Zaria Journal of Communication (ZAJCOM)

ISSN: 2408-5820

Vol. 6 No. 1, February, 2021

Department of Mass Communication,
Faculty of Social Sciences,
Ahmadu Bello University
Zaria – Nigeria

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ISSN: 2408-5820

Printed by
Ahmadu Bello University Press Limited, Zaria,
Kaduna State, Nigeria.
Tel: 08065949711
E-mail: abupress2013@gmail.com,
abupress2020@yahoo.com
Website: www.abupress.com.ng

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Editor's Note

Welcome to another edition of Zaria Journal of Communication, Vol. 6, No. 1. The edition contains fourteen chapters of empirical papers from authors across the country on various communication and mass media issues. Particularly, articles on health communication, gender issues, framing issues and the uses of ICTs and social media and a host of others are presented to you in this edition. I hope that readers would find the articles presented here interesting and valuable. Lastly, we solicit more submissions of empirical papers for timely publication in subsequent editions of the journal. Thank you all.

Maryam Ibrahim, Ph. D

Editorial Guidelines

Articles including graphs and tables should not be more than 20 pages on A4 paper (double line spacing) on M.S Word, 12-point type (New Times Roman). Papers should be with an abstract of not more than 250 words, and six key words. All submissions must conform to American Psychological Association (APA) referencing format.

Zaria Journal of communication is a peer-received journal published twice yearly (February and September) by the Department of Mass Communication, Faculty of Social Sciences, Ahmadu Bello University, Zaria. The Journal accepts articles in all communication related areas from local and International Journal Scholars. Articles are received all year round and are subjected to a blind review before final acceptance for publication.

- Manuscripts submitted for publication should not have been published or currently being considered for publication elsewhere. Contributors must inform the Managing Editor if the paper has been made public in another form or language as copyright of papers accepted for publication belongs to the Department of Mass Communication, Ahmadu Bello University, Zaria.
- Each manuscript received shall be sent for blind assessment review. The sum of N5,000.00 (Five Thousand Naira only) shall be paid as assessment fee. Authors shall be notified about the acceptability or otherwise of their manuscripts. Accepted manuscripts shall attract a publication fee of N25,000.00 (Twenty-five Thousand Naira only). Authors shall be entitled to 2 copies of any edition in which their article(s) appears.
- Proofs will be professionally corrected and checked by the editorial team. Authors will receive marked proofs of their paper(s) for corrections and are expected to return them to the editorial board within stipulated time. Please note that corrections should be confined to typographical or factual errors. Proof corrections should be kept to a minimum, and not used as an opportunity to revise the style or substance of the article.
- The article title should be in capitals and centred on the front page with author(s) name(s), institutional affiliation, e-mail address and telephone number. This should be on a separate page for the purpose of blind review.

All submissions/contributions should be addressed to:

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Developing a HIV/AIDS Safe Practice Measure for Muslim Culture Societies

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Abstract

Research on combating HIV/AIDS has over the years proposed a number of media campaign models based on social psychology that is mostly reflective of the behaviors of people in the Western cultures. Such messages would promote for instance, the use of condom in premarital sex as an HIV/AIDS safe practice, an idea that is completely incongruent to the Islamic culture, and particularly a taboo to (Islamiyyah) teenage girls. HIV/AIDS practice scale is virtually nonexistent. Where there is an item or two for HIV/AIDS practice in a KAP questionnaire, one finds that it's incongruent to Muslim cultures. Hence, Muslim communities around the world require a different persuasive approach to teenage girls' HIV/AIDS safe practice. A 17-items measure for HIV/AIDS Practice for Muslim societies was developed and tested as part of an exploratory KAP structural model with data from a survey of Islamiyyah girls in Northeast, Nigeria. Items were subjected to arbiter analysis, using Lawshe's formula to assess their face and content validity, and each produced content validity ratios >0. Equally, the items yielded high convergent and discriminant validity scores, with average variance extracted (AVE) beyond the recommended .50. The new measure for HIV/AIDS practice, along with the other three constructs of the study (message exposure, knowledge and attitude), produced acceptable values of AVE and α coefficients ranging between .678 and .887. From the findings of this study, it is thus concluded that the HIV/AIDS Practice measure for Muslim societies tested can be used for HIV/AIDS KAP research in those societies.

Key Words: *Measure; Measurement Model; HIV/AIDS Message Exposure; HIV/AIDS Practice*

Introduction

The media, under normal condition are expected to complement governments' efforts in achieving set objectives on such important issues as combating HIV/AIDS through the creation of awareness, mobilization and advocacy among other things, such as contained in the cardinal tenets of Development Media Theory. This is more so given that the only remedy for the epidemic is prevention through advocacy on the promotion of safe practices. Mass media play a central role in this direction. Evidence on media reportage of HIV/AIDS in countries with high prevalence rates like Nigeria adds on existing literature on the role of the press, and further guides government policy on HIV/AIDS prevention strategy.

Combating HIV/AIDS is the number sixth item on the list of Millennium Development Goals, which signals its relative importance in the global scheme of things. Studies have passed the stage of conjecture about the epidemic at the turn of this new millennium. And AIDS poses a serious challenge, which can really devastate whole regions and crack decades of national development (Ugande, 2007).

According to the recent figures of prevalence of HIV/AIDS in sub-Saharan Africa, 24.7 million people lived with the syndrome in 2013 with 4.7 adult prevalence, 1.5 million new infections and 1.1 million AIDS related deaths. Nigeria's figures out of these totals stood at 3.2 million people living with it, 220 000 new infections and 210 000 AIDS related deaths. By contrast, a global summary of the epidemic in December 2006 showed 39.5 million people living with HIV, as against the 34.9 million in 2004. The report went further to reflect that the implication of these figures is a total of 4.3 million people were newly infected with HIV in 2006 as against the 3.9 million in 2004; and that a total of 2.9 million deaths due to AIDS was recorded in 2006 against 2.7 million in 2004. In general, estimate by UNAIDS and WHO showed that the epidemic has claimed more than 25 million people since it was first reported in the US in 1981. This startling record makes AIDS the most destructive epidemic in recorded history.In Nigeria, 3.2 million lived with the HIV with 220 000 new infections in 2013. The country carries 9 percent of the global burden. In addition, available data shows from 2005 to 2013 Nigeria, South Africa and Uganda accounted for almost half of all new infections in sub Saharan Africa (Joint United Nations Program on HIV/AIDS [UNAIDS], 2015).

For media strategies to be effective, they have to be society and location specific. The international conventional campaign packages may not be relevant to some locations or some situations. For example, the slogan that it is safe to wear condom and commit sexual intercourse may not go well with *Islamiyya* dominated Muslim communities of northeastern Nigeria. The *Islamiyya* teaches the moral that extra-marital sex is an abomination in the first place, which renders the necessity of wearing condom out of place.

While there exists many models of investigating community health issues, the cognitive, affective and behavioral approach (KAP model) seemed more attractive

to researchers because of its ability to reveal plausible pathways to addressing health concerns especially by identifying misconceptions about diseases and affective barriers or obstacles to prevention or protection. Buttressing this point, Bhattacharyya (1997) and Stone and Campbell (1984) (cited in Launiala, 2009) stated that the hallmark of knowledge, attitude and practice KAP survey model lies in its characteristic of apt presentation of results, generalizability of results from small sample to wider population, ease of design, administration and results interpretation. Even though, it is very dangerous to assume linear progression from knowledge to favorable attitude and ultimately to safe practice, the KAP model presumes that decisions on behavior change has cognitive and psychological dimensions.

Studies have shown that Muslim communities and countries like Niger, Nigeria, Pakistan and Senegal which were hitherto considered less prone to HIV risk are now witnessing a rapid evidence of an advancing HIV/AIDS epidemic because of peculiar cultural and social practices (Niaz, 2002, Memoona, 2005). Triandis (1994) points out that media campaign models in combatting HIV/AIDS are based on social psychology and "the corpus of social psychology is based on the behaviors of people in the Western cultures." This submission further necessitates the need for literature and evidence on other people's cultural and religious practices, which are germane to, or operate as mediator for media campaigns to be effective on attitude change. The mass media package and send these types of messages but how these messages are perceived or viewed by for example Islamiyya girls who are being taught a different thing all together in the Islamiyya system.

Media campaigns for example about HIV/AIDS encouraging the option of using condom as an alternative to abstinence are opposed to the stern warning of the holy Qur'an against fornication or adultery through whatever way (applying condom or not): "And come not near to unlawful sex. Verily it is… a great sin and an evil way (that leads to hell…*)" (*Qur'an 17:32). Much emphasis is being placed on the idea that if one cannot abstain from extra marital sex, then one could use condom. Because of the strictness of Islam on extra-marital sex, these campaign messages are less likely to gain acceptance or even motivate the Islamiyya girls to translate the messages into meaningful health actions. Now what are the attitudes of the girls to those messages? What are their perceptions to the concept of 'safe sex' in the mainstream campaign against HIV/AIDS? An insight into these sensitivities is likely to provide a basic media campaign platform against HIV/AIDS in the region and similar other places.

According to Mattson et al. (2010) on behaviors concerning sexual risk analysis, latent trait questionnaire item models are, to put it literally, unknown. Going on to suggest that the application of latent traits construct items in self-reported surveys as in KAB/P researches leaves much to be explored methodologically. That was seemingly why, where there is an item or two on HIV/AIDS practice in most KAP standard questionnaire, it apparently becomes incongruous to the *Muslim cultures* because it deals directly with issues of condom use and sex practices; while extramarital sex with or without condom is considered *Haram* (sinful), and therefore alien and abomination in such cultures.Therefore, askinga girl a survey questionnaire item like '*How many sexual partners do you have'*, may jeopardize HIV/AIDS KAP studies. In what is contained in related literature concerning practices on HIV/AIDS, only questions regarding a girl's intention to practice, past efforts to undergo voluntary HIV screening and sterilizing sharp objects before using them for tattoo, manicure or pedicure would likely go down well.

Objectives

This study set out to

1) propose and test the validity of a HIV/AIDS practice measure relevant for Muslim societies;
2) test the measure so developed as an endogenous variable in a partial least square (PLS) measurement model of HIV/AIDS message exposure exogenous variable and HIV/AIDS knowledge attitude and practice (KAP.)

Literature Review

Most studies on HIV/AIDSHealth Behavior in School Children happened to be conducted on non-Muslim societies, i.e. Potsonen and Kontula(1999) (in Finland), Thomson, Currie, Todd and Elton (1999),(in Scotland), Dias, Matos, Goncalve(2005) (in Portugal), Thavanarh, harun-or- Rashid, Kasuya and Sulcamoto (2013) in Lao; Tung, Ding and Farmer (2008) (in Taiwan) and Gańczak et al.(2007) (in U.A.E).Gańczak et al. (2007) was one of the exceptions that were conducted on a similar predominantly Muslim society of U.A.E. Buseh (2001) did an extensive KAP study of school children in Swaziland, thereby revealing almost all aspects of sexual practices of the respondents and their activities that escalated unwanted pregnancy and the spread of STIs including HIV/AIDS. Buseh concluded, "the behaviors the teens adopt now and how such behaviors are

maintained throughout their sexual lives will certainly have an impact on the epidemic in many countries" (p. iii). Buseh delved deeply dealing with sexual practices of schoolchildren in details perhaps because the Swaziland society was predominantly non-Muslim, or discussing sexuality into lurid details was condoned or tolerated in the cultures of the southern African societies.

Narrowing down to Nigeria, it is worth highlighting that some parts of the country are remarkably weak in terms of HIV and STIs knowledge especially among the female population. For example, way back since 2004, UNFPA (2004) also showed that only 7.7% of the female populations in Bauchi have STIs complete knowledge according to recognized indicators. The female figure in Gombe is 23.0%, in Borno 26.0%, in Katsina 25.7% and in Kebbi 18.7%. In all the states, the investigation showed that HIV awareness is relatively lower among the female population. Recent comprehensive data on this key index of HIV prevention appears to be lacking. In a research on sexual behaviour (practice) and perception of AIDS in Benin City, Evelyn and Osafor (1990) (in Abubakar,2006), revealed that despite good HIV/AIDS knowledge, a high percentage of the study sample admitted having multiple sex partners with only a negligible proportion using condom. This shows a risky behavior against the knowledge about HIV prevention. Depending on the nature of a particular society, a range of issues are raised about the use of condom. For example, based on an assessment of HIV/AIDS among youth and adult men with steady sex partners in four states of Nigeria, condom use depends on one's perception of, and desire for the trust of their partner(s). Introducing the use of condom in a relationship is in some cases seen as evidence of, or suspicion of infidelity among sex partners. Reference to "skin – to – skin" contact among the majority of sex workers' clients as well as other men and youth with multiple partners placed groups at a heightened risk of contracting HIV (Grundfest, 2003.).

Methodology

HIV/AIDS practice scale was specifically developed using items that would be acceptable in the cultural contexts of the respondents as a Muslim dominated society. The items were developed in a survey through phone calls with some teachers in *Islamiyya school* system and some traditional figures that are familiar with HIV/AIDS issues in Northeast Nigeria. The items were subjected to *arbiter analysis* with five Hausa speaking medical doctors for face and content validity (Creswell, 2012). This was done by scanning the items and sending copies to the e-mail accounts of the doctors, and requesting them to fill out and send back for analysis. Decision on retaining items was based on Lawshe's Content Validity Ratio calculations in which the five arbiters familiar with customs, traditions,

culture and religion of northeastern Nigeria, all drawn from the region to score the questionnaire items on three categories: 1) Essential 2) Not Essential 3) Not Necessary. Lewshe's formula (Ayre& Scally, 2014) was used to calculate the content validity screening of the 17 items and all of them scaled through. Lawshe's CVR values ranged from -1 (perfect disagreement among arbiters) to +1(perfect agreement among arbiters). CVR above zero indicate more than 50% of arbiters agreed item is essential (Ayre& Scally, 2014). All the items gave CVRs above zero.

This study went further to assess a PLS measurement model of HIV/AIDS practice measure as Endogenous construct with HIV/AIDS message exposure as Exogenous construct in a structural model of HIV/AIDS message exposure and KAP. This was carried out in the pilot study involving 51 sample of an exploratory survey selected from the *Islamiyya* schools in Bauchi, Northeast Nigeria through multi step random sampling from Classes 4,5 and 6 of ten largest Islamiyya schools of Bauchi with the population of 8726. At the final step of sampling, Class Registers were used. Specifically, PLS algorithm was estimated through calculation to obtain the average variance extracted and the composite reliability coefficients (Geladi& Kowalski, 1986). Against the background of these estimations, Bagozzi and Yi (1988) and Hair, Ringle and Sarstedt (2011) suggested that composite reliability coefficient should not be below .70. In the same vein, Fornell and Larcker (1981) recommended that average variance extracted (AVE) scores should be .5 and above.

Further, to assess the extent to which items in any of the five constructs in this study consistently measured the constructs, another reliability test, Cronbach's alpha was also conducted for all the constructs.

Results

Table 1 summarizes the values for survey items and indication of their content validity ratios as scored by the five arbiters discussed in the methodology section of this article.Results indicate that all the items are valid for measuring HIV/AIDS practice (which also includes intention to practice). All the items have been scored by the arbiters fully considering implication for culturally sanctioned relevance in similar Muslim cultures. Analysis output of Lawshe's CVR is contained in the Appendix attached.

Table 1HIV/AIDS Safe Practice: Lawshe's CVR Questionnaire Items Validation

Code	Statement	Essential	Useful, but not essential	Not necessary	CVR Above Zero	4 number of experts agreeing	5 number of experts agreeing	CRV Above Zero
SAFEPRACT1	From time to time I conduct HIV screening test to be sure of myself.	4	1	-	√	√		√
SAFEPRACT2	Before marriage I will not be afraid or shy to insist for the person marrying me to test for HIV screening.	5	-	-	√		√	√
SAFEPRACT3		4	1	-	√	√		√
SAFEPRACT4	I prefer attending to my male suitors alone.	4	1	-	√			√
SAFEPRACT5	Once a person loves me and I also love him, I agree to all his wishes since it is good to be good to those who loved you.	5	=	-	√		√	√
SAFEPRACT6	I have many suitors whom I attend to.	4	1	-	√	√		√
SAFEPRACT7	Once a person is the one to marry me, I don't mind going out to places with him to avoid hurting his feelings.	5	-	-	√		√	√
SAFEPRACT8	I attend I attend to a suitor even if I know his purpose with me is not marriage, since it is not good hurting people's feelings.	4	1	-	√	√		√
SAFEPRACT9	Once a suitor approaches me with improper relationship, I cut my relationship with him even if I love him very much.	5	-	-	√		√	√
SAFEPRACT10	I share with others unsterilized blades for manicure and pedicure.	4	1	-	√	√		√
SAFEPRACT11	Whenever I need to cut my nails I don't mind using a razor blade that has been used by my friend or sister.	3	2	-	√			√

SAFEPRACT12	If I need a tattoo design I will not mind using a needle which has been used by my friend or sisters.	3	2	-	0.2	√		
SAFEPRACT13	I use my day time for hawking to earn money for my parent.	3	2	-	0.2	√		
SAFEPRACT14	When married to the person I loved very much and I discover that he has mistresses outside I will insist for divorce.	3	2	-	0.2	√		
SAFEPRACT15	If I discover that my beloved husband's other wife is not faithful to her marriage and secretly flirts around with other men, I will insist he divorces her or me even if I loved him very much.	3	2	-	0.2	√		
SAFEPRACT16	Once I love a person very much, I obey all his wishes to sustain happiness between us.	4	1	-	0.6	√	√	
SAFEPRACT17	Whenever I am to have injection for immunization or at the hospital I don't watch to be sure the needle is new.	4	-	-	0.6	√	√	

As discussed earlier, Lawshe's CVR values ranged from -1 (perfect disagreement among arbiters) to +1(perfect agreement among arbiters). CVR above zero indicate more than 50% of arbiters agreed item is essential (Ayre& Scally, 2014).

Assessing a PLS measurement model for the relationship between HIV/AIDS message exposure, Knowledge, Attitude and Practice (KAP), Table 2shows the Average Variance Extracted and Composite Reliability Coefficients of the four constructs in the study are all within acceptable limits. Further, to assess the extent to which items in any of the five constructs in this study attempt to consistently measure the constructs, another reliability test Crombach's Alpha was also conducted for all the constructs. The recommendation by many methodologists for Crombach's alpha according to the University of Virginia Library Research Data Services + Sciences(2017), the range ofα coefficient should be between 0.65 and 0.8; any value below .5 is unacceptable. What is obtained in this test is are sulting α coefficient reliability value ranging from .674 to .887, which all fall within the recommended estimate values. Table 2presents the above reliability estimates of the constructs in this test:

Table 2

Reliability and Validity of Construct (n = 51)

Latent Variable	**Number of Indicators**	**Average Variance Extracted**	**Composite Reliability**	**Cronbachs Alpha**
HIV/AIDS Favorable Attitude	4	.500	.800	.674
HIV/AIDS Knowledge	5	.535	.852	.785
HIV/AIDS Safe Practice	5	.508	.837	.757
Media Exposure on HIV/AIDS	8	.555	.909	.887

Table 2 indicates the composite reliability coefficient of each of the constructs which ranged from .796 to .909 across the constructs; each one of the constructs exceeding the minimum acceptable level of .70, invariably suggesting adequate internal consistency reliability of measures as used in the survey. In the same way as shown in Table 2, the values of average variances extracted ranged from .500 to .555, all within acceptable values according to the benchmark of minimum .5 cited earlier.

Convergent Validity

Especially in social science research, determining the extent to which latent constructs are truly represented by items and correlate with other measures in the same latent construct is important (Hair et al., 2006). Fornell and Larcker (1981) suggested that the measure of convergent validity can be determined from Average Variance Extracted (AVE) for each latent construct, while Chin (1998) posited that, to achieve acceptable convergent validity, each construct's Average Variance Extracted must be .50 and above. Therefore, based on Chin (1998), the values of AVE as shown in Table 2 above are above .50 indicating adequate convergent validity. This means that there is correspondence among the constructs in this study, which are actually theoretically considered to be related to one another.

Concerning discriminant validity test, Table 3 below depicts the comparison of the correlations among the constructs with the squareroots of AVE obtained above the correlation values:

Latent Variable Correlations

Latent Variable	**1**	**2**	**3**	**4**	**5**
1. HIV/AIDS Favorable Attitude	**.707**				
2. HIV/AIDS Knowledge	.456	**.732**			
3. HIV/AIDS Safe Practice	.559	.423	**.713**		
4. Media Exposure on HIV/AID	-.138	.041	-.345	.558	**.745**

Note: Diagonal (bold face) represent the square root of the average variance extracted while off diagonal values are the correlation between variables

Table 3 shows the correlations among the 4 constructs which were compared with the squareroots of the average variance extracted which values were indicated in bold type face. Concisely, the table indicated that the squareroots of the average variance extracted were all greater than the correlations among the constructs, implying adequate discriminant validity (Awang, 2015; Fornell&Larcker, 1981).

Conclusion

From the findings of this study it is therefore concluded that the HIV/AIDS Practice measure for Muslim societies tested can be used for HIV/AIDS KAP research in those societies. Further, the assessment of the measure so developed can produce good results testable in a HIV/AIDS message exposure and KAP structural model, given the adequacy of composite reliability estimates it has rendered, and convergent and discriminant validity obtained in this exploratory study.

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Appendix
Lawshe's Content Validity Ratio Analysis

CRV Above Zero	4 number of expert agreeing	5 number of expert agreeing
√	√	
√		√
√	√	
√		
√		√
√	√	
√		√
√	√	
√		√
√	√	
√		
√		

