, Angola and Kosovo. Efforts have included radio communication in many forms, such as educational messages, information exchange, and call-in shows, which have dealt with such diverse matters as health, family reunion, community support and resources, conflict resolution, peace-building, governance and human rights issues. When radio programming is relevant, entertaining and informative, listeners tend to remember ideas and facts, and to discuss them with their friends and family. This can be the beginning of a complex process involving increased awareness and

behaviour change which enables individuals and families to cope better with the essential challenges in their lives. (GMAI, 2004).

Radio as an agent of socialisation, can serve as a medium through which the public can be informed. The medium (Radio) plays a significant role in public enlightenment as it is (arguably) the cheapest form of electronic media that provides the general public with information, and encourages them to improve on their health standard and thereby taking necessary precautions.(GMAI,2004).

Research has also shown that worldwide, Tibet in China has the highest percentage of radio listenership followed by northern Nigeria (BBC, 2001) which is an indication of how the region has so much accorded priority and preferences to radio than other mediums of communication. Thus, it is pertinent to say that the medium still remain one of the most powerful agents of change in the region. Adam and Harford (1999, p.l) stated that:

> In many parts of the world, HIV/AIDS continues to be a subject of serious misconception, misunderstanding, ignorance and fear. There is an urgent and ongoing need to present facts about HIV clearly, unambiguously, to reduce the fear, stigma and discrimination associated with HIV, and to provide practical advice on how to minimise the risk of being infected and how to provide care and support to infected and affected people. Radio has a vital role to play in this educational and 'life-saving' challenge. (Adam & Harford, 1999:1)

In developing countries radio, and to some extent, television are the most effective tools of communication since they cut across literacy boundaries. Oboh & Sani (2009) maintained that radio is one broadcast medium that almost all experts agree is the most appropriate for rural and urban emancipation programme. Radio beats distance and thus has immediate effect. Radio is also cheap to obtain and widely owned by people due to advent of the battery-operated transistorised sets (Moemeka, 1993).

Radio is a medium of communication that is quite popular among Nigerians. An epidemiological fact sheet on HIV/AIDS cited in UNAIDS (2004) had indicated that in the least developed countries like Nigeria, there are ten times as many radios as Television. Also, a research carried out by the National HIV/AIDS and reproductive health survey in Nigeria (2003:142) had indicated that people consider all forms of mass media acceptable in reaching the citizenry on the campaign against HIV/AIDS and of these (mass media), radio was considered the most acceptable with the argument that it can best inform the public on HIV/AIDS, its prevention, therapy and stigma.

Adam and Harford (1999) were optimistic that the pandemic (HIV/AIDS) alongside its negative consequences can be tackled: Moreover, they emphasized on the use of radio as an effective agent for the fight against HIV/AIDS.

HIV can be avoided, and so can much of the prejudice against people living with HIV/AIDS which is based on misconceptions. If radio can be used to help give early warning of high risk

behaviour and to put the record straight on living with HIV/AIDS in the community, much suffering will be avoided. (Adam &Harford, 1999, p.2).

UNAIDS Hand book (2005, p. 12) states that "even in this digital age of communications, radio has remained a powerful force to confront the health and social challenges posed by HIV/AID..." Still concerning the relevance and effectiveness of radio in the fight against the spread of HIV/ADDS, a number of researchers have noted that, "the radio Tanzanian soap opera * *Twendenawakati'* (Lets go with the time) which was first broadcast in 1993,has greatly increased listeners' willingness to discuss issues related to the virus". In short, the show got people talking. After the programme had been aired for several seasons, evaluation had revealed that 65% of respondents said they had spoken to someone about *'Twendenawakati'* and more than 8 in 10 reported having adopted an HIV- prevention measure as a result of listening to the show. (GMAI, 2004).

Radio programmes in various sub-Saharan Africa countries have changed the public's perception on HIV/AIDS. Just like Tanzania's soap opera *'Twendenawakabi'* (you must go with the time) Uganda has also dramatically reduced its HIV infection rate primarily through similar efforts to encourage frank and open discussion of the diseases, its causes, and how to prevent its spread. Ugandan experts believe that the simple act of talking has made a profound difference to the course of the country's epidemic. (GMAI, 2004).

Indeed HIV/AIDS has become a global social problem. It is however necessary for media organizations to disseminate correct and appropriate information about the scourge. It is a fact that inadequate or lack of awareness is a contributing factor to the spread of the epidemic all over the world especially in sub-Saharan Africa. Even in the resources-rich nations such as the United States, where overall infection rates are relatively low, there has been no decrease in the number of new infections in over a decade and, among certain population, HIV prevalence is increasing. UNAIDS and WHO predicted by estimating that without dramatic increase in HIV prevention efforts, some 45 million new infections will occur worldwide by the end of 2010.

WHO in UNAIDS (2004,:6) has predicted that:

> Today, 8,000 people lose their lives to HIV/AIDS and 10 people every single minute will become newly infected. The realities of today's global epidemic are graver than even the worst-case prediction of 10 years ago. AIDS killed more than 3 million people in 2003 and an estimated 5 million more become infected bringing to some 40 million the number currently living with the virus. More than 20 million have already died since the first clinical evidence of the disease was reported in 1981.

Sub-Saharan Africa remains the worst affected region of the world, with one in five adults now infected (UNAIDS 2008). It is argued that while most young people in Nigeria have heard about HIV/AIDS, yet only a small percentage can correctly identify the three ways to avoid the infection, i.e. abstinence, fidelity and consistent use of condom.

DFID Manual (2001, p.3) stated that "inadequate or inappropriate public information by the media reduce people's capacities to protect themselves from the infections and behave responsibly towards others".

Most Organizations that are geared towards HIV/AIDS awareness campaign use the media as an effective tool to achieve its purpose. The Civil Society Organizations have also declared its war against HIV/AIDS through public awareness campaign. The CSO Hand book (2001, p.16) attested that "CSOs in the past always kept away from the media, for lack of understanding of the role that the media can play in the fight against HIV/AIDS. It is time for CSOs to map out a strategy with media against HIV/AIDS".

Furthermore, various organizations over the years serve as sponsoring agents in promoting HIV/AIDS awareness campaign in Nigeria media organizations also declared their support in order to use the mass media to sensitize the public.

Women in Media (WIM, 2003, p.22) affirmed that:

> The mass media, in particular the radio has continued to prove that in spite of being an interpersonal communication tool used to enlighten, mobilize and sensitized even the ordinary citizen, the reality is that almost in every family; radio transistors are possessed and turned to frequently. It does not matter whether the settlement is urban or rural, however remote.

In line with the above, the DFID (2001, p.13) emphasized that "it is our hope that by using an array of communication modes of consistent HIV prevention messages, we may continue to increase awareness and decrease infection rate for all people".

To ensure these essential services in the context of HIV prevention, every segment of the society should support the media; broadcasters can also come together with others to educate the public on the epidemic .Public Service Announcement (PSAs) can also be used to promote abstinence and condom use as well. (USAID, 2001) stated that Collaboration between broadcasters, grass root organizations, service providers, government agencies can help to ensure that the vital information on services such as counselling, testing, condom provision and even treatment and, are available on the ground".

In spite of the fact that the broadcast media can play a major role in promoting HIV/AIDS awareness campaigns, it is necessary for the media to broadcast accurate and unbiased information on HIV/AIDS. It is a fact also that broadcast media organizations especially radio stations have made numerous contribution on HIV/AIDS awareness. Yet, more still need to be done. It is generally believed that the more aware the people are, about the epidemic, the lesser their chances of contacting the deadly epidemic.

In line with the above, GMAI (2004) suggests that the Mass media can be instrumental in breaking the silence that surrounds the disease and in creating an environment that encourages discussions of how individuals can protect themselves and change their behaviours, if necessary.

While the above may mean combating existing social norms, values and conditions, it is not necessarily as it might appear. This is because some researchers have shown a great influence of mass media particularly the radio. For instance the Indian village, Lutsaan, turned its back on the dowry system after listening communally to a radio soap opera broadcast on all India Radio called *'TinkaTinkaSukh'*[1](little steps to a better life)(GMAI,2004).

Another example of the influence of the mass media is the popular South African Soap opera, 'Sound City' which was developed by an NGO (the soul city institute of Health and communication) and has been aired by the South African Broadcasting Corporation (SABC) since 1994.This programme has brought about social policy change at a national level. The series, which primarily deals with HIV/AIDS, also examined domestic violence in its fourth run, when one character, a respected teacher, abused his wife. Advocacy pressure from soul city and the National Network on violence against Women, a grass-roots coalition of activities, led to the swift implementation of the Domestic violence Act in 1999, as governments department acknowledged that their actions were influenced by the media campaign.

Therefore, the media can break new grounds and challenged what had previously been socially acceptable, in ways that did not alienate, but rather attracted, audience.

For over a decade since the adoption by all members of the United Nations declarations of committee on HIV/AIDS in 2001, a new momentum has resulted in greatly increased resources and political commitment in the fight against the epidemic. However, efforts still fall short of what is needed and much remains to be done to reach the UN millennium Developments Goals (MDGs) of halting and beginning to reverse the spread of HTV in the year 2010 which from all indication the future is bleak as there has not been a steady decline of the epidemic since its three decades emergence despite previous and recent developments efforts to curb the menace.

In line with this, it is therefore necessary for media organizations to design their messages in such a way that will be easily understood and accepted by the public. Whatever the case is, it is necessary for the media to give the public accurate and comprehensive information on the epidemic. However, Katz (1988) argued that different media differently affects our brain and thus the effect of mass communication resides in the medium and not the message alone.

Empirical Review

Empirical studies from within and across the continent has attested to the use of the media especially radio in creating awareness. In their study titled "Sources of information and perceived practices that predispose extension professionals and farmers to HIV/AIDS in South-western Nigeria", Agwu and Akinnagbe (2007,p. 136) explained that greater percentage (42.4% and 57 %) of the extension professionals and farmers got their first information about HIV/AIDS from radio However, the study therefore recommends that the various preferred sources of information such as radio and television should be used in disseminating information on HIV/AIDS preventive measures.

Also, some studies revealed that HIV/AIDS awareness campaigns have facilitated behavioural change among audience. Similarly, a study conducted in Malawa entitled "An Assessment of HIV and AIDS Radio Campaign Messages in Malawi", the study found that radio is the most

common source of information on HIV/AIDS. Other sources included hospitals, meetings organised by the National Association of People Living with HIV/AIDS in Malawi (NAPHAM), television, magazines, and non-governmental organisations (NGOs). However, radio is still the most common source. Findings also showed that more men have access to radio than women, and that people in urban areas have more access than those in rural areas. (Munthali, 2008).

According to the study, HIV/AIDS radio messages are designed to create awareness about the epidemic and bring about behavioural change. Messages are also meant to promote HIV testing, other HIV/AIDS services, and the rights of people living with HTV. Participants in focus groups acknowledged the usefulness of radio messages and said that such messages have brought about behavioural change. Radio stations reported that members of the community are involved in message development. Radio station members visit communities to identify issues (although the report states that this is rare because of staffing issues), and community members visit radio stations to talk about issues they want to discuss. Although the community is involved, the report states that there are concerns this has not been done adequately. Radio stations also develop messages based on materials they get from HIV/AIDS organizations.

According to the Munthali (2008), the study revealed that participants are aware of a number of HIV/AIDS radio programmes and could identify the main issues covered. One case study programme, Tikuferanji, was identified as a favourite programme by respondents. However, one of the problems highlighted was that, while community members want to listen to these programmes, a lack of batteries, especially in rural areas, affects their ability to use radios. In addition, the report makes the point that broadcast messages are not supported by the availability of services and that there is a general lack of funding for the development of HIV/AIDS messages.

In terms of the two case study programmes, Munthali (2008) identified Tikuferanji and Pakachere, and the report found that people are aware of the programmes and their contents. Participants noted that as a result of listening to the programmes, people are more willing to disclose their status and acknowledge when a death is HIV/AIDS-related. They also reported that: more people go for testing and counselling; people are increasingly using condoms; and some harmful cultural practices have stopped. Additionally, in some cases, witchcraft is no longer perceived as a cause of HIV/AIDS. However, the author notes that, while respondents attributed these changes to the two programmes, other initiatives may have contributed to these changes as well. The respondents suggested making the programmes longer, translating them into more local languages, and introducing them on other radio stations.

Also, a study conducted by Keating, Meekers and Adewuyi in (2006) entitled “Assessing effects of a media campaign on HIV/AIDS awareness and prevention in Nigeria revealed that exposure to these mass media programmes can help increase HIV/AIDS awareness. Programmes that target the urban and rural populations, females, unmarried individuals, as well as youths in generally are pivotal to achieving a desired goal.

However, based on the outcome of the study there is evidence to suggest that programme exposure is increasing the communities’ willingness to discuss HTV7 AIDS with partners, as well as increasing the communities’ knowledge about the benefits of consistent use of condoms

for reducing HIV/AIDS risk. (Keating et ah 2006).The aforementioned study recommended that Improvements in HIV/AIDS prevention behaviour are likely to require that these programmatic efforts be continued, scaled up, done in conjunction with other interventions, and targeted towards individuals or areas with specific socio-demographic characteristics.

However, a study titled "HIV Risk Perceptions and First sexual Intercourse among Youth in Cape Town South Africa" Anderson et al (2007) revealed that youths view themselves as being at no or small risk of HIV infection even after being exposed to media campaigns. This is an indication that there is either absence of relevant information in then- campaigns or the messages contained where not properly packaged to attract the target audience. The study therefore concluded that HIV/AIDS education and prevention programmes in south Africa should consider more carefully how gender and race may intersect to influence risk perception and risk behaviours and possible reciprocal relationships between risk behaviour and risk perceptions should be considered in education and prevention programmes.

It was revealed by the study that, Radio spots reached the widest audience (70% in northern states and 60% in southern states). This was followed by TV spots (39%), Ya Take Ne (19%), WetinDey (10%), and Flava (6%). TV spots attracted bigger audiences in the south (54%, compared to 25% in northern states), while radio outputs had a strong reach across Nigeria. These trends reflect general, albeit changing, media consumption patterns in Nigeria - television consumption is higher in the south whilst radio consumption is generally higher in the north. The results also suggest that the Trust's multi-platform and multi-language campaign strategy is being successful and outputs arebeing consumed according to local language needs and media access conditions.

Based on their findings, there is strong indication from the research that knowledge, attitudes and behaviour around HIV and AIDS can be changed positively using mass media. Also, it was revealed that Stigma in the public sphere, public-private and familial sphere has also significantly improved over time and across exposure groups. The campaign has also fared well in raising awareness to issues which were relatively unknown before the campaign (e.g STIs). However, STI awareness especially knowledge of STI symptoms in both males and females is still worryingly low and warrants further targeted communication.

However, the study has demonstrated that mass media have the potential to contribute to actual behaviour change, as well as gains in knowledge and shifts in attitudes. (Akinlabi, Cooper, Nwoke & Godfrey 2007).

Theoretical Framework

The study is anchored on the Behaviour theory which is a combination of the Observational Learning Theory and the Imitation Behaviour Theory founded by Ivan Pavlov and Skinner B. F. in 1957.This theory according to Aneato, Onabajo & Osifeso (2008) in educational settings, behaviourism implies the dominance of the teacher, as in behaviour modification programmes (like the Rayuwa Sai a Slow programme). It can, however be applied to an understanding of unintended learning.

The assumptions of the theory are as follows as outlined by Aneato et al. (2008).

- Change in behaviour are the result of an individual's response to event(Stimuli)that occur in the environment
- The internal states could influence behaviour as external stimuli
- We develop responses to certain stimuli that are not naturally occurring
- Changes in behaviour are the results of an individual's response to events (stimuli)that occur in the environment
- And that people mould their behaviour after that of the drama's personae

The assumption that people mould their behaviour after that of the drama's personae is directly relevant to this study as most of the youths who were the target audience attested that there was behavioural change after their exposure to RSAS programme.

The Behaviour Theory according to Anaeto et al (2008, p. 84) "is a discipline account of our common-sense experience of learning by association. Such association can be chained and generalized (for better or for worse): thus a smell of baking associates with "kitchen at home in childhood" but sitting at a desk associates with 'classroom at school' and hence, perhaps, with 'humiliation and failure'...

So also does seeing a movie or Television programme or Listening to a radio programme reflect some life experiences that audience members may have, which makes them automatically identify with the dramatic personae's reaction to the situation.

Methodology

This study adopted quantitative approach to communication research. A survey method was applied with the Kaduna North and South Local Government Areas which cover the major part of Kaduna Metropolis. The population of Kaduna North and South Local Government Areas is 357,694 and 402,390 respectively according to the 2006 National Census population. Kaduna north comprises of 12 wards while Kaduna south comprises of 13 wards respectively. The research population for this study were the youths,(male and female) between the age of 18 to 49 residing in the two Local Government Areas within the Kaduna Metropolis who listen to *RSAS* programme. The sample for this study was drawn based on cluster and purposive sampling techniques. The cluster sampling technique which is a type of probability sampling technique was used to sample the two locations for this study i.e. Kaduna south and Kaduna north local government areas. The choice of cluster sampling was informed by the representativeness inherent in the technique. Babbie (2008) affirms that a group of object (people) selected at random from a population tends to possess the characteristics of the larger group. Thus, the study sampled out the areas that are densely populated, cosmopolitan in nature and where youths are clustered together from the four Local Government Areas within the metropolis as the programme *(RSAS)* is targeted at youths.

On the other hand, the purposive sampling technique is a type of the non-probability sampling methods which includes subjects and elements chosen for specific characteristics or qualities and excludes those who fail to meet these criteria. This method was also employed to sample the elements within the clusters selected for the study. According to Sigh (2006) "the idea is to pick out the sample in relation to some criterion, which are considered important for the particular

study". The criterion for selection for this study was listenership to RSAS programme. Therefore, selected youths (male or female who listen to RSAS programme), residing within Kaduna Metropolis (Kaduna south and north local government areas) were included in the study.

Data Presentation, Analysis and Discussion

Table 1: Respondents views on factors attracting them to theprogramme RSAS

Variable		Frequency	Percent
Valid	No response	1	0.4
	Mode of presentation	32	12.2
	Content of programme	117	44.5
	Language of broadcast	31	11.8
	Channel of broadcast	18	6.8
	All of the above	58	22.1
	No idea	6	2.3
	Total	263	100.0

From the above table, findings reveal that majority (44.5%) of the respondents were attracted to RSAS programme because of its contents. Likewise, a reasonable number (58) of respondents which is the second majority constituting about 22.1 % mentioned that factors such as mode of presentation, language of broadcast, channel of broadcast alongside content of programme attract them to RSAS Programme. Only a few had no idea what attract them to the programme. It is, therefore, safe to conclude that youths devote their attention to the RSAS Programme and content of the programme has played a vital role in wooing listeners to the programme.

In an open-ended question (question 2 in the questionnaire) on what the respondents like most in the RSAS Programme majority of them opined thus:

- Messages/information of the programme
- Mode of presentation of the programme
- Educational content of the programme regarding HIV/AIDS prevention
- The information and educational content
- Everything thing in the programme
- The drama format being employed
- Youth enlightenment function
- Issues discussed in it
- Enlightenment on some vital issues related to HIV/AIDS
- Presentation of the programme by the youths themselves
- Preaching of abstinence emphasized by the programme content in general, etc.

Table 2: Responses on whether issues raised have helped in addressing stigmatization and discrimination of People Living with HIV/AIDS

Variable		Frequency	Percent
Valid	No response	1	0.4
	Strongly agree	73	27,7
	Agree	143	54.4
	Neutral	26	9.9
	Disagree	12	4.6
	Strongly Disagree	8	3.0
	Total	**263**	**100.0**

More than 75% of the respondents in the table above agreed that issues raised in the programme have helped in addressing stigmatization and discrimination of people living with the virus. However, smaller per cent (9.6 %) neither agree nor disagree(neutral about that opinion), while a few of the respondents 7.6%disagree.

Table 3: Responses on whether or not the programme has facilitated a change in respondents' perception of HIV/AIDS

Variable		Frequency	Percent
Valid	No response	2	0.8
	Yes	205	77.9
	No	30	11.4
	Not sure	26	9.9
	Total	**263**	**100.0**

Result in the above table revealed that majority of the respondents believed that the programme has facilitated a change in their perception of HIV/AIDS with a significant number (77.9 %) answering in the affirmative, while 11.4 % of the respondents opined that the programme has not facilitated a change in their perception of the subject matter. However, a smaller percent that is 26 respondents (representing 9.9 %) were not sure whether the programme has affected them positively or negatively.

Table 4: Responses on the extent to which issues raised in RSAS facilitate behavioural change of respondents

Variable		Frequency	Percent
Valid	No response	59	22.4
	To a very large extent	114	43.3
	To a large extent	55	21
	To some extent	35	13.3
	Total	**263**	**100.0**

Note: Only respondents who answered 'Yes' in Table 3 above were required to answer this question.

The table 4 above shows that majority (73%) of the respondents that answered in the affirmative in Table 17, attested that the issues raised in RSAS have facilitated behavioural change in them. However, 12.9% respondents said it has affected them to 'some extent'. This may indicate that many of them found the programme useful and assisting.

Table 5: Length of exposure to the programme RSAS

Variable		Frequency	Percent
Valid	for a year	87	33.1
	within 6 months	61	23.2
	within 3 months	57	21.7
	less than 3 months	58	22.0
	Total	**263**	**100.0**

Table 5 above reveals that majority of respondents (33.1%) have been exposed to the programme for a year. However, respondents that have been exposed to the programme within three to six months constitute the majority with 23.2% and 22% respondents. Perhaps, it is because it (RSAS) is a new programme and audiences were just getting to know about the programme. Despite the aforementioned reason, only less than 22% of the respondents had less than three months of exposure to the programme. It is therefore, safe to conclude that most of the respondents have been exposed to the programme for quite a long sometime.

Table 6: Frequency of listenership to RSAS programme

Variable		Frequency	Percent
Valid	Twice in a week	110	41.8
	Once in a week	103	39.2
	Once in two weeks	25	9.5
	Once in a month	4	1.5
	By chance	21	8.0
	Total	**263**	**100.0**

The table above shows that 41.8% of respondents listen to the programme twice in a week. And 103 respondents do so once in a week. This brings to the gross total of 213 out of 263 (81%) respondents who were regular and who also devoted their attention to the programme.

Table 7: Respondents rating of content of RSAS programme

Variable		Frequency	Percent
Valid	No response	1	0.4
	Very good	139	52.9
	Good	110	41.8
	Average/fair	12	4.6
	Poor	1	0.4
	Total	**263**	**100.0**

Table 7 above reveals that majority of the respondents constituting more than half (52.9%) attested that the programme content is very good while 110 respondents affirmed that the content

is good. Insummary, the total number of respondents that attested that the programme is both 'very good' and 'good' was 249 out of the 263 respondents which totals to 94.7%. Thus, it can be deduced that respondents found the content satisfactory.

Table 8: Distribution of responses on level of satisfaction with the language of presenting the programme.

Variable		Frequency	Percent
Valid	no response	1	0.4
	completely satisfied	117	44.5
	Satisfied	126	47.9
	Dissatisfied	8	3.0
	completely dissatisfied	11	4.2
	Total	**263**	**100.0**

Findings from table 8 above revealed that majority of respondents seem satisfied with the language of presenting the programme. This may be because Hausa language is the predominant language spoken in the state.

Table 9: Distribution of responses on whether the duration of the programme is satisfactory or not

Variable		Frequency	Percent
Valid			
	Strongly agree	6	2.2
	Agree	30	11.5
	Disagree	67	25.5
	Strongly disagree	160	60.8
	Total	263	100.0

From the data above, it is glaring that the duration of the programme was not satisfactory as majority of respondents chose option D (Strongly disagree) and C (Disagree) when their opinions were sought. Therefore, these two sets of figures 160 and 67 respectively combined are very significant having the highest number (227) of respondents which is equivalent to 86.3 % of the total respondents. With the above number of respondents, it is safe to conclude that the duration of the programme was not satisfactory.

Table 10: Distribution of responses on signal quality of the programme RSAS

Variable		Frequency	Percent
Valid	No response	1	0.4
	very good	129	49.0
	Good	119	45.2
	Average/fair	12	4.6
	Poor	2	0.8
	Total	**263**	**100.0**

Going by the majority, result from the above table (14) reveals that the signal quality of the programme is very good (with 129 respondents).To corroborate the above opinions, 119 number of respondents also indicate that the signal quality is good. In summary, 248 out of 263 respondents (94.2 %) attested that the reception or signal quality of RSAS programme was okay (with 129 respondents stating 'very good 'and 119 stating 'good').This may indicate that the stations give utmost priority to quality of their productions.

Discussion of Findings

The results of findings are discussed below. The results are presented according to the specified objectives as follows:

Research objective 1. To find out the factors that facilitate audiences' attention to the programme RSAS

It can be observed that in table 1, majority of the respondents representing 117 of those that participated (44.5 %) are attracted to RSAS programme because of its content. Likewise, a significant number (58) of respondents which is the second majority constituting about 22.1 % mentioned that factors such as mode of presentation, language of broadcast, channel of broadcast alongside content of programme attract them to RSAS Programme. Thus, factors stated above especially contents of programme have facilitated audience attention to RSAS.

Moreover, in an open ended question answered by respondents on what they like most in the programme, some of them cited factors such as mode of presentation, educational content, regarding HIV/AIDS prevention, the drama format being employed and teachings of the programme. However, most of the respondents emphasized on the contents and the format of the programme among other factors earlier mentioned.

Research objective 2.To find out the extent to which issues raised in the programme RSAS facilitate behavioural change among youths in Kaduna Metropolis

Findings in .table 2, 3 and 4.answered this question. In table 3, majority, of the respondents representing 54.4 % and 22.7 % strongly agree and agree that the issues raised in the programme have addressed stigmatization problem. In sum, 77.1 % attested to the above.

Also, in table 4, majority of the respondents accounting for 77.9 %believed that the programme has facilitated a change in their perception of HIV/AIDS. More so, data in table 18 affirmed with a significant number (114 out of 205 respondents that answered in the affirmative in Table 2) attested that the issues raised in RSAS have to a 'very large extent' facilitated their change in behaviour.

Furthermore, in an open-ended question answered by the respondents some of themnow condemn stigmatization and discrimination of People Living with HIV/AIDS due to their exposure to; the programme. Also, a number of them confessed that they have stopped patronizing commercial sex workers because of the knowledge they have acquired from the programme. And many of them suggested that the programme should preach total abstinence as they no longer consider the use of condom as an alternative. Impressively most of them could identify all the preventive methods preached by the programme and have attested that they have adopted the HIV/AIDS prevention measures as a result of listening to the drama.

From the above findings, it is clear that the RSAS programme has brought about behavioural change among youths in Kaduna Metropolis and this corroborates a previous finding by Munthali (2008) in a study entitled "An Assessment of HIV and AIDS Radio Campaign Messages in Malawi".

According to the study, HIV/AIDS radio messages are designed to create awareness about the epidemic and bring about behavioural change. Messages are also meant to promote HIV testing, other HIV/AIDS services, and the rights of people living - with HIV. Participants in focus groups acknowledged the usefulness of radio messages and said that such messages have brought about behavioural,, change. Radio stations reported that members of the community are involved in message development. Radio station members visit communities to identify issues, and community members visit radio stations to talk about issues they want to discuss. Although thecommunity is involved, the report states that there are concerns this has not been done adequately. Radio stations also develop messages based on materials they get from HIV/AIDS organizations.

Also, the findings corroborate a research by Akinlabi, Cooper, Nwoke & Godfrey 2007.The radio Tanzanian soap opera '*Twendenawakati'* (Lets go with the time) which was first broadcast in 1993, has greatly increased listeners' willingness to discuss issues related to the virus. In short, the show got people talking. After the programme had been aired for several seasons, evaluation had revealed that 65% of respondents said they had spoken to someone about *'Twendenawakati'* and more than 8 in 10 reported having adopted an HIV- prevention measure as a result of listening to the show. (GMAI, 2004).

However, these findings dispute a previous one entitled "HIV Risk Perceptions and First sexual Intercourse among Youth in Cape Town South Africa" by Anderson et al (2007) which revealed that youths view themselves as being at no or small risk of HTV infection even after being exposed to media campaigns. The study therefore concluded that HIV/AIDS education and prevention programmes in south Africa should consider more carefully how gender and race may intersect to influence risk perception and risk behaviours and possible reciprocal relationships between risk behaviour and risk perceptions should be considered in education and prevention programmes.

Research objective 3. To find out the programmes reception and acceptance levels among the youths in Kaduna Metropolis

Findings from tables *5,* 6,7,8,9 and 10 have answered this research question as stated below.
Table 5 indicates that those who are exposed to the programme for a year constitute the majority (87 respondents).However; respondents that have been exposed to the programme within 3 to 6 months constitute the second largest group with 61 and 58 respondents. Perhaps, it is because it (RSAS) is a new programme and audience are just getting to know about the programme. Also, table 9 shows that a significant number (110) of respondents listen to the programme twice in a week. 103 respondents do so once in a week. This brings to the total number of respondents to 213 out of 263 respondents (81 %) who are regular and who also devote their attention to the programme. Moreover, table 10 reveals that majority of the respondents constituting more than half of them opined that RSAS programme is both 'very good 'and 'good* with 249 out" of the

263 respondents which accounts to 94.7 %.This indicates that the acceptance level of this programme among the youths is obviously above average.

In addition, findings from table 8 revealed that majority of respondents were satisfied with the language of presenting the programme which also facilitated acceptance of the programme with 92.2 % of the respondents attesting to that. However, findings from table 9 show that the duration of the programme was "not satisfactory" as majority of respondents indicated their lack of satisfaction. Therefore, these two sets of figures 160 and 67 respectively when combined are very significant having the highest number (227) of respondents which is equivalent to 86.3 % of the total respondents. With the above number of respondents, it is safe to conclude that the duration of the programme was not satisfactory.

Furthermore, from the result of the study, majority of the respondents in table 10 reveals that the signal quality of the programme was very good (with 129 respondents).To corroborate the above findings, 119 number of respondents also indicated that the signal quality was good. In summary, 248 out of 263 respondents (94.2 %) attested that the reception or signal quality of RSAS programme was okay (with 129 respondents stating 'very good 'and 119 stating 'good').This indicates that the programme reception was good.

Conclusion

From the analysis of data gathered above and the various findings that have been made, some reasonable conclusions can be drawn:

It is safe to conclude that 'contents of programme' has to a large extent facilitated audience attention to RSAS programme. Also youths pay attention to the programme due to the mode of presentation, channel of broadcast and the language used is also an added advantage to listening to the programme.

It can also be deduced that the RSAS programme has facilitated a change in their perception of HIV/AIDS and issues raised in the programme have to a large extent facilitated behavioural change among youths in Kaduna Metropolis. There is an established cordial relationship between the youths and people living with the virus as most of them now condemn stigmatization.

There was high level of acceptance of the programme among the youths. Also, the level of reception or signal quality of RSAS programme was found to be good.

The findings also conclude that the RSAS programme has aided youth's better understanding of the HIV/AIDS pandemic in general as most of them indicated that 'abstinence ' as a preventive method was given more priority in the programme.

It can safely be concluded based on the foregoing that the broadcast of *'Rayuwa Sai* a Slow' programme produced by Kaduna State Media Corporation (KSMC) and United Nations Children's Fund (UNICEF) can be adjudged positively. The programme can be rated high in increasing youths' level of awareness and enlightenment.

Recommendations

Based on the findings of this study, the following recommendations were drawn.

- Since many respondents have suggested that those living with the virus should be involved in the programme to give true testimonies of what they are passing through, the programme designers should do soto add tothe believability and credibility of the messages contained therein.
- The English version of the programme will be of benefit to those that do not understand the language of broadcast as most of the respondents craved for that need .It should also be replicated in other Nigerian languages so that other segments of the society can also benefit from this important campaign since the programme has succeeded in establishing a following listening audience.
- Sincethe programme has facilitated behaviouralchange among the youths, HIV/AIDS campaign targeted at youths should preach only abstinence because some of the youths use condom as recommended by the media. Therefore, the use of condom as an alternative should be discouraged in totality to the unmarried. Also, married couples should be well enlightened on the need for them to be faithful to their partners.
- Since majority of the respondents (65%) listen to the programme on KADA FM than the AM Station. The Kaduna State Media Corporation, UNICEF and other donor agencies should always use FM Stations across the country to convey HIV/AIDS and other health related messages to the youths.

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