Chapter 20
An Assessment of Media Contribution to Behaviour Change and HIV Prevention in Nigeria

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ABSTRACT

This chapter explores media influence on behaviour change and its implication for HIV prevention programmes in Nigeria. Using the agenda setting, and the uses and gratifications theories, it analyzes how the media set agenda for public opinion and the gratification that audience receive from media information vis-a-vis behaviour change initiatives in reducing HIV epidemic in Nigeria. The chapter through a descriptive and literature review approach assesses effective communication framework for behaviour change and some of the factors contributing to HIV prevalence in Nigeria. The chapter sums up case studies of interventions that have documented the effectiveness of the media in HIV prevention initiatives. The chapter concludes on the positive influence of media intervention in sexual behaviour change programmes but notes that behaviour change still lies with individual decisions. Therefore it recommends other forms of communication like interpersonal communication, community mobilization and advocacy to support media strategies for effective HIV prevention initiatives in Nigeria.

INTRODUCTION AND BACKGROUND

Communication has a marked effect on behaviour but research shows that behaviour change rarely happens immediately upon exposure to a message. There are five models of communication effects (*knowledge, approval, intention, practice and advocacy)* usually employed during behaviour change intervention. However, studies shows that applying these models in changing behaviour especially sexual behaviour is often problematic. Hence, in addressing issues related to sexual behaviour in Nigeria, majority of communicators often utilize the media because of their ability to reach huge and diverse audiences with

the notion of developing positive behaviour among their target audiences. The mass media have been a potent strategy used continuously in various interventions to help reduce the spread of HIV in Nigeria and around the world. These mass communication campaigns have employed single or multiple media at the national, state and community levels, either as stand-alone efforts or as part of multi-component programmes. Basically, conventional strategies have often used television, radio, and/or print media while modern campaigns are increasingly incorporating "new media" such as Internet websites. Multi-component campaigns have combined media with numerous "interpersonal" channels such as peer education and outreach, community coalitions, counselling, skill-building workshops, and/or support groups. However, the mass media campaigns are often utilized because of their ability to reach huge and diverse audiences in a cost-effective manner, giving such campaigns tremendous potential as a tool in fighting the spread of HIV and AIDS (Seth, 2007). A key question that often arises about media campaigns, however, is whether or not they are effective in impacting HIV and AIDS knowledge, attitudes, and/or behaviours. Unfortunately, many HIV and AIDS mass media campaigns have been evaluated using weak research designs which can lead to unreliable or inconclusive results regarding the impact of such campaigns (Seth, 2007).

Moradi, Honari, Naghshbandi, Jabari and Kholouse (2012) discuss the five social functions of the media by McQuail's thus: *information, correlations, continuity, entertainment* and *mobilization* (McQuail, 2010). *Information* deals with dissemination of issues relating to world events, power relations, progress and innovation. *Correlations* are referred to explaining and interpreting events, and consensus building. *Continuity* describes expressing culture and national identity. *Entertainment* is devoted to relaxation and reducing social tension. Finally, *mobilization* includes social objectives, politics, war, and the like. Hence, the mass media can manage integration, coordination, control, stability, mobilization, tension, thoughts, values, discipline, and conformity (Mehdizadeh, 2010). Thus the mass media has the power of mobilization of thoughts, values and ability to control people to conform to ethics or change in the society. According to the findings of Moradi et al (2012), the effect of the media can significantly change individuals' attitudes and behaviour. Based on this description of the media, media content must be designed to appeal to the audience desire if any meaningful behaviour change must take place.

Effective Communication Framework for Behaviour Change

The need to design framework for effective communication for health programmes targeted at behaviour change cannot be overemphasized. Suggs, McIntyre, Warburton, Henderson, & Howitt (2015) recommended a framework that was documented in a report on "*Communicating Health Messages: A Framework To Increase The Effectiveness Of Health Communication Globally*". The framework has been created to guide communication design and decisions in order to improve the efficacy of health communication. The framework lays out process steps and key questions that guide the health communicator in producing coherent, understandable and effective messages. Suggs, et al (2015, p.11-12) suggest three phases or steps in the framework: Assess, Do, and Describe (ADD).

Step 1: Asses the Communication.

Assess sets the requirements and considerations for the function of the communication. This involves understanding the health issue, the aim of the communication and the role communication can play in improving the situation. This includes how the communication will integrate with wider efforts to

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