



Influence of Radio Health Sensitisation Programme on HIV Stigmatisation among Residents of Owerri Metropolis, Nigeria

**Onyebuchi, Alexander Chima ^a,
Alaekwe, Kizito Nzube ^a,
Idih, Nkemdirim Marypeace ^a,
Obibuike Ogochukwu Cynthia ^a
and Etumnu Emeka Williams ^{a*}**

^a *Department of Mass Communication, Imo State University, Owerri, Nigeria.*

Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

Article Information

DOI: 10.9734/AJARR/2023/v17i10544

Open Peer Review History:

This journal follows the Advanced Open Peer Review policy. Identity of the Reviewers, Editor(s) and additional Reviewers, peer review comments, different versions of the manuscript, comments of the editors, etc are available here: <https://www.sdiarticle5.com/review-history/104613>

Original Research Article

Received: 09/06/2023

Accepted: 12/08/2023

Published: 24/08/2023

ABSTRACT

It remains an unarguable fact that people living with HIV massively come across stigmatisation, prejudice and discrimination which kills faster than the virus itself. Thus, the fear of stigmatisation will evidently force many HIV stigmatised victims to remain silent than disclose their HIV status. The main objective of the study was to examine the influence of radio health sensitisation programme on HIV stigmatisation among residents of Owerri metropolis. The agenda setting and social learning

*Corresponding author: Email: etumnuemeka@gmail.com;

theories served as the theoretical underpinning for the study. Survey research design was used. A sample size of 384 was derived using the Wimmer and Dominick online sample size calculator from the population of 555,500. The multi-stage cluster random sampling, involving purposive sampling techniques served as the sampling techniques with questionnaire as the instrument of data collection. The techniques required Owerri metropolis being divided into three manageable clusters. Findings of the study showed that radio health sensitisation programme on HIV stigmatisation has broadened the knowledge of the respondents on HIV stigmatisation to a high extent at a grand mean of 3.5(N=305). Also, at a grand mean of 3.4 (N=305), radio health sensitisation programme on HIV stigmatisation has influenced the behaviour of the respondents towards HIV stigmatised victims as it has induced positive behavioural changes in them. It was concluded that if there are myriads of media programmes specifically designed for mitigating HIV stigmatisation and scheduled at friendly airtimes across different media organisations, it will lead to an increased media exposure as the media constitute an effective strategy for combating HIV/AIDS-related stigma.

Keywords: HIV; stigmatisation; health; radio; sensitisation programme.

1. INTRODUCTION

In general, stigmatisation of any type, resulting from any illness, kills more quickly than the illness does because of the severity and shame brought on by the prejudice. According to Fakolade et al. [1], stigma and discrimination are commonplace for those with HIV and AIDS, particularly in poor nations. Stigma associated with HIV can take the form of denial from loved ones, emotional rejection, societal marginalisation, and overt and covert discrimination. It is consequently associated with a decline in the adoption of preventative and care behaviours, including the use of condoms, asking for an HIV test, and seeking care following a diagnosis. Seemingly, it appears that the lack of knowledge about HIV epidemiology, transmission channels, and prevention strategies, the stigmatisation in Nigeria worsened.

According to Zelalem [2], HIV and AIDS have developed into one of the world's tragedies that affects individuals of all sexes, races, colours, ages, creeds, and socioeconomic statuses. It creates tremendous difficulties to people because it knows no racial or regional boundaries. Numerous manifestations of stigma lead to many people being unwilling to seek HIV counselling, testing, and treatment, as well as being significantly less likely to take the necessary medicine [3].

According to statistics from the Joint United Nations Programme on HIV/AIDS (UNAIDS) and World Health Organisation (WHO) (2021 and 2022, respectively), 38.4 million (33.9 million–43.8 million) individuals were estimated to have HIV in the world in 2021. In terms of the number of people living with HIV worldwide, Nigeria ranks

fourth with an estimated 1.8 million people as of 2019. However, the Statista Research Department estimates that 1.9 million people—mostly women—are currently living with HIV as of 2023. About 3,891 out of 133,792 people who were examined for HIV between January and June of 2019 in Imo State tested positive for the virus, according to Ogugbuaja's report in The Guardian.

In response to the growing HIV pandemic in Nigeria, the U.S. Agency for International Development (USAID) developed the Vision Project with the aim of increasing use of family planning, child survival, and HIV/AIDS services. In order to raise awareness of HIV/AIDS prevention and reproductive health, The Vision Project deployed a mass media campaign (Keating et al., 2006). Media-based behaviour may have the potency of changing communication initiatives to be a successful strategy for raising public awareness of diseases. Evidently, the media continue to play a crucial part in this.

Even though the media was primarily to blame for the horrifying reports that caused the majority of people to fear HIV and AIDS, if handled and used properly, it can be a useful tool in combating stigmatisation and discrimination against those who are infected with or affected by the pandemic [4,2]. A promising approach to addressing HIV/AIDS is the judicious use of media to demystify HIV disease [5]. Chalk [3], Iheanacho et al. [6] aver that there is a consensus that the media has an important contribution to make in challenging and changing societal attitudes.

For example, the "Clinic Health" programme on Darling 107.3 FM, Owerri, Imo State, Nigeria was

designed in this same spirit to educate the public on a variety of health-related issues that are risky and important to an individual's wellbeing. This will help to inform, educate, and enlighten the listeners about the necessity of ending stigmatisation.

There have not been many studies on the influence of radio health programmes on HIV stigmatisation, especially in the geographical area where this study is being carried out. Supporting this claim, Sweileh (2018) reported in a study that although there has been a noteworthy rise in research on AIDS-related stigma and discrimination over the past years, the total number of publications is still viewed as being negligible in comparison to the scope of the issue and the number of infected persons worldwide. Despite the fact that Africa is home to more than two-thirds of the world's HIV-infected people, African literature on the issue is relatively underrepresented. It is as a result of the dearth of literature on the issue under investigation that this study was motivated.

1.1 Statement of the Problem

The fact that people have been stigmatised and subjected to discrimination in numerous areas of the nation only because they are HIV positive is extremely evident [2]. The stigmatisation of people with HIV/AIDS is more pervasive in most social groupings than the persistent social stratification based on disability, race, gender, or sexual orientation. People with HIV experience stigma, prejudice, and discrimination on a global scale. Stigmatisation is frequently the most difficult aspect of having HIV. There is no denial that the way the public views and treats virus sufferers is more pitiful than the infection itself. Tentatively, HIV-positive stigmatised people have been linked to a variety of harmful health effects, from an increased depressed symptoms to unsafe sexual activity. Additionally, the health habits of persons living with HIV, such as seeking treatment, being tested for HIV or the hepatitis C virus (HCV), and sticking to medical regimens, can be negatively impacted by encountering stigmatisation or prejudice in a healthcare setting. Because of their HIV status, stigmatised HIV patients seems to be prevented from living full, happy lives and are only able to conduct a limited number of activities.

Sadly, some of these victims come to learn that because they are the targets of stigma and discrimination, they are not loved, welcomed, or supported by people who are close to them.

Many HIV victims are ostensibly forced to keep their HIV status a secret out of fear of being stigmatised [7,2]. However, it is clear that the society's culture of quiet and denial stemming from apprehension of stigma and discrimination has a great potential to increase the prevalence and spread of HIV in the nation.

In order to combat HIV-related stigmatisation, the media must play a significant role. Despite being one of the forces behind the decline in HIV cases, the media appears to be falling short of its full potential [3]. In light of this spectrum, the study is motivated to critically assess whether media programmes have a substantial influence on their target audience in terms of educating them about HIV stigma and reducing the tide of stigma in Owerri metropolis.

1.2 Objectives of the Study

The main objective of the study is to examine the influence of radio health sensitisation programme on HIV stigmatisation among residents of Owerri metropolis. The specific objectives are to:

1. Find out the extent to which residents of Owerri metropolis are exposed to radio health sensitisation programme on HIV stigmatisation.
2. Determine the extent to which the radio health sensitisation programme on HIV stigmatisation have broadened the knowledge of the residents on HIV stigmatisation.
3. Ascertain the changes in behaviour of residents of Owerri metropolis towards HIV-positive people as a result of radio health sensitisation programme on HIV stigmatisation

2. LITERATURE REVIEW

HIV-stigmatisation arguably remains one of the greatest barriers to the health and well-being of people living with HIV. According to Loutfy et al. [8], HIV stigmatisation refers to the devaluing of HIV-positive people, and may result in discrimination based on actual or perceived HIV-positive zero status.

Greater than the pervasive societal stratification based on disability, race, gender, or sexual orientation is stigmatisation of those with HIV/AIDS [8]. In every nation and region of the world, stigmatisation has been recognised as one of the key obstacles to HIV control and

prevention, creating risks to avoiding new infections, lessening the effects, and providing proper care, support, and treatment [9].

2.1 Forms of HIV Stigmatisation

Stigma and prejudice associated to HIV can take many different forms and appear on several levels. It is frequently acknowledged as a multi-dimensional and interconnected phenomenon. According to Zelalem [2], there are basically three key categories of HIV-related stigma; “*self-stigma*” which refers to those who live with HIV and AIDS who blame themselves and despise themselves; “*perceived stigma*” which refers to the concern the victims have of what will happen to them if they disclose their HIV positive status; and “*enacted stigma*” which refers to when persons are treated unfairly because of their HIV status.

In a different perspective, HIV related stigmatisation can also be manifested at four major levels; “*physical stigmatisation*” which includes violence and physical segregation. It can be anything from physically separating sleeping areas in the house to refusing to be in close proximity to others at different public events; “*social stigmatisation*” includes voyeurism, voyeurism, and social isolation. people with HIV may experience some form of separation from their families and community events, as well as a general loss of influence and respect. And ultimately could result in palpable social anguish; “*verbal stigmatisation*” which includes slurs, jeers, accusations, blame, slander, and gossip directed at HIV-positive individuals; and “*institutional stigmatisation*” which is refers to unequal treatment of people with HIV within an institution, which has a negative impact on them. This could result in losing one's means of support, job possibilities, access to education, and housing [2].

2.2 Media Programmes

Tentatively, the most significant items a broadcast station produces are its programmes. Media programmes are made to satisfy the audience's demand for creativity from a broadcast station. Media programmes are the products that appeal to and elicits responses from the station's core audience that are exposed to the programmes during broadcasts. Media programmes are presented in a certain way to suit the channel of presentation and the tastes of the audience. Through the creation and

presentation of broadcast programmes, stations pique the interest of, appeal to, and influence their audience in a certain way (Owuamalam, 2007). Owuamalam [10] states that a programme must be developed produced, and presented in light of the aforementioned supposition in order to appeal to a larger audience with a variety of tastes, opinions, ideas, and belief systems.

People who are exposed to media sensitisation programme, for instance, health sensitisation programme on HIV stigmatisation, seemingly adjust to positive behavioural changes as a result of the realisation that the stigmatisation of the virus carrier kills the carrier faster than the virus itself.

2.3 Impact of Media Intervention on HIV Stigmatisation

Zelalem [2]'s research on the impact of mass media intervention on HIV and AIDS-related stigma and discrimination in Ethiopia found that the Betegna radio (diary-show) programme significantly contributed to equipping many members of the program's target audience with the coping mechanisms they needed to combat stigma and discrimination related to HIV and AIDS. Due to the program's odd timing for some of its target audience and the lack of an entertaining element, its impact was, however, somewhat less than anticipated.

Another related finding from Fakolade et al.'s [1] study, “The Impact of Exposure to Mass Media Campaigns and Social Support on Levels and Trends of HIV-Related Stigma and Discrimination in Nigeria: Tools for Enhancing Effective HIV Prevention Programmes,” found that social support and exposure to mass media communications on HIV and AIDS issues were significantly linked to decreased stigma and discrimination against those living with the disease.

In addition, a study by Babalola, et al. [11] on media coverage, communication exposure, and HIV stigma in Nigeria found that men were more likely than women to have positive attitudes towards those with HIV, which means that men are more likely to show favourable attitudes towards people with HIV without any form of discrimination and stigmatisation towards them. Increased understanding of HIV is linked to media exposure, and this knowledge was found to be a significant predictor of attitudes towards acceptance. Communication exposure also

significantly and favourably correlated with favourable attitudes towards HIV-positive individuals. Their findings also strongly suggested that media-based HIV programmes are a successful tactic for reducing stigma associated with HIV/AIDS.

Meanwhile, a study was carried out by Keating, et al. [12] to assess the effects of a media campaign on HIV/AIDS awareness and prevention in Nigeria. The findings demonstrated that the "Vision" mass media campaign had received significant exposure: 59%, 47%, and 24% of participants, respectively, reported having viewed at least one Vision radio commercial, printed ad, or television programme addressing reproductive health. Nzotta and Orji's study, which discovered that the radio health programmes "Ka Ha Nyia Ndu" and "Ahu Ike Amaka" significantly influenced locals' understanding of health-related issues in the chosen districts of Imo State, supports this conclusion. The results showed that listening to radio health broadcasts had an impact on how involved the residents of the chosen villages were in medical procedures. In a study, Sweileh [7] observed that stigma and discrimination are significant obstacles in the global campaign to eradicate AIDS and the human immunodeficiency virus (HIV).

HIV-related stigma, according to research by Aghaei et al. [4], is a substantial barrier to HIV testing and care participation. Although there have been initiatives to use the media to reduce stigma associated with HIV, it is yet unknown how successful these initiatives have been. Additional research, however, revealed that health policymakers in underdeveloped countries with higher HIV incidence were more interested in using the media to fight HIV-related stigma. Results of a meta-analysis showed that media use had little impact on lowering HIV stigma.

Most of the studies reviewed were not media-specific, as most of them were generally talking about mass media and their role in HIV stigmatisation. However, the current study particularly looked into the influence of radio health sensitisation programmes on HIV stigmatisation among residents in Owerri. Again, this study differs from the previous study because it examined how radio health sensitization programmes on HIV stigmatisation have broadened the knowledge of the residents

on HIV stigmatisation, which other studies did not consider.

2.4 Theoretical Framework

The social learning theory and the agenda setting theory formed the theoretical underpinning for the study.

2.5 The Social Learning Theory

The social learning theory was propounded by Albert Bandura in 1977, and it is based on the idea that people learn behaviours from one another through observation, imitation, and modelling. Bandura claimed that humans can learn behaviour through observation, but behavioural psychology focuses on how the environment and reinforcement affect behaviour, according to Obayi [13], social learning theory explains how behaviours are learned within the context of interactions between observable conduct, cognitive components, and the external environment. This interaction affects self-efficacy by encouraging or discouraging the performance of a particular behaviour [14]. For instance, if a person is sufficiently motivated and focused, they may be able to imitate the observed behaviour after listening to a radio programme about the testimony of HIV positive diarists' daily experiences of HIV-related stigma and discrimination and the coping mechanisms they employed. By drawing attention to the threat that HIV-related stigma and prejudice poses to their entire lives, these people have an effect on the environment. HIV and AIDS will continue to spread over the world if nothing is done to stop it.

According to the study, media consumers can get important lessons from media content, which motivates them to make the necessary changes to the desired change in behaviour. The social learning theory therefore provides a basis for such pressing societal health issues by supporting the planned change in behaviour on the part of the target audience [14].

2.6 Agenda Setting Theory

Maxwell McCombs and Donald Shaw proposed it in 1972. According to the theory's central idea [15], the media influence how the public weighs the relative importance of various public concerns. The very strong impact of the media on influencing the public's view of an issue is described by the agenda setting theory of mass media. According to Alaekwe and Iloanya

[16], it is thought to possess a specific ability to discern which concerns need to be addressed most urgently. It is the name given to the capacity of the media to focus the public's attention on a certain issue that it deems significant. According to the agenda-setting theory, the media's reporting on news stories decides which topic garners the public's attention [17]. According to Wimmer and Dominick [18], agenda shaping research looks at how audience preferences and media priorities relate to the relative relevance of news issues. According to Banan (2007), Alphonsus et al. [19], the agenda-setting theory holds that what the news media choose to publicise has a significant influence on what people talk, think about, and worry about. In essence, the news media brings prominent issue to the attention of the public.

As it relates to the study, it is clear that the media plays a critical role in setting the agenda for our society, especially when it comes to pressing societal issues like HIV stigmatisation. By bringing up the issue in the media and projecting it into the minds of the audience, these issues can potentially spark group actions and redress/adjustment.

These two theories interrelate and ideal for the theoretical underpinning of the study given the fact that the media sets the agenda for public debate through raising issues on HIV stigmatisation which creates public awareness and consciousness of the media audience towards stigmatisation. This transcends to educating and enlightening the audience of the consequences of stigmatisation as it raises debate and topic of discussion amongst the audience. Thus, the audience learns important lessons from the media content on HIV stigmatisation as a form of positive behavioural changes through observation and reinforcement (social learning theory) which motivates them to make necessary desired change in behaviour in order stop the stigmatisation of people with HIV.

3. METHODOLOGY

3.1 Design/Population

The descriptive survey research design was adopted for the study. This design was considered as the most suitable design for the investigation because the topic under study requires the opinions of respondents to be elicited. According to Tayo-Garbson et al. [20], when the opinions of respondents are required to

be sampled in a study, survey design is most appropriate. The target population of this study was the residents of Owerri metropolis in Imo State, Nigeria. According the National Bureau of Statistics (2016) report, Owerri metropolis has a population of 555,500.

3.2 Sample size and Sampling Procedure

To determine the sample size of this study the Wimmer and Dominick online sample size calculator was used. At a threshold of 95% confidence interval and 5% error limit. Applying these parameters we arrived at 384 as the sample size of the study. The sampling technique used for this study was the multi-stage cluster random sampling technique and the purposive sampling technique. At stage one, the purposive sampling technique was used to divide the Owerri metropolis into three local government clusters Owerri North LGA, Owerri West LGA and Owerri Municipal. At stage two: With the random sampling technique, two communities from each local government area were randomly selected considering the literacy level of the people, exposure to radio, proximity and accessibility of the researchers to the communities. These communities were Orji, Amakohia (Owerri North LGA), Umuguma, Nekede (Owerri West LGA), Umuoyima, Umuororonjo (Owerri Municipal). In stage three, the researchers using simple random procedure chose six villages and distributed the questionnaire proportionately to each community ($384/6 = 64$). As a result, the researchers applied the purposive sampling technique and distributed 64 copies of the questionnaire to respondents in these communities.

3.3 Instrument/Validation

The instrument used for data collection was the questionnaire. The questionnaire was drafted in a closed-ended format with 14 items in the instrument. Questions like yes "no" "can't say; and Likert scale questions such as "very high" "high" "moderate" "low" "strongly agree", agree, "disagree" and "strongly disagree" were framed. The researchers utilised the four-point likert scale in this study. The instrument was face validated by two experts of the department of Mass Communication in Imo State University for validity check in order to ensure that the instrument measured are in line with the objectives of the study. Their suggestions enabled us to reword the instrument to ensure that grammatical errors and wrong items were

eliminated. The test-retest approach was employed for the reliability of the instrument. The researchers carried out the test with (n=15) respondents and seven items on the questionnaire were used to elicit responses from respondents. The responses were subjected to the Cronbach alpha statistical procedure with the aid of Statistical Package for Social Sciences (SPSS) version 21, and the result showed .98, which implies that there is high level of internal consistency of the instrument (See appendix).

3.4 Method of Data Collection and Analysis

The researchers used the face-to-face approach to collect data from respondents. They were assured that their identity will be concealed before they were asked to participate in the study. For the analysis the researchers applied descriptive statistics with the use of percentages and mean analysis, which implies average and the sum of a set of data divided by the number of data. Due to fact that the researchers used a four-point likert scale the benchmark for acceptance was set at 2.5 and above, while the point for rejection was set at 2.4 and below. This was the basis for the decision taken by the researchers.

4. RESULTS

In the course of the field work, 384 copies of the instrument were distributed out of which 8 (2.0%) copies of the instrument were lost in the field and 11 (2.9%) copies were inappropriately filled, thus nullified for the analysis. This means that 365 (95.1%) copies of the instrument were found usable and thus were used for the analysis. The return rate stood at 95.1% which means the result for the analysis is appropriate.

Table 1. Responses of respondents on whether they listened to radio health sensitisation programme on HIV stigmatisation before

Items	Frequency	Percentage
Yes	305	83.6
No	43	11.8
Can't say	17	4.6
Total	365	100

Source: Field Survey, 2023

The data presented on Table 1 revealed that 83.6% of respondents had listened to radio health sensitisation programme on HIV stigmatisation before. This implies majority of are of the view that they have listened radio health programme on HIV stigmatisation before.

Table 2. The extent the respondents in Owerri metropolis were exposed to radio health sensitisation programme on HIV stigmatisation

Items	Frequency	Percentage	Mean
Very High	55	18.0	
High	73	23.9	
Moderate	80	26.2	
Low	97	31.9	
Total	305	100	2.2

Source: Field Survey, 2023

NB: Those who indicated "No" and "Can't say" respectively were excluded because they were not exposed to radio health sensitisation programme on HIV stigmatisation hence they are not qualified to be included

According to the data analysed, it was revealed that, at a mean of 2.2 (N = 305), respondents confirmed that their exposure level to radio health sensitisation programme on HIV stigmatisation is on the low side. The statistical value of 2.2, which is the mean, is indicative that, as much as the programmes are there, the respondents are not well exposed to them, which means their exposure level is low. This means that respondents had low levels of exposure to radio health sensitization programmes on HIV stigmatisation.

The results in Table 3 above show that respondents agreed to items 3, 4, 5, 6 and 7 with a mean range of 3.3 to 3.6. The average mean rating of Table 3 is 3.5, which is agreeable and means that respondents generally agreed that all the items presented showed that the extent to which the radio health sensitisation programme on HIV stigmatisation have broaden their knowledge on HIV stigmatisation. The statistical meaning of 3.5(N=305) which is the mean average of the table, is that the respondents agreed that radio health sensitisation programme on HIV stigmatisation have broaden their knowledge on HIV stigmatisation.

Table 3. Responses of respondents on the extent to which the radio health sensitisation programme on HIV stigmatisation have broaden their knowledge on HIV stigmatisation

Items	SA	A	D	SD	Mean	Decision
HIV stigmatization can cause depression to the victim	157	127	16	5	3.4	Accepted
Out of fear of frustration, depression, rejection, shame and anger, stigmatised victim can resort to engaging in risky unprotected sexual acts with a HIV-negative partner in order to spread the virus	193	103	7	2	3.6	Accepted
It can lead to discrimination, prejudice, social ostracism, rejection and distancing from friends and families	151	136	11	7	3.4	Accepted
Stigmatisation cause reluctance of a victim to seek counselling, testing, routine medications and reduced care seeking	124	163	10	8	3.3	Accepted
Stigmatisation can kill faster than the virus itself	189	111	5	-	3.6	Accepted
Average Mean					3.5	Accepted

Source: Field survey, 2023

Table 4. Responses of respondents the changes induced in their behaviour towards HIV-positive people as a result of radio health sensitisation programme on HIV stigmatisation

Items	SA	A	D	SD	Mean	Decision
As a result of radio health sensitisation programme on HIV stigmatisation, I have learnt to accept and treat HIV positive victims without any form of discrimination	106	167	19	13	3.2	Accepted
I now associate and socialise comfortably with HIV positive victims because they are all human beings and deserve to be loved	142	150	8	5	3.4	Accepted
As a result of my exposure to sensitisation programme on HIV stigmatisation, I now campaign against stigmatisation	150	141	10	4	3.4	Accepted
My hostile behaviours and attitudes towards HIV stigmatisation have changed as a result of my exposure to radio health sensitization programme	131	160	12	2	3.4	Accepted
Average Mean					3.4	Accepted

Source: Field survey, 2023

The results in Table 4 above show that respondents agreed to items 8, 9, 10 and 11 with a mean range of 3.2 to 3.4. The average mean rating of Table 3 is 3.4, which is agreeable and means that respondents generally agreed that radio health sensitisation programme on HIV stigmatisation have influence their behaviour positively towards HIV victims. The statistical meaning of 3.4(N=305) which is the mean average of the table, is that the respondents are of the view that the changes induced in their behaviour towards HIV-positive people is as a result of radio health sensitisation programme on HIV stigmatisation.

5. DISCUSSION OF FINDINGS

The goal of this study was to examine the influence of radio health sensitisation programme on HIV stigmatisation among residents of Owerri Metropolis. Result of the analysis showed that majority of the respondents have listened to radio health sensitisation programme on HIV stigmatisation and the extent they were exposed to radio health sensitisation programme on HIV stigmatisation is low at a mean of 2.2(N=305) which is below the benchmark of a four-point likert scale analysis. In essence, the statistical meaning of the figure is that exposure level to

radio health sensitisation programme on HIV stigmatisation is obviously low. In consistent with this finding is the study of Aghaei et al. [4] who revealed that despite efforts to use mass media to address HIV-related stigma, their impact on reducing HIV-related stigma remains unclear. However, Keating et al. [12]'s research showed that 59% of respondents had high levels of exposure to the "Vision" mass media campaign. Comparing the result of the previous to the present findings, it shows that there is no discrepancy on the level of exposure of the respondents to media health sensitisation programme on HIV stigmatisation. The media has the ability to arrest public attention on a particular subject that it deems essential, salient, and worthy of public discussion, making the agenda-setting theory of the media relevant. Therefore, if there are myriads of programmes specifically designed for HIV stigmatisation and scheduled for a friendly airtime, it will lead to an increased exposure of the audience.

Result of the findings on the extent to which radio health sensitisation programme on HIV stigmatisation have broadened the knowledge of the respondents on HIV stigmatisation showed that at a grand mean of 3.5 (N=305), radio health sensitisation programme on HIV stigmatisation have broadened the knowledge of the respondents on HIV stigmatisation to a high extent. This suffices to allude that radio health sensitisation programme on HIV stigmatisation have broadened the mental horizon of the respondents to a high extent. This finding is consistent with Babalola et al.'s [11] finding that media exposure to HIV-related communication is linked to greater understanding about HIV. The findings of Nzotta and Orji's study, which were verified by the current finding, indicated that radio health programming "Ka Ha Nyia Ndu" and "Ahu Ike Amaka" significantly increased residents' understanding of health-related topics in a number of Imo State areas.

The social learning theory, which has its theoretical roots in the relationship between observed conduct, cognitive factors, and the external environment, explains how behaviours are learned in the context of this finding. According to this theory, people pick up habits from one another through observation, imitation, and modelling. However, relating the tenet of this theory to the result of the findings, it means that that the respondents learnt important lessons from radio health sensitisation programmes on

HIV stigmatisation as it broadened their knowledge level.

Findings revealed that radio health sensitisation programme on HIV stigmatisation has a positive influence on the behaviour of the residents towards HIV victims at an average of 3.4 indicating that the respondents have learned to accept and treat HIV positive victims without any form of discrimination; associate and socialise comfortably with HIV positive victims; they now campaign against stigmatisation and a change in their hostile behaviours and attitudes towards HIV victims. This result summarises that radio health sensitisation programme on HIV stigmatisation has influenced the behaviour of the respondents towards HIV victims as it has induced positive behavioural changes in them. This result is in agreement with the findings of Fakolade et al. [1] which found out that exposure to mass media communications on HIV and AIDS issues and social support were significantly related to the reduced stigma and discrimination against people living with HIV/AIDS. In the same vein, Babalola et al. [11] found a significant and favourable correlation between communication exposure and acceptable views towards HIV-positive patients. In another related result, Nzotta and Orji [21] found that residents of the chosen villages' engagement in health care practises was influenced by their exposure to radio health programmes. Another finding from Zelalem [2] was that the Betegna radio (diary-show) programme significantly contributed to equipping many of the program's target audience with the coping skills they needed to overcome the stigma and discrimination linked to HIV and AIDS [22-24].

This result underscores the social learning theory as radio health sensitisation programme on HIV stigmatisation have broadened the knowledge of the respondents on HIV stigmatisation to a high extent, thus, brought about changes in their behaviour [25-28].

6. IMPLICATIONS OF THE STUDY

The findings of this study may be of immense benefit to the Government and bodies like non-governmental organizations (NGO's), Human Rights Activists etc. by accessing the result of this study on the internet through research as it will help them in planning better ways to mitigate the menace of stigmatisation through clear cut policies. It would also help the media organisations design more sensitisation

programmes that will help in educating and enlightening the society that HIV/AIDS is never the end of the road to any victim and the stigmatisation kills faster than any worst disease or virus. This study has contributed to our understanding of the social learning and agenda setting theories by demonstrating how they play critical role in helping us understand the impact of radio health programme, especially within the context of fighting stigmatisation against those with health conditions. This aspect of these findings could help researchers who may be interested in applying the theories to examine the impact of radio programmes on health and societal issues. Academically, the study will add to the body of knowledge and serve as a source of reference material to future researchers in related studies.

7. CONCLUSION

Media-based behaviour change communication initiatives have proven to be a successful strategy for raising public awareness of diseases. It appears that the media continues to play a crucial role in this situation. The paper therefore concludes that if there are myriads of media programmes specifically designed for HIV stigmatisation and scheduled at a friendly airtime across different media organisations, it will lead to an increased media exposure as the media constitute an effective strategy to combating HIV/AIDS-related stigma.

8. RECOMMENDATIONS

Given the findings of the study, the following recommendations are thus put forward;

1. Since the study found out that the extent to which residents of Owerri metropolis were exposed to radio health sensitisation programme on HIV stigmatisation was low, the paper calls on the broadcast media organisations to develop programmes specifically designed for HIV stigmatisation with a friendly airtime as such will lead to an increase in exposure.
2. Given that radio health sensitisation programme on HIV stigmatisation have broadened the knowledge level of the respondents to a high extent, the paper recommends the adoption of the media by the government, NGOs, hospitals in synergy with the NBC as a tool to fighting stigmatisation.

3. Having found out that radio health sensitisation programme on HIV stigmatisation has induced changes on the behaviour of residents of the respondents towards HIV-positive people as a result of radio health sensitisation programme on HIV stigmatisation, the study recommends the use of the media as an effective strategy to combating HIV/AIDS stigmatisation and the training of media professionals to be specialised in this regard.

CONSENT

As per international standard or university standard, respondents' written consent has been collected and preserved by the author(s).

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. Fakolade R, Adebayo SB, Anyanti J, Ankomah A. The impact of exposure to mass media campaigns and social support on levels and trends of HIV-related stigma and discrimination in Nigeria: Tools for enhancing effective HIV prevention programmes. *Journal of Biosocial Science*. 2010;42(3):395–407. Available:<https://doi.org/10.1017/S0021932009990538>
2. Zelalem TW. Effect of mass media intervention on HIV and AIDS related stigma and discrimination in Ethiopia. *Journal of Development and Communication Studies*. 2013;2(2/3): 329-343.
3. Chalk S. HIV and stigma: The media challenge. *International Broadcasting Trust*, pp. 1-24. CAN Mezzanine 32-6. Loman Street London SE1 0EH; 2014.
4. Aghaei A, Sakhaei A, Khalilimeybodi A, Qiao S, Li X. Impact of mass media on HIV/AIDS stigma reduction: A systematic review and meta-analysis. *AIDS and behavior*, 1–16. Advance online publication; 2023. Available:<https://doi.org/10.1007/s10461-023-04057-5>
5. Kerr JC, Valois RF, DiClemente RJ, Carey MP, Stanton B, Romer D, Fletcher F, Farber N, Brown LK, Vanable PA, Salazar

- LF, Juzang I, Thierry F. The effects of a mass media HIV-risk reduction strategy on HIV-related stigma and knowledge among African American adolescents. *AIDS Patient Care and STDs*. 2015;29(3):150-156.
6. Iheanacho OC, Okoli AM, Agbim K, Ogai J, Etumnu EW. The role of Ozisa FM radio programme “Akuko Siri” in opinion moulding among Imo State residents. *International Journal of Social Sciences and Management Review*. 2021;4(5):100-109. Available:<https://doi.org/10.37602/IJSSMR.2021.4509>
7. Sweileh WM. Bibliometric analysis of literature in AIDS-related stigma and discrimination. *Transnational Behavioral Medicine*. 2019;9(4):617–628. Available:<https://doi.org/10.1093/tbm/iby072>
8. Loutfy MR, Logie CH, Zhang Y, Blitz SL, Margoese SL, Tharao WE, Rourke SB, Rueda S, Raboud JM. Gender and ethnicity differences in HIV-related stigma experienced by people living with HIV in Ontario, Canada. *PLoS One*. 2012;7(12). DOI:10.1371/journal.pone.0048168
9. Sayles JN, Ryan GW, Silver JS, Sarkisian CA, Cunningham WE. Experiences of social stigma and implications for healthcare among a diverse population of HIV positive adults. *Journal of Urban Health*. 2007;84(6):814-828.
10. Owuamalam EO. Community and rural broadcasting. Top Class Agencies Ltd; 2016.
11. Babalola S, Fatusi A, Anyanti J. Media saturation, communication exposure and HIV stigma in Nigeria. *Social Science & Medicine*. 2009;68(8):1513–1520. Available:<https://doi.org/10.1016/j.socscimed.2009.01.026>
12. Keating J, Meekers D, Adewuyi A. Assessing effects of a media campaign on HIV/AIDS awareness and prevention in Nigeria: Results from the Vision Project. *BMC Public Health*. 2006;3:6-123.
13. Obayi PM. The mass media and gender-based violence in Imo State, Nigeria: A critical analysis. *Asian Research Journal of Arts & Social Sciences*. 2021;15(4):122-133.
14. Bandura A. Social learning theory. General Learning Press; 1971.
15. Obidike NF, Ezeabasili CE. Coverage of gender-based violence in IDP camps: A critical Analysis of select Nigerian Newspapers. *IOSR Journal of Humanities and Social Science (IOSR-JHSS)*. 2020;25(8):Series 2, 19-26.
16. Alaekwe KN, Ilomuanya I. Owerri resident's perception of the influence of radio sensitization programme against vote racketeering towards the 2023 presidential election in Nigeria. *IMSU Journal of Communication Studies*. 2023;7(1):29-40.
17. Communication Studies. The resource for the communication field: Agenda setting theory. Retrieved from communicationstudies.com/communication-theories/agenda-setting-theory; 2020.
18. Dominick JR. The dynamics of mass communication: Media in the digital age (10th ed). McGraw-Hill; 2009.
19. Alphonsus UC, Etumnu EW, Talabi FO, Fadeyi IO, Aiyesimoju AB, Apuke OD, Gever VC. Journalism and reportage of insecurity: Newspaper and television coverage of banditry activities in Northern Nigeria. *Newspaper Research Journal*. 2022;43(3):343-357. Available:<http://doi.org/10.1177/07395329221112393>
20. Tayo-Garbson SU, Njoku FC, Etumnu EW. Owerri residents' perception of women in journalism. *SAU Journal of Management and Social Sciences*. 2019;4(1/2):261-270.
21. Nzotta NU, Orji UF. Influence of radio health programmes on residents' of select communities in Imo State: A study of “Ka Ha Nyia Ndu” and “Ahu Ike Amaka” in orient 94.4 Fm Owerri. *CRUTECH Journal of Communication*. 2020;2(1):85-100.
22. Iprojectmaster.com. (n.d). Effects of stigmatization on HIV/AIDS patients. Available:<https://www.iprojectmaster.com/SOCIOLOGY/final-year-project-materials/effects-of-stigmatization-on-hiv-aids-patients>
23. Ogugbuaja C. 3,891 tested positive to HIV in Imo, coordinator reveals. *The Guardian*; 2019. Available:<https://guardian.ng/news/3891-tested-positive-to-hiv-in-imo-coordinator-reveals/>
24. Online MSW Programs. Introduction to social learning theory in social work; 2020. Available:<https://www.onlinemswprograms.com>
25. Owuamalam EO. Radio-TV production. Top Class Agencies Ltd; 2006.

26. Statista Research Department. People living with HIV in Nigeria. Statista; 2023.
Available: www.statista.com/statistics/1128675/people-living-with-hiv-receiving-treatment-in-nigeria/
27. UNAIDS. Global HIV & AIDS statistics: Fact sheet.
Available: www.unaids.org/en/resources/fact-sheet; 2021.
28. WHO. Global HIV programmes: HIV data and statistics; 2022.
Available: www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/hiv/strategic-information/hiv-data-and-statistics.

APPENDIX

Reliability Statistics		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.984	.986	7

© 2023 Onyebuchi et al.; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Peer-review history:
The peer review history for this paper can be accessed here:
<https://www.sdiarticle5.com/review-history/104613>