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**THE IMPACT OF COMMUNICATION IN THE CREATION OF AWARENESS
OF HIV/AIDS ON THE PEOPLE OF FOU TRADITIONAL AREA IN THE
NORTHERN REGION**



TUUMYERIDAM DONALD

2021

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OF HIV/AIDS ON THE PEOPLE OF FOU TRADITIONAL AREA IN THE
NORTHERN REGION**

BY

TUUMYERIDAM DONALD (Integrated Development Studies)

(UDS/MSA/0021/12)

**A THESIS SUBMITTED TO THE DEPARTMENT OF SOCIAL, POLITICAL
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SOCIAL ADMINISTRATION**

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OCTOBER, 2021

DECLARATION

I hereby declare that this thesis is the result of my own original work and that no part of it has been presented for another degree in this University or elsewhere.

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Tuumyeridam Donald

(Student name)

Signature

Date

I hereby declare that the preparation and presentation of this thesis was supervised by me in accordance with the guidelines on supervision of the thesis laid down by the University for Development Studies.



Felicia Odame (PhD)

(Name of supervisor)

Signature

Date

DEDICATION

To my family members, especially, my late grandmother, Ema Kawiah (Ema Aya) and my academic supervisor.



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I sincerely like to thank the Almighty God for providing me the enabling environment to be able to successfully complete this thesis.

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ABSTRACT

In recent times communication has been considered very integral in creating awareness of community members on the issues around HIV/AIDS. As such experts continue to use varied innovative ways of helping community members improved their knowledge on HIV/AIDS. This study was conducted to assess the impact of using communication to create HIV/AIDS awareness among the people of Fou Traditional Area in the Northern Region of Ghana. The study employed a descriptive cross-sectional design. Simple and purposive random sampling techniques were applied to obtain eligible participants. The data was analysed both qualitatively and quantitatively. Based on the results, all the respondents had ever heard about HIV/AIDS. About 22% respondents revealed that, they got to know of HIV/AIDS from community durbar. From the results, 65% respondents rated their knowledge on HIV/AIDS as poor. There was an association between the marital status of study participants sampled at the community and knowledge of how HIV/AIDS was spread ($\chi^2 = 5.694$, $p = 0.040$, $\alpha = 0.05$). From the results, 81% respondents indicated that, they were not satisfied in terms of how communication was used to create awareness on HIV/AIDS among the community members. Based on the results, knowledge of people on HIV/AIDS was low and communication was not effectively used to raise the awareness of the disease. The study recommended among others that education by healthcare workers on how people could improve their knowledge on HIV/AIDS should be intensified.



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LIST OF ABBRVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ANOVA	Analysis of Variance
GHS	Ghana Health Service
GSS	Ghana Statistical Service
HIV	Immune Deficiency Virus
LICs	Low-Income Countries
MOH	Ministry of Health
SPSS	Statistical Package for Social Sciences
SSA	Sub Saharan Africa
TV	Television





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CHAPTER ONE

Introduction

1.1 Background of the study

Health is a necessary condition for the socio-economic development of every nation (Onoyase, 2020). Labour productivity depends in part, on the state of a nation's population health and is therefore instrumental to its development process (Senah, 1988; Onoyase, 2020). Without adequate health information, development is undermined therefore, adequate, timely and reliable health information should become a national priority (Ogutu, Okello & Otieno, 2013). Across the world, studies have revealed that, the Human immune deficiency Virus/ Acquired Immune deficiency Syndrome (HIV/AIDS) is one of the major public health problems countries are still battling with because of the effects on the population and the economy (Kwarteng, Skokova & Agyemang-Duah, 2020; Koseoglu Ornek, Tabak & Mete, 2020).

The disease continues to retard development especially among the youthful population (HDR, 1997). The poorest and most vulnerable communities are the ones hit by the HIV disaster (Koseoglu Ornek, Tabak & Mete, 2020). Also at the global level limited studies exist where authors have comprehensively argued in terms of using communication to create awareness among the population on HIV/AIDSs (Kwarteng et al., 2020; Anastasioa, et al., 2003). What however pertains in that regards have been the used of media to educate the population within a limited time space.

Sub Saharan Africa (SSA) has been the hardest hit which presently has about 28.1 million estimated people living with HIV/AIDS out of a total worldwide estimate of 40 million (UNAIDS, 2001). Yet health experts have not found it prudent to suggest ways by which



communication could be used to create awareness among the population. Across SSA, health experts provide information to the population at health facilities during ANC visits among pregnant women or patients who come to seek for outpatient department services. These limited use of communication by these experts have made it very difficult to measure the impact of communication and the influence on HIV/AIDs awareness in the Africa context (Servaes, 2002)

In the absence of reliable prevalence data, the situation in SSA has been determined largely by estimations. The overwhelming majority of the people with Immune Deficiency Virus (HIV) and the Acquired Immune Deficiency Syndrome (AIDS) is still common in developing countries with little health care provision (Ghafourian, Nejad & Hosseini, 2012). This is because, there is inadequate health care facilities for the treatment and management of persons living with the disease. As a result, the disease continues to spread among the population (Dit & Bodilsen, 2018).

Experts have advocated that communication is the best tool that could be used to create awareness among the population concerning the disease even more so in rural communities where limited awareness exist among the population. Communication would help increase people knowledge of the disease in these societies (Do, Figueroa & Kincaid, 2016).

Empirical studies have revealed that, at the time of the HIV/AIDS pandemic, community members have used varied sources of information to promote awareness among themselves especially in times of need (Fliegel, 1993; Doss & Morris, 2001). It has also been revealed that, various media outlets have been used to also promote HIV/AIDS awareness creation since the time of the disease till now (Ekoja, 2004). It is therefore, important to state that,



communication could help ensure that community members are having adequate knowledge about the disease and motivated well enough to stay healthy and prevent the spread of the disease (Reuben, 2020).

In the context of SSA, the incidence of the HIV/AIDS continue to increase in the sub region (Fu & Zhang, 2019). This is because, it has been revealed that, 69% of the about 23.5 million people who are living with the disease are from the sub region and lack proper care and treatment (Talabi, 2002). Communication could serve the purpose of reducing the disease among the people who are not infected if proper coordination is made in the message dissemination (Anastasioa, Koutsouris & Konstadinos, 2001; Wehner & Maynard, 2003).

In SSA, people in the field of communication have argued that, communication would help them reduce the prevalence of the disease among the population if community members are targeted with specific message content of HIV/AIDS (Tiwari, 2008). As a result, experts have conducted several research and revealed that, communication is effective in promoting health awareness among the population (Servaes, 2002).

In the sub region, compounding the problem of ineffective communication on HIV/AIDS is the largest bottlenecks among the population such as ignorance about the disease. There is large number of people who cannot read or write and inadequate information concerning where people could easily access health care about the condition in times of needs (Michailidis, Nastis & Loizou, 2012).

Added to that are the issues of lack of available means of reaching people with communication about the disease especially in rural areas where people are scattered (Wand & Reddy, 2019). In order to improve people knowledge about the disease and help



prevent the spread of the condition, communication would provide better knowledge and proper way people could be treated in the event they are infected with the disease (Malhan & Rao, 2007). Therefore, proper communication strategies need to be employed to provide people with the benefits of not spreading the disease without knowing and to seek proper treatment in the event they are infected (Mandela, 2002).

It is widely acknowledged that, using communication serves as a strong tool for people positive change of behaviour towards a health condition (Lucky & Achebe, 2013). Communication with well-planned and coordinated strategies help promote good knowledge acquisition and providing people quality of life and effective means to be educated about the disease or health event (Jibril, Suleiman, Abdullahi & Mohammed, 2018). However, communication experts find it difficult to agree on a single definition of communication. According to Ghafourian, Nejad and Hosseini (2012) communication has been viewed as a process whereby people exchange information through a medium that is common to them. Such medium could be symbols (Malhan & Rao, 2007). Others argued that, communication involves a process whereby people exchange ideas in the form of information through face to face interaction or using hand signals (Kiplang'at & Ocholla, 2005). Still others are of the view that, communication could take the form of text messages sent over the telecommunication network that is available to them (Lasley, Padgitt & Hanson, 2001).

In this study, the concept of communication is succinctly hypothesized as a process of information flow by which ideas are transferred from one person who serves as the source to another person who serves as the receiver with the intent to change his/her knowledge, attitude and skills about HIV/AIDS.



In Ghana, communication continue to be used to promote cordial relationship among people in terms of flow of ideas (Akudugu, Guo & Dadzie, 2012). Communication has provided an opportunity for people to express their ideas and views on social activities that border on their lives (Kwarteng, Skokova & Agyemang-Duah, 2020).

As such, communication ensures that people are inspired to motivate others on a health concept through a coordinated process that may target people of a similar characteristics (Rogers & Nichof, 2002). Communication also ensures that people would have control over their ideas and actions as it helps them to provide a common target goal (Stephenson, 2009). It also creates a medium through which people can make enquires and sense of belongingness (Akudugu, Guo & Dadzie, 2012). This promotes good exchanges of ideas and strengthens their feelings translating their action into good emotions (Akudugu, Guo & Dadzie, 2012).

Also, communication assimilates awareness of a health related concept, society and control and runs as a thread linking the earliest reminiscence of man to the politest ambitions finished continuous determined for a healthier lifespan (Reuben, 2020). Even though communication has been good to ensure people are well protected from the dangers of disease, its usage has not been well coordinated for people to get the benefits. Similarly, in the concept of what communication could be used to create impact on the people, the term “impact” has not been explicitly explained. This is due largely to how people should measure it, what kind of dimensions should be employed to be adequate to assess the term. And how it should be explained.

As such, in this study, the focus would not be to derive a definition for impact that would encompass all that others have presented but to try and assess how few definitions would



narrow on specific areas and precise meaning that would be attached to the term impact. Impacts is when there is a positive change of people behaviours due to an intervention. This behaviour change among the people could be as result of improved awareness on the concepts, people beginning to stay healthy by engaging in healthy practices, engage in healthy living and reporting to health facilities to seek health care services (Do, Figueroa & Kincaid, 2016).

In Ghana, Parker et al. (2020) revealed that, several factors affect the effective handling of community-level stigma associated with person infected with HIV/AIDS and as such, no effective communication have been done among community members in this regard. Furthermore, because of the lack of conventional educational literacy, communication still remains unexplored on how people access information about HIV/AIDS, providing a huge research void.

In the Northern region, persons continue to die from HIV/AIDS. With the available statistics provided by the Ghana Health Service Report (2016), the Metropolitan Health Directorate indicated that, about 6397 persons were reported to be living with HIV/AIDS and only 3886 persons actually were said to be on the antiretroviral therapy at the time of the report. Indicating that, the remaining were not interested in reporting to health facilities for care (GHS, 2016).

This therefore means that, these persons are in the community and may continue to spread the disease among the people. In a typical traditional community like the Fuo traditional area, it may even be serious problems considering the fact that, people may not want to mistrust each other by trying to enquire to know their HIV/AIDS status. Yet little



communication has been done to help raise people awareness about how they could help prevent the disease.

In the study setting, certain communication channels could be used to help the people get to know more about the disease. Such channels could include the radio stations and the television stations including community van. If these are implemented, policy makers would be able to help reduce the spread of the disease among the population in the study area.

This study was conducted to provide information on how communication could help raise people awareness on the HIV/AIDS disease because of the little information concerning this in the literature.

1.2 Problem statement

Generally, information pertaining to health issues and health delivery services in developing countries is not adequately disseminated to rural residents. This, and its concomitant effects to development are not unknown. While some may attribute the inability of the government to contain the spread of HIV/AIDS to inadequate resource allocation to support the national response, the role of human behaviour, lack of effective education programmes and access to services as contributing factors to the spread of HIV/AIDS (Fliegel, 1993).

There is evidence that behaviour change lags seriously behind awareness of the existence of HIV/AIDS and the harm that accompanies unprotected sexual relations (Age, Obinne & Demenongu, 2012). Across the globe, there are a lot of changes that have been



implemented every day about the treatment of HIV/AIDS. And this has even made the disease more complex to handle in a single episode (Tolba & Mourad, 2011).

With the increasing challenge of providing information to an ever-growing population, communication has been continuously re-inventing itself, and more so in the last decade. Studies have shown that high cost of obtaining information through traditional means such as radio, and newspapers are significant barriers to rural people adoption in the developing world (Wand & Reddy, 2019).

It has been revealed that people in typical traditional communities face both high transaction costs and constraints to information access which limit their optimal utilization of information to access HIV/AIDS (Onoyase, 2020). With the rapid technological changes coupled with issues of false news, people more than ever need accurate and reliable information to make effective HI/AIDS decisions (Njoh, 2018).

In sub Saharan Africa, many conventional communication approaches to people about HIV/AIDS have received criticism for being limited to media outlets, limited use of communal channels such as durbars and using the already packaged information to educate people about HIV/AIDS (Mukenge, 2020; Mittal & Mehar, 2012). In Africa, the existing system of village based community durbars and town criers have been limited in spreading awareness about health related disease in recent times (Michailidis, Nastis & Loizou, 2012).

These people have also been largely criticized as being ineffective in stimulating increased awareness communication with people on HIV/AIDS messages. Town criers are perceived as being unable to influence people practices and therefore being ineffective in their job



(Hassan & Wahsheh, 2011). This ineffective communication between people and experts showed that adoption of communication among people is low (Kiran & Mahmood, 2019). Even among communication stakeholders in Africa, they continue to use old information coupled with the use of simple methods to spread health related awareness to the target audience (Lasley, Padgitt & Hanson, 2001).

In addition, the use of communication skills, media and methodologies is typically abhorred and fragmented. Too often, these are poorly integrated into the local communities programme (Jibril et al., 2018). In Ghana, over the years many studies have been conducted on how to reach people with health messages. However, communication promotion to raise awareness among the people is seen as slow and the process is not well coordinated especially for rural people (Kwarteng et al., 2020). The effectiveness of communication channels in disseminating HIV/AIDS information for innovations in the study area has never been recognized. Despite the fact that, HIV/AIDS continues to be a public interest among key holders across the world with donors supporting with drugs and education, communication has not been effectively used to promote awareness in rural settings. This study therefore, provided a contextual information in that regard.



1.3 Main research question

What is the impact of communication in the creation of awareness of HIV/AIDS among the people of Fou traditional area in the Northern region of Ghana?

1.4 Specific research questions

1. What is the knowledge level of people on HIV/AIDS at the Fou traditional area?
2. How can communication be used to improve the knowledge of people on HIV/AIDS at Fou Traditional Area?
3. What are the effects of using communication to create awareness on HIV/AIDS among the people at Fou Traditional Area?
4. What is the appropriate communication channel for the diffusion of HIV/AIDS messages among the people at Fou Traditional Area?

1.5 General objective

The main objective of the study is to assess the impact of using communication to create HIV/AIDS awareness among the people of Fou Traditional Area in the Northern region.

1.5.1 Specific objectives

1. To examine the knowledge level of HIV/AIDS among the people of Fou traditional area
2. To determine the importance of using communication to improve the knowledge of people on HIV/AIDS at Fou Traditional Area
3. To examine the effects of using communication to create awareness on HIV/AIDS among the people at Fou Traditional Area
4. To identify appropriate communication channels for diffusing HIV/AIDS messages among people at Fou Traditional Area



1.6 Significance of the study

The study findings have provided the needed information concerning how the people of Fou Traditional Area in the Northern region received information on HIV/AIDS. This would help program planners especially those in the Northern region plan a well coordinator activities on what best channel could be used to reach the people in the study setting with the message of HIV/AIDS. The study had also identified the effects of using communication to disseminate HIV/AIDS information to residents in the study setting which would be beneficial to health policy makers in designing the appropriate communication and information channels to help in the fight against the HIV/AIDS menace.

The findings from the study would serve as reference material for the Ghana AIDS Commission, other governmental agencies, such as the Ministry of Health (MOH), Ghana Health Service (GHS), Non-governmental organizations, private institutions who wants to disseminate HIV/AIDS information to people in rural communities.

The study would add to the existing literature in the area of HIV/AIDS awareness among people especially in the Fou Traditional Area in the Northern region of Ghana. Students and other researchers interested in conducting similar studies in the study area would use the findings as a baseline line data to advance their arguments. The findings would also provide opportunity for students at the University for Development Studies where the final copy is available for reference.



1.7 Scope of the study

Using communication to create awareness on HIV/AIDS is a very complex concept to handle in one single study because it has many dimensions to investigate. Therefore, narrowing the study to a specific area would assist the researcher to gather the required data within the limited time frame for the study. As such, this study only concentrated on the impact of using communication to create HIV/AIDS awareness among the people of Fou Traditional Area. The study was guided by four specific objectives. With dimensions on knowledge of HIV/AIDS, importance of using communication to create HIV/AIDS awareness, effects of using communication to create HIV/AIDS awareness and appropriate channel for HIV/AIDS information dissemination among the people in the Fou Traditional Area.

Only persons aged 18 years and above who were residents in the study setting formed the study participants. Even though information that creates awareness about HIV/AIDS were available to the people, most of the communication did not reach the people who were supposed to benefit from it especially in a traditional community like the Fu Traditional Area. The study scope guided the researcher to gather the needed data within the time framed for the study.

1.8 Organization of the study

The study was structured into five chapters. Chapter one provided a background knowledge of the study and state the problem statement, main research question, research questions, research objectives, significance of the study and scope of the study. Chapter two presents the review of related studies on the topic from a global, Ghana and local perspectives.



Chapter three examines the methodology of the study. It explains the study setting, the chosen research design, study population, sample size determination, sampling technique, data collection tools, data collection procedure, study variables, and ethical consideration. In chapter four, data gathered was analysed, presented and discussed. Chapter six provided the major findings, conclusions and recommended based on the study's findings.



CHAPTER TWO

Literature Review

2.1 Introduction

This chapter examines important empirical and theoretical works related to communication and HIV/AIDS constructs among people across the world. The chapter provided a context to the various themes of the study and helps provides a rationale in the literature. This assisted in providing a direction for the methodology that was used. Different searches were done from databases to gather relevant studies. These search databases included; CINAHL, Medline, Biomed, books related to communication and HIV/AIDS, Google Scholar, Google and PubMed. The content of the chapter is based on sub titles related to the concept of the research. The first part presented few concepts related to HIV/AIDS and communication.

The second part presented the empirical studies on knowledge of people on HIV/AIDS, how communication can be used to improve the knowledge of people on HIV/AIDS, effects of using communication to create awareness on HIV/AIDS among people and appropriate communication channels for the diffusion of HIV/AIDS messages to people.

The third part presented the theoretical foundation of the study. This study adopted the Diffusion of Innovations Theory as a theoretical basis. There is a summary at the end of the chapter to put the review in context.

2.2 Concept of HIV/AIDS

The Human Immunodeficiency Virus /Acquired Immunodeficiency Syndrome (HIV/AIDS) has rapidly spread to many countries in the world since 1981 and has become



a global health pandemic (Hu, Taylor & Chen, 2020). Across the world, existing studies continue to point that, HIV/AIDS is a major health problem and its dimensions are rapidly growing in Eastern Mediterranean and Middle East countries, such as Iran and developing countries (Dzah, Tarkang & Lutala, 2019).

Reported incidence of the disease is significantly higher among young persons with new cases occurring in the aged brackets of 15-25 years. These cohorts of people are the main risk of HIV/AIDS throughout the world due to varied factors such as curiosity, peer pressure, lack of knowledge and skills, unprotected sex, sex with multiple partners, travelling to risk places and zones and in most cases, drug abuse (Pourjam et al., 2020).

The reported HIV prevalence in Ghana for the past years has not been stable. Although the prevalence rates of HIV/AIDS in Ghana are not as high as in other countries, the disease still poses a challenge to the country's overall socio-economic development (Cunha et al., 2017). This reemerging disease is one of the most important health problems around the world due to the series of mental, behavioural, emotional, and physical problems it causes (Cunha et al., 2017). In sub Saharan Africa, likewise, Ghanaians engage in their first sexual intercourse when they are in high school or of high school age (Alhasawi et al., 2019).

Similarly, reported studies have identified others routes through which HIV/AIDS is transmitted through. Such routes include coagulants that are condensed, blood components contaminated and non-sterile injection that are multiple (Pourjam et al., 2020). It has also been reported that, HIV/AIDS can be isolated from certain body fluids such as blood, saliva, semen, urine and cerebrospinal fluid (Singh et al., 2017; Pourjam et al., 2020). HIV/AIDS has become the leading cause of death in Africa, and it is responsible for one in every five deaths in SSA (Cunha et al., 2017).



It is important to state that, sub-Saharan Africa (SSA) is the region mostly affected in the world due to varied factors including ignorance with about two-thirds of the infected persons (Kharsany & Karim, 2016). Empirical studies further revealed that, even in the general population, the majority (71%) of the people living with HIV (PLHIV) as well as new HIV infections (70%) and AIDS related deaths (74%) across the world are recorded to SSA (Alhasawi et al., 2019).

Similarly, Ghana registered about 250 232 cases of PLHIV between 2006 and 2014. Of these, 92% were reported to be adults aged between 15-49 years for women and 15-59 years for men) and about 8% were reported to be children (6-59 months) (Masood & Alsonini, 2017). It is important to state that, the adult HIV incidence is estimated to be at 0.07%, with 11356 new infections and 9248 AIDS-related deaths recorded. Added to that, the prevalence of HIV in Ghana is described as generalized over the years, with a prevalence rate of more than 1% in the general population (Masood & Alsonini, 2017).

From reviewed studies, all human body organs can be affected by HIV/AIDS. This is because, the HIV/AIDS involves the immune system. Affected persons have their life quality and satisfaction with life reduce especially in rural communities with limited treatment options. And this usually disrupt all the affected person life like social and economic (Singh et al., 2017; Cunha et al., 2017). The disease affects most the active age group causing reduce social life and high level of lethality. The burden of taking care of affected person is huge to the individual family, friends and the community at times (Pourjam et al., 2020). Due to long period of the disease manifesting, affected person may continue to spread the disease without knowing during the incubation period (Pourjam et al., 2020).



After the person has been diagnosed with the disease and people getting to know about it, people living with the disease counter a lot of challenges in their daily lives. These include been stigmatized among the community members, and even excluded from other social activities (Kharsany & Karim, 2016). Empirical studies also revealed that, persons living with HIV/AIDS faced important resources constraints like finance and even occupation challenges. And these have huge financial implications on the individual as they lose confidence among themselves (Pourjam et al., 2020). Currently, effective communication through education and prevention programs among people are the best approaches to prevent the disease in the world (Kakkar, 2020).

2.3 Concept of communication

From the beginning of the human race, very simple and traditional forms of communication were employed to spread information among community members. These forms of primitive communication have been transformed and refined and been used till today in most societies across the world. But as times changes, communication became very complex among human beings and different approaches began to emerged in the world (Nsereka, 2013).

For people in Africa, they had already unique informal ways of communicating among themselves including whistling and use of old traditional songs to gather people together (Unde et al, 2020). As such, Africa for the past decades never struggle to reach to themselves by way of communication. This has been captured as Africans had enough forms of communication like firewood in the forest to cook her food... (Ukonu & Wogu (2008; p1).





There is no single explicit definition for communication. As such, in very simple terms, communication is a form of interaction by the people and for the people on a social issue. In traditional concepts of communication, it encompasses the exchange of information that is common among the people culture including shouting to announce to people the need to gather predating the era of the preliterate to the pre-modern man communication system (Ukonu & Wogu, 2008).

In ancient times, people used to communicate to each other using unique objects and this was a way of life of those who understood the meaning of the object (Ukonu & Wogu 2008). The people at the times enjoyed the symbols of communication because it was intrinsic to their lives. As times changes, different forms of communication among the people emerged (Nsereka, 2013). Ukonu and Wogu (2008) observed in their report that, Africans cherished their traditional forms of communication because it was used to enhanced their lives and prevent discord. And this was culturally accepted among all of them as they presented specific cultural values and practices of the people.

Similarly, scholars in Africa forms of communication stated that the people at the time used the town crier to spread information, use the talking drums to communicate, use various traditional groups in the communities to communicate. Others also used the symbols of the traditional rulership like the staff to communicate among themselves (Nsereka, 2013). Added to that, others used the horns and the drums including birds to communicate among themselves.

These constituted the nexus between the folk and the media in Africa on how information was sent to every one person who needed to know about it. At the time, these messages were often communicated over a long distance of time and people depending on the content

of the message acted on it very well. And these at times took the form of oral traditions like the mythology, signs, oral literature like poetry, story-telling, folk takes, proverbs, riddles and jokes among others that were used to communicate.

In other communities, people were also using dancing, drama, masquerades and ritual to communicate among themselves (Ukonu & Wogu 2008). Empirical studies have revealed that, traditional forms of communications that were employed promoted unity of purpose among the people (Zezeza, 2009). In Africa context, people, understand the meaning of how they often communicate with symbols and others objects from one person to another (Cynthia, 2008).

According to the Africa perspectives, people continue to employ different communication methods to disseminate information about health-related issues especially within the same cultural background. Those messages are usually intended to send goodwill to people so that they could implement better activities to encourage people to use it. As such, different people will use different methods to implement varied communication to improve people knowledge of a concept (Ukonu & Wogu, 2008).

Empirical studies have revealed that, Africans have belief in their communication systems because they perceived them to be very credible and encompassing a lot of information.

The only disadvantage of the method is that is less effective and could not reach a large number of people. A blend of the traditional and modern systems in complementary fashion in a manner that appears satisfactorily (Ukonu & Wogu, 2008).

Therefore using communication in the traditional method could be used to improve people knowledge since local people are aware of the community members are familiar with the traditional method. Communication system are critical to promote good behaviours since



the messages are easily understood and useful for them to implement them effectively (Ukonu & Wogu, 2008).

Studies have revealed that using the interpersonal communication and involving the modern media leads to interesting socio-cultural results on how people are reached with the cultural values couple with the medium of communication for effective integrated communication. Complementing the traditional and modern method helps people get better understanding of the information (Nsereka, 2013). It is important to state that, generally a blend of the two methods would help people promote and ensure effective campaign on health-related issue.

For instance, the use of the radio could promote massive education among people in different ways at the same time. But does not necessarily mean that, the modern media should be used instead of the traditional means (Ukonu & Wogu, 2008). In the same way, scholars have revealed that, the role of using the traditional and modern methods of communication helps in achieving an effective communication among the people and by extension helps in preventing the challenges that confront the people especially in rural areas amidst HIV/AIDS perils (Pfanner, 2007).



2.4 Knowledge level of HIV/AIDS among the people

Across the world, for the past four decades, experts have been making frantic efforts to fight the HIV/AIDS pandemic with significance success stories in some countries such as Thailand (Kharsany & Karim, 2016). However, across Africa, successful responses have addressed sensitive social factors surrounding HIV prevention, such as sexual behaviour, drug use, and gender equalities, countered stigma and discrimination, and mobilized

affected communities, but such responses have been limited to specific areas (Kwagonza et al., 2020).

Empirical studies have revealed that, knowledge of people regarding HIV/AIDS serves as the cornerstone in the fight against HIV. It has been revealed that, knowledge regarding HIV/AIDS is a powerful way of promoting positive attitudes as well as engaging in safe practices (Kwagonza et al., 2020). Good knowledge of people regarding HIV/AIDS in turn is expected to determine people's sexual behaviour (Alhasawi et al., 2019). Across sub Saharan Africa, interventions have been implemented to increase people awareness on HIV/AIDS transmission with the aim of overcoming misconceptions help prevent people behavioural change with the view of safe practices. The practices of stigma against persons living with HIV (Dzah, Tarkang & Lutala, 2019).

In most studies conducted across SSA to examine people knowledge on HIV/AIDS. Findings showed that knowledge of people regarding HIV/AIDS has been average or poor, with misconceptions on high-risk practices among participants and a negative attitude towards PLHIV (Ibrahim & Sanda, 2019). Misconceptions were also found in studies conducted in India and Afghanistan where participants believed, for example, that HIV can be transmitted through toilet seats or mosquitoes bites and had no better knowledge on how to prevent the disease (Mbangowah, 2020).

Misconceptions were equally found in most people knowledge regarding HIV/AIDS conducted in different parts of the sub region such as Nigeria, Botswana, and Gabon (Karasneh et al., 2020; Hu, Taylor & Chen, 2020). In all these countries, it was found that, people did not want to be associated with PLHIV. Most people even thought that, HIV/AIDS can be transmitted through handshake.



A study was conducted by Kharsany and Karim (2016) to examine the knowledge of people on HIV/AIDS. The study found that study participants had moderate knowledge on HIV/AIDS at the time of the study. The study found that, there was a noteworthy difference between male and female in terms of knowledge regarding HIV/AIDS ($p=0.013$). There was no significant difference between educational status of people and knowledge of HIV/AIDS ($p=0.123$).

The findings of the Analysis of Variance (ANOVA) revealed that there was no significant correlation between marital status and practice of people and knowledge regarding HIV/AIDS ($p=0.230$). However, there was no significant difference observed between occupational status of people and knowledge regarding HIV/AIDS ($p=0.013$).

In a related development, studies have found that, there was a direct relationship between sexual behaviour of people and misconceptions in HIV knowledge. The studies found that, most of the participants knew that HIV/AIDS could not be transmitted through handshake (83.15%). The study also found that, study participants cited that, wearing the clothes of an HIV-infected person (69.7%) was a risk factor for transmission. It was also showed that, majority of the participants cited that, mosquitoes bites represented (70.1%) was identified as a source of transmission of HIV/AIDS.

The findings further showed that, about 74.2% of the study participants cited that, HIV/AIDS could be transmitted through witchcrafts while few of the study participant also mentioned that, using the same toilet seat with an HIV-infected person was a risk factor for transmission (Dzah, Tarkang & Lutala, 2019). Similarly, Alhasawi et al. (2019) revealed that, in Libreville, Gabon, using a cross-sectional survey, the findings showed that, about 78.3% of the study participants cited that HIV could be transmitted by eating from the same



plate, drinking from the same glass, wearing the same clothes and sharing a toilet with PLHIV.

In a related development, a study conducted by Kharsany and Karim (2016) found that, knowledge of people on HIV/AIDS was moderate. The findings showed that, majority of the participants representing 67.3% indicated that they knew the causes of HIV/AIDS. Majority of the participants (56.5%) revealed that, they consistently used condom during sexual intercourse serve as a means to prevent the spread of HIV/AIDS. Zuma et al. (2018) revealed that, being faithful to their partners was a way to prevent the spread of HIV and people knew that a healthy-looking person can have HIV/AIDS. The findings further revealed that, participants said HIV/AIDS cannot be transmitted through sharing of food, witchcraft, and shaking hands with a HIV infected person.

The sources of HIV/AIDS information reported by subjects included television, radio, newspapers, periodicals, discussions with neighbors and friends. There were significant differences in sources of information based on gender, occupation, educational level and age (Anywar et al., 2020). In a related development, Cunha et al. (2017) revealed that those who were engaged in premarital sexual intercourse were at risk of not preventing the spread of HIV/AIDS. It was further revealed that, communication was used to educate people about the need to reduce the risky behaviours among themselves.

According to Kwarteng, Skokova and Agyemang-Duah (2020) mothers had no knowledge of how HIV/AIDS can be transmitted from the mother to the child during birth and so were not going for testing. As such, mothers had no knowledge on HIV/AIDS about vertical transmission.



In a related development, it has been revealed that, HIV/AIDS cannot be transmitted through mosquitoes bites (Chirwa, 2020). As such, people had ideas about mosquito transmission of HIV/AIDS. But among sampled people concerning their knowledge on HIV/AIDS, the findings were found to be good (Mukenge, 2020). Also, it has been found that, people knowledge on HIV/AIDS has been found to be poor (Kefale et al., 2020). There is a relation between people educational status and knowledge on HIV/AIDS. As such, education was found to be a critical variable influencing knowledge of people on HIV/AIDS transmission (Umeh et al., 2008).

2.5 Importance of using communication to improve the knowledge of people on HIV/AIDS

Empirical studies across the world revealed that, communication is at the heart of everything people do in society. Communication to improve people knowledge on HIV/AIDS is central to the learning of people work and leisure interests (Kwagonza et al., 2020). Across sub-Saharan Africa Kharsany and Karim (2016) revealed that, communication is central to improving the knowledge of people on HIV/AIDS. It is particularly important in health care, where people knowledge can be improved to reduce the risk of engaging in unprotected sexual intercourse. Therefore, communication can be used to improve health care of people and help them change their attitude and practices towards sexual activities.

In a study conducted in the Ashanti region of Ghana, it was found that, majority of the people did not have access to good information concerning the HIV/AIDS and as such, their awareness on the disease was low. It was found that majority of the people were



engaged in pre-marital sexual activities and most of them also lack correct knowledge on signs and symptoms of HIV/AIDS (Dzah, Tarkang & Lutala, 2019). Also, studies have revealed that, communication has been instrumental in the promotion of people knowledge on HIV/AIDS. As such, people knowledge was improved with the use of communication concerning HIV/AIDS (Stein et al., 2019).

Similarly, Alhasawi et al. (2019) revealed that, most young people did not have access to HIV/AIDS information due to lack of effective communications. It was reported that, these young people are particularly vulnerable to HIV/AIDS infection because they are mostly engaged in risky life practices owing to lack of adequate communication on HIV/AIDS information. Also, Alhasawi et al. (2019) revealed that, young people are particularly vulnerable to HIV/AIDS due to lack of proper communication about HIV/AIDS awareness.

In the context of the importance of people using communication to promote people awareness, it has been showed that, increase in knowledge of people could be promoted by and sustained through varied ways of communication (Cunha et al., 2017).

Junsheng et al. (2019) revealed that, communication could be used to improve people knowledge about HIV/AIDS. And so, communication was used to educate people about how to prevent HIV/AIDS. Similarly, Kiran and Mahmood (2019) showed that, people knowledge concerning HIV/AIDS can be improved by using communication to raise awareness. Do, Figueroa and Kincaid (2016) showed that, people knowledge on HIV/AIDS can be improved by using communication to plan how to reach the people on HIV/AIDS messages.

Also, Nelson and Bigala (2016) revealed that, communication has not been used to provide enough education to people about HIV/AIDS. As such, it has been used to provide enough



information to secure people about the disease. One of the key challenges facing persons living with the disease is the difficulty with which the patient usually forget to take their medicines very often and this results in difficult complications (Giordano et al., 2016).

Therefore, communication could be used to improve people motivation to take their medications thereby reducing the social problems they face. In Africa, adherence to antiretroviral drugs have not be adhered to largely due to poor management. Using communication would help people to find a suitable way to reduce people cognitive capacities to reduce stigma of people and adhere to their medications (Strandbygaard et al., 2010).

Effective communication is at the utmost importance when delivering information to people on HIV/AIDS awareness especially in rural areas. It has been found that, people awareness on HIV/AIDS would be impaired if they are not adequately educated using the good communication channel. Health care costs and negative patients outcomes would increase if their awareness level on HIV/AIDS are managed well. Different components exist on how communication could be used to promote health delivery but sometimes if care is not taken, poor management may occur. Sometimes, cultural difference as a result of people living with varied cultures could prevent people from accessing health care effective. As such, communication should be promoted to ensure that people are well educated on how to promote good behaviours (Dzah, Tarkang & Lutala, 2019).

Most people are particularly at risk of HIV/AIDS due to several factors such as curiosity, peer pressure, lack of knowledge and skills, and drug abuse (Kakkar, 2020). Empirical studies found that using effective communication strategy and designing effective educational programs on HIV/AIDS offered through group media, scientific seminars,



courses, lectures, and group discussions, can be effective in enhancing people knowledge and changing their behaviours towards HIV/AIDS (Pourjam et al., 2020).

In Bangladesh, a study found that, students knowledge on HIV/AIDS was moderate. The findings showed that, about 56.3% of students demonstrated that HIV/AIDS could be spread via sexual intercourse with an infected person (Wand & Reddy, 2019). Furthermore, the importance of using communication to promote HIV/AIDS and disease stoppage is known in theory. What is usually the challenge is the issue of barriers and few challenges that people face as results of the implementing communication among the people. As a result, the use of the media is very critical in the promotion of HIV/AIDS awareness among people (Ukonu & Wogu, 2008; Duboviks, 2019; Nsereka, 2013).

In a related development, people have also argued that, SMS based messages could be implemented to promote the change of behaviours of people about HIV/AIDS. But SMS usage has not yielded the needed benefits associated with improving the adherence among persons living with HIV/AIDS. For instance, in a randomized controlled trial in Cameroon, findings from the study showed that, persons living with HIV/AIDS adults were not adhering to their medications after the weekly interventions was implemented. But among those who receive the usual phone calls, it was found that, their improvement was better (Mbuagbaw et al., 2012). Similarly, Dowshen et al. (2012) found that, majority of the youth did not rely on SMS to address HIV/AIDS messages about adherence to treatment.

However, Pop-Eleches et al. (2011) and Lester et al. (2010) in a similar study involving participants in randomized controlled trials, revealed that, SMS based interventions could increase ART adherence and as such, the viral suppression among the adults population was improved. Also, empirical studies found that, the use of simple text messages as



reminder among patients improved their adherence at the time of the study. It was found that, simple text messages among the people irrespective of their economic status among mobile phone users help to improve adherence. Therefore, the use of simple intervention in relation to promoting and educating people could help them improve on their health status (Mohammed et al., 2012).

2.6 Effects of using communication to create awareness on HIV/AIDS among the people

Irrespective of people status, the need to get accurate information to help them improve their knowledge on HIV/AIDS has never been in doubt. As such, in making sexual choices, people continue to make decision about how to handle their lives (Dzah, Tarkang & Lutala, 2019). However, across SSA, people have stayed behind as a result of mass communication and telecommunication leading to poor utilization in promoting health among the people (Kiran & Mahmood, 2019). The mass media continue to spread across the world in all forms. As such, people could take advantage of the situation to promote their lives (Zezeza, 2009).

In Africa, people rely on the radio as their sources of information concerning health. Health care worker who intend to promote health among the population depends largely on the use of the radio as their sources of information (Fliegel, 1993). Added to that is the use of the television which has now become very common among people in terms of spreading health information and promotion to people including rural people (Cynthia, 2008).

The sub region has witnessed the massive growth of the number of households using and owning TV as the television channels are now available than ever before. As such, people



in Africa get to watch international news as those media houses continue to broadcast health messages to people (Pfanner, 2007). Across the sub region the number of people using mobile phones continue to rise everyday as a result of people needing information (Zezeza, 2009). With the increase in media, this creates an opportunity to help address HIV/AIDS related knowledge and prevention strategies among the people (Cynthia, 2008; Cunha et al., 2017).

Communication strategy and its application is a good means of creating awareness about HIV/AIDS, its causes and treatments, change person's or group's attitudes about HIV/AIDS, advocate policy changes in favour of prevention and control, creates social norms that favour healthy living (Abaza & Marschollek, 2017; Mohamadian et al., 2020).

A lot of emphasis has been given in recent past to enhance the reach of information, education and communication (IEC) activities on social and health issues. The crux remains to explore the quality and quantity of such activities in disseminating the information and making an impact on the masses (Varghese, 2020; Anywar et al., 2020).

For million of people living with or without HIV/AIDS and others affected by the epidemic, there is an urgent need for information regarding the disease, and for communication with support structures. Information needs vary from basic information on prevention to detailed information on the course of the disease and its treatment, called "treatment literacy" (Kakkar, 2020; Haas et al., 2020).

HIV education has been a key component of the world national's HIV/AIDS response since the early days of the epidemic. The use of goodwill scholars and events centred around World AIDS Day have been important means of raising awareness and ensuring celebrities and top government officials alike work to draw attention to the HIV response effort, raise



awareness of HIV, and help to drive improvements in HIV knowledge so that a more supportive environment can grow an HIV-related stigma and discrimination can be eliminated (Hu, Taylor & Chen, 2020; Asrat, Lund, Ambaw & Schneider, 2020).

As such, Finitis et al. (2014) revealed that, Short message System (SMS) may serve as a pure reminder function to address forgetfulness. The message package could help ensure that reminders promote encouragement to people on how to stay without the HIV/AIDS infection. The authors argued that, SMS can increase motivation through improved changes, based on the believes that people would act on the messages and respond to the health messages (Baran & Davis, 2007; Chirwa, 2020). Messages can also make the need for and benefits of people to adhere to medication for example, (“go and take your drugs for a healthy and successful life”) (Koseoglu Ornek, Tabak & Mete, 2020; Gelfew et al., 2020).

Communication is found to facilitate up to date available information improving knowledge, awareness, and practices of both healthcare workers and general public. Also, it plays a key role in communication between people and public health experts for effective and rapid global response (Karasneh et al., 2020; Onoyase, 2020). In other areas especially in the health care environment, studies have showed that, the quality of interaction between a patient and care provider affects the patients overall opinion of services received (Anywar et al., 2020).

Communication helps people to be aware of HIV/AIDS related issues (Bazzi et al., 2018; Uba et al., 2019). It has also been revealed by Lin et al. (2017) that, communication enhances people knowledge on HIV/AIDS. This has help them to reduce risky behaviours.



Health care workers should be encouraged to constantly ensure that people follow the recommended guidelines in medicines. This could be achieved through effective communication which involves listening to people and explaining the need to stay healthy at all times. It has been argued that, positive communication ensures that, it fosters the best possible delivery of healthcare services (Fu & Zhang, 2019; Anywar et al., 2020). Grau et al. (2020) revealed that, correct message provides people enough information on HIV/AIDS. Cunha et al. (2017) found that, recorded programs is not effective in educating people about HIV/AIDS.

Also, studies have revealed that, ensuring awareness among people on HIV/AIDS in addition to recognizing factors shaping their risk perceptions and communication practices, are vital for the prevention and control of HIV/AIDS (Nubed & Akoachere, 2016; Andrew et al., 2018). In a survey by Kwagonza et al. (2020) to examine people knowledge on HIV/AIDS, the findings showed that majority of the participants represented 54.3% said they had knowledge on HIV/AIDS. The study found that most of the people had comprehensive knowledge on HIV prevention. It was found that, males had lower knowledge on HIV/AIDS transmission from mother to child during breast feeding compared to females ($p=0.0019$).

The findings also showed that, participants who stayed within 5 km radius were 20% less likely to have comprehensive knowledge on HIV prevention (AOR=0.8; 95% CI=0.5-0.92). The findings also showed that, participants who had ever tested for HIV were 1.1 times more likely to have comprehensive knowledge of HIV transmission (AOR=1.1; 95% CI=1.03-1.70). The study found that, participants had knowledge on HIV/AIDS on HIV prevention. Long distance from health facilities reduced the level of knowledge of



comprehensive knowledge on HIV transmission. HIV testing increased the level of comprehensive knowledge on HIV/AIDS testing increased the level of comprehensive knowledge on HIV transmission.

Studies have shown that, positive effects of communication have helped to promote healthy behaviour which is widely acknowledged and could be used across all the various age groups to promote health care delivery. The effect of using communication to promote people knowledge on HIV/AIDS has to do with how health care workers could promote effective based interventions that could reduce the spread of HIV/AIDS among the people especially in low-income countries. Overlying on the media and not assessing the impact on the people may not yield the needed results of how communication could be used to promote HIV/AIDS across SSA (Kemp, 2017; Dit & Bodilsen, 2018).

Government through the Ministry of health should ensure that HIV/AIDS information, education and communication and HIV counselling and testing activities are intensified in rural communities with more emphasizes on communities living in distances of more than 5 km away from health facilities (Dzah, Tarkang & Lutala, 2019; Okpala et al., 2017).

2.7 Appropriate communication channels for diffusing HIV/AIDS messages among people

Empirical studies have revealed that, WhatsApp is regarded as Africa's most popular messaging platform and it is especially the most influential social media platform in countries such as Nigeria, Ghana, Kenya and South Africa (Pfanner, 2007; Varghese, 2020). Despite that communication is disseminated in numerous ways including print media, radio, television, billboards, newspapers and internet (Nelson & Bigala, 2016;



Ogola, 2015). Not all of these media are accessible to everyone and using cellphones to increase the reach of HIV messaging seems an obvious extension (Kakkar, 2020).

In an assessment of appropriate communication for HIV/AIDS among people, Zeleza (2009) found that, the appropriate channels to be used in the promotion of health care delivery are radio, television and newspapers which provide educative and informative information about health to people. The only challenge might be the difficulty of people accessing newspapers especially in rural areas. The findings found that, the poor usually did not get the full benefit associated with the use of communication to provide health care to people as compared to the rich people in the world.

As such, understanding the appropriate channel to reach people on HIV/AIDS may improve the knowledge of people in SSA. It is also important to state that, understanding the difficulty in reaching people with HIV/AIDS messages may help to improve their knowledge using various channels that may not be available to them (Murthy, 2009).

Similarly, Kalichman and Simbayi (2004) found that, educating people about HIV/AIDS serves as a mean of providing knowledge to them. But this should be done by providing them through mass gatherings and at individualized levels where effective and enhanced communication could be upheld.

There is growing concern about the dissemination of health-related messages through instant messaging platforms in order to deal with challenges faced by the people in getting adequate health information (Ojobo, 2016). Every day people recognize the popular slogan that health is wealth and the key to proper monitoring of one's health is tied to getting the right information at the right time. Obtaining the right information at the right time could be attached to appropriate smartphone applications and technologies such as Facebook,



Instagram, LinkedIn, MySpace, Twitter, WhatsApp, and so on. Most of them are used for instant messaging and these messages help in no small way to create health-information awareness among people (Abaza& Marschollek, 2017; Giordano et al., 2017).

In the same vein, Onoyase (2020) found that, mass education of people was the best way to ensure people awareness on HIV/AIDS. Durmazet al. (2019) also found that, mobile phone applications such as WhatsApp and Facebook simplified communication by overcoming the difficulties of face-to-face communication. Kemp (2017) revealed that the number of active social media users across the globe is put at three billion with social media users through mobile devices comprising a large number of people in the world.

Stephenson (2009) found that, individualized messages would not improve knowledge of people on HIV/AIDS. Others scholars argued that, people are always at risk for ineffective communication and should be identified during the visits to hospitals and at community durbars. This would go a long way to improve their knowledge. Communication should be provided to people to enable them get the desire outcomes without any stress (Reuben & 2020; Njoh, 2018; Brooks et al., 2017). People should also be allowed to have access to information on HIV/AIDS by way of communication among those who are sick and are attending the hospital. Patients while in the waiting room, patients would have the time to peruse patients information and complete assessments. Supplemental information characteristically performs as a motivation for patients to pledge discourse with their health care provider (Jibril, Suleiman, Abdullahi & Adamu, 2018).

James et al. (2004) revealed that the media is considered as a source of channel for people education on health related activities. Also, Mandela (2002) revealed that, mobile phones





should be used to send information about HIV/AIDS. This would serve as reminder on when they should report to the health care facilities for treatment and health care delivery. Even before the end of the healthcare meeting, patients considerate should be evaluated and any information discussed should be provided to the patients in a basic format for them to comprehend matters connected to HIV/AIDS (Mbangowah, 2020; Ibrahim & Sanda, 2019). WhatsApp is regarded as Africa's most popular messaging platform and it is especially the most influential social platform in countries. This is a pointer to how useful WhatsApp can be for message broadcast in the world especially health-related messages as people strive to attain a healthy population (Giordano et al., 2017).

According to Baruah (2012), the usage of the social media has some inherent advantage which include among others; it is an excellent platform for sharing of idea, it functions as a communication tool and thereby bridging communication gap and it serves as a source of information and it is an important marketing tool and it is an important customer interaction and crises communication tool.

Studies have also showed that, communication that takes less face to face such as the use of posters on billboards and flyers with printed information should be encouraged among people who could read. This would help ensure that people are well educated on the need to help promote sound health education and promotion. Such channels should be used to promote health promotion and education as fast as possible especially in areas where it is not appropriate to talk directly to the people (Michailidis, Nastis & Loizou, 2012; Malhan & Rao, 2007).

But the content of the message should be validated before sending the messages to the people about how they could improve their knowledge on HIV/AIDS thereby reducing the

factors that are likely not to encourage people to talk about HIV/AIDS. As such, the message of the HIV/AIDS should maintain self image and reduce the practical challenges likely to affect the use of information. The materials should be employed and provided in a manner that promote good language among the people (Mohammed et al., 2012).

In various countries, depending on local people need, a paid advertising was also undertaken to educate people on matters related to health (Lucky & Achebe, 2013). Most experts can put up billboards showing the importance of people using condoms to prevent HIV/AIDS. The use of such medium to communicate provides the needed education for people concerning HIV/AIDS (Kiplang'at & Ocholla, 2005). Sometimes experts move from one community to another to educate people on HIV/AIDS about the disease. This also serves as a means for creating awareness of people on HIV/AIDS (Giordano et al., 2017).

2.8 Theoretical foundation of the study

In this study, the theory in relation to Diffusion of Innovation proposed by Rogers in the early 1962 guided the reviewed of the literature and the study. It is important to state that, the theory got its foundations from the communication which was used to show how in the course of time people would gain the desire over an idea that is passed over to them. This idea is usually passed through a specific people by a channel for them to gain a good momentum (Roger, 1976). In the context of community members, people would have to know what exactly they are been told of about in terms of the HIV/AIDS to be able to effectively applied in the course of improving their knowledge on HIV/AIDS.





The theory was further improved among the population as how people over time community members come to know of an idea by way of diffusion (Rogers & Nichof, 2002). And this happens when Everette Rogers decided to mixed information flow among people and how people personal influence could affect their activities in relation to the new idea. Over the long period of time that this was been worked on, people in the area of sociology, anthropology and communication experts decided to improve on the need to help them get better access to information health issue.

The theory at since the time of its foundations had made communication flow of new ideas cardinal as an integration approach. People would naturally accept new ideas if they come to realize that, it is very good while few may still hold onto their own ways of doing things. In the context of the theory known as diffusion, when people applied the new knowledge in this case, the HIV/AIDS and this comes to support their ideas of making the innovation effective in their case, this part makes people better in that regards (Simtowe & Zeller, 2006).

Effective communication occurs when people try as part of their social system, learn new ideas and derived the benefits of the new idea about HIV/AIDS. Every person needs to be innovative and active in the work of others methods to gather the desire benefits (Roger, 1976). People application of new methods would depend on the knowledge they have acquired and what time they would be able to get effectively to make their behaviours and attitude to change over time (Rogers & Scott, 1997).

In the early days of the theory, much studies were carried out to support how effective innovation could help people derived the desired benefits of innovation. But along the line, it has been proven that, people pass through stages before they could finally adopt a new

innovation and this would help them gather the effective methods for applications. People become aware of innovation when they become aware of the method to be used through information and other communication channels. These are effective when they adopt better innovation and encouraged others to try and apply the same method for effective application of the innovation.

People also learn about new innovation from community members especially those with years of experience. These are usually people who adopt to innovation early so that they could be used to educate people in the community about the new innovation. There are usually also the late adopters. These people may not be so active to implement the method and usually would love people to try and encourage them.

Communication is very good one since it would help improved people knowledge and this usually have a great impact on the lives of the people who are the beneficiaries of the program. The innovation is always effective when people utilized it to their advantage and try to help the rests manage the method so effective and appropriate. As such, people would continue to use and apply innovation if only communication is effective and rightly applied. Communication functions as a way to help make development and bring social change by gaining a desire behaviour change where people would not engage in risky behaviours.

Among people, the adoption of innovation is motivated in many ways. It is the motivation of this desire that affect the way people use and apply innovation in the change of behaviour for effective gains. The source of innovation and economic activities help people to use the right method for effective gains. This usually becomes beneficial as people learn and



become aware of the benefits from sources such as friends, the media, friends and at rural communities from opinion leaders.

However, in rural areas, people become distracted as a result cultural and social norm in varied forms. This usually affect the application process very effective leading to erratic adoption especially among the late adopters of the innovation (Rogers & Scott, 1997). People may have to be convince that the method they are trying to apply are good and this would encourage them to be good.

At the rural communities, people need to know and be connected to other media sources which could promote the use of HIV/AIDS apart from the informal sources which may sometimes not be effective and appropriate for the people in the process of adopting the innovation. Sometimes people become used to the adoption as a result of the innovation that promote their activities perception. The adoption of the innovation promotes people abilities to implement and get the desire results as they make progress every day about their work.

A more holistic approach to implement how well people become so well could help them to become use to the activities of their ways. Encouraging people to adopt the innovation and using communication who have gain the benefits of the innovation working effectively would help them get the needed results in the course of time. People should be told of the challenges they may face in the course of their behaviours as they work towards improving their activities to the benefits of the whole people in certain areas where others have not got the need to implement them.



2.9 Conceptual framework

The conceptual framework shows the relationship among the independent variables and the dependent variable. This conceptual framework was used to present a social analysis of the study variables that would assist the study to generate data to assess the appropriate means of improving HIV/AIDS messages among the people in the rural areas.



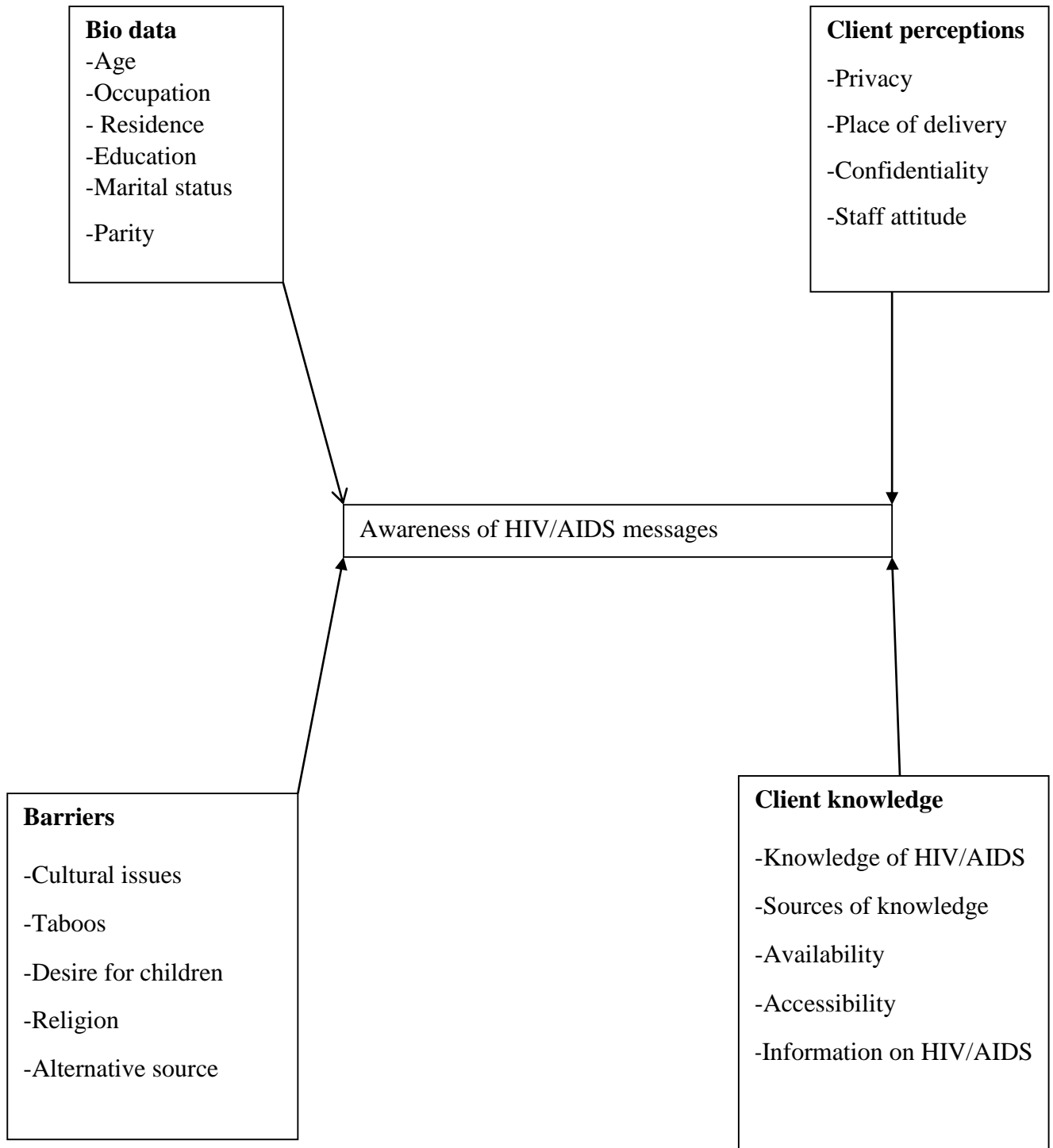


Figure 1.1: Conceptual framework

Source: Author's own construct, 2020

In this conceptual framework in Figure 1.1, knowledge of community members is measured on multiple levels. Age was examined as a demographic variable which impact the use of communication in the creation of awareness of HIV/AIDS. Age at first sexual intercourse does not solely affect health seeking behavior but does so indirectly by interacting with other socio-demographic factors. Parity, marital status, education, locality, occupation and income.

The conceptual framework in Figure 1.1 also showed the analysis of how people perception of the use of communication in the creation of awareness of HIV/AIDS could influence their sexual reproductive health seeking behavior. People who may perceived the services provided to them as not protecting their identity enough, such an adolescent may not go back there again for such service. Others who also think that staff attitude towards them is not friendly enough may not be confident to seek sexual and reproductive health services which was linked to the barriers affecting communication.

Therefore, social analysis of reproductive health among people emphasizes the need to pay due attention to conceptual issues around reproductive issues. Such a discussion should move the analysis from the macro to the local level and incorporates community perspectives, including those of the most vulnerable primary stakeholders.

From the conceptual framework, people knowledge on the use of communication in the creation of awareness of HIV/AIDS is also important since that influence health seeking behavior. Informed knowledge may compel people to go for HIV/AIDS services or information. The barriers militating against the use of communication in the creation of awareness of HIV/AIDS were identified. People religious affiliation, culture, taboos



prevailing in the community and availability as alternative sources such as drug peddlers also influenced people decision making about HIV/AIDS.

The dominant conceptual framework presented for understanding the use of communication in the creation of awareness of HIV/AIDS is highly individualistic. It is demonstrated that such a conceptualization is flawed, as people behaviour is shaped by social relations and institutions within which they find themselves

2.10 Summary of the study

This chapter reviewed relevant literature related to impact of using communication to create HIV/AIDS awareness among people. The literature was searched and reviewed in varied sources. Most of the studies reviewed in this work were non-interventional studies. Majority of the studies reviewed conclusively stated the methodologies that were employed to conduct the studies. Although descriptive in nature, all the studies pointed to mixed knowledge of people on HIV/AIDS and effects of using communication to raise awareness of people on HIV/AIDS. From the reviewed articles, there were justification why people should use communication to create awareness among people on HIV/AIDS. The reviewed studies also cited appropriate communication channels for the diffusion of HIV/AIDS messages among people.

The empirical studies show no study at the study setting about impact of using communication to create HIV/AIDS awareness among people, due to which no concrete information on importance of using communication to improve the knowledge of people on HIV/AIDS in the study setting is available. There appear no early plans to work on this



area. Therefore the present study attempted to explain the impact of using communication to create HIV/AIDS awareness among residents of Fou Traditional Area.





CHAPTER THREE

Research Methodology

3.1 Introduction

This chapter presents the various sub sections that were considered in this study. The sub sections included the study area, study design, data needs and sources, choice of sample size, methods of data collection, data processing techniques, methods of data analysis and ethical considerations.

3.2 Study Area

Fuo is a peri urban community in the Sagnarigu Municipality in the Northern Region of Ghana. It is located in the Eastern part of Tamale. It is one of the fastest growing areas in Tamale. The area lies between latitude 9° 16 and 9° 34 North and longitude 0° 36 and 0° 57 West (GSS, 2010). In the area of its health needs, it has a community hospital which caters for the needs of the surrounding communities

The community is characterized by a single rainy season, which starts in late April with little rainfall, rising to its peak in July-August and declining sharply and coming to a complete halt in October-November. The dry season starts from November to March with day temperatures ranging from 33°C to 39°C, while mean night temperature range from 20°C to 26°C. The Mean annual rainfall ranges between 950mm - 1,200mm. The area experiences occasional storms, which have implications for base soil erosion depending on its frequency and intensity especially when they occur at the end of the dry season. The situation also has an implication as staple crop farming for instance is highly restricted by the short rainfall duration.





The main vegetation is grassland, interspersed with guinea savannah woodland, characterized by drought-resistant trees such as acacia, (*Acacia longifolia*), mango (*Mangifera*), baobab (*Adansonia digitata* Linn), shea nut (*Vitellaria paradoxa*), dawadawa, and neem (*Azadirachta indica*). Major tree species include the sheanut, dawadawa, and mango, which are economic trees and form an integral part of livelihood of its people. There is also the neem which mostly has some medicinal use. The vegetation is also annually affected by bush fires, which sweep across the savannah woodland. There is therefore the need for education and stringent measures to reduce the bush-fires.

The soil is generally of the sandy loam type except in the low lands where alluvial deposits are found. There are also deposits of gravel which are sold for economic value. The nature of the soil makes it highly vulnerable to sheet and gully erosion. This condition happens primarily because of the perennial burning of the natural vegetation, leaving the soils exposed to high weather intensity. The continuous erosion over many years has removed most of the top soils and depleted its organic matter content. This situation does not allow the soil fauna to thrive, leading to low agricultural yields.

Traditionally, there are seven sub-chiefs. They include, Taha Naa, Kulaa Naa, Wovoguma Naa, Kpintaliga Naa, Kpawumo Naa, Gbrimah Naa. The structure of the traditional system does not only promote the culture of the people, but it enhances a peaceful and harmonious environment for development

Though one can still find other tribes along the Fuo community-Dagombas are the predominant ethnic group. There are other tribes in the community which include Gonjas, Akans, Farafaras Kasenas and many more (GSS 2010). This implies the people of Fuo

community co-exist peacefully with varied ethnic groups, which serve as a very good ground for investment.

People who profess Islam form the majority group in the community. However, it is worth mentioning that, there are pockets of other religious affiliations especially in the peri urban settlements. These include Christians and Traditional Believers. The popular festivals that are celebrated in the Fuo Traditional area include the *Bugum* (fire) and *Damba* festivals. The *Bugum* festival is an annual festival celebrated by Dagomba who are the main ethnic group in the community.

Generally, the Fuo community has two main settlements patterns which include the linear, where most of the communities and houses are along the road side as well as nucleated where villages or houses are clustered especially around the area of Kpawumo, Taha, Gbrimah and Gbalahi. The state of roads in the community is poor. The community can be accessed by various roads but the main one is the only tar road from Tamale town to Taha. The only place that has its roads tarred is the SSNIT area. The rest of the network is made up of feeder roads which are dusty during the dry season and renders almost such untarred areas impassable during the rainy season. This makes transportation of farm produce and other economic activities very difficult especially during raining period. It is therefore important to improve road infrastructure to boost the community's economy activities especially during the rainy season.

In the area of utility, the Fuo Community is connected to the national grid and many of the houses have electricity which ensure micro economy activities. Many of the women have fridges in their homes which empower them to get their daily bread. It also gives them the



opportunity to listen to news and educational issues. The area is also connected to pipe born water which help ensures their health needs. On the contrarily there some few areas which do not have pipe born water which include Kulaa, Kpitaliga, Wovuguma and Gbrimah. However, it is refreshing to note that these communities have bore hole water system. This will also ensure their health needs.

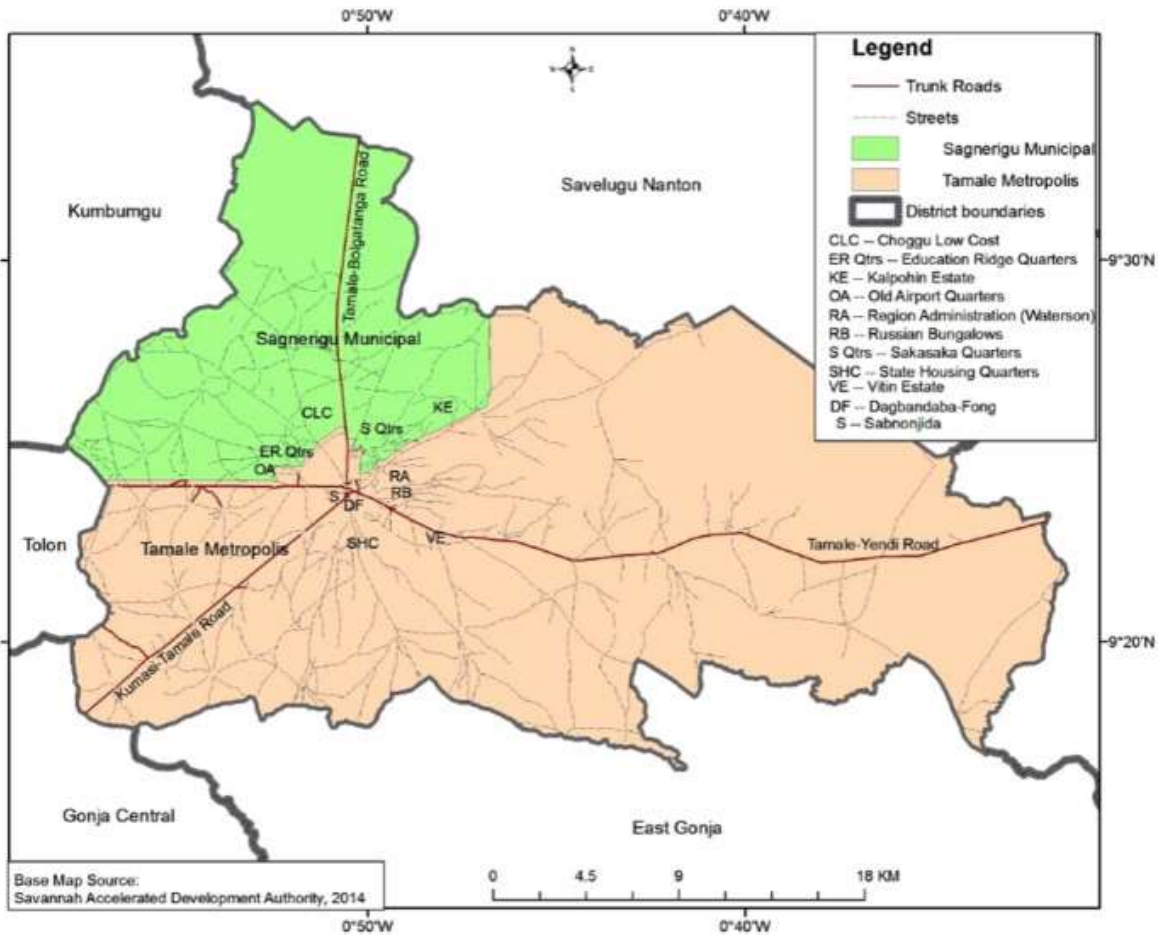


Figure 3.1: Map of Sagnerigu District

3.3 Research Design and Approach

The study used descriptive cross-sectional study design for the data collection. This type of study design gathers data at a single point in time (Creswell, 2014). There are two types of cross-sectional design - single cross sectional and multiple cross-sectional. In this case, the researcher employed the single cross-sectional design. The purpose was to draw only a sample from the population of interests only once. There was no second chance for participants to go and come back to participate in the study. As such, this design helps the researcher to capture multiple variables at the time of the data at a snapshot and also used to prove and/or disprove assumptions about the study topic in the study setting. Added to these, is the fact that, this study design is not costly to perform and does not require a lot of time.

The study employed both quantitative and qualitative approach to gather the primary data. Quantitative data was collected through questionnaire administration. The merit of using quantitative approach for data collection is to make it easy for respondents to choose from pre-determined answers. However, the disadvantage of this approach of data collection is that new findings outside what the researcher provide for study participants may not be given by respondents in answering the questions. Nonetheless, this approach was particularly useful for the data collection. The qualitative method involved the use of key informant interviews. The associated data was then presented and analysed verbally or non-numerically, through narrations, explanations and quotations.



3.4 Data Needs and Sources

The data was gathered from primary and secondary data sources. The primary data was obtained using a structured questionnaire. The questionnaires were administered at the Fuo Traditional area by researcher and research assistants within a period of two weeks. An average of 45 minutes were spent on each respondent. The review of documents from health facilities located in the study area formed the secondary data collection. The qualitative data were obtained from key informants at the study setting using structured interviews. Interview guides was used because the researcher considered it to be more convenient for data gathering. The interview guide was developed based on the research questions and the literature reviews. Probing as a communication strategy was used as a clarity seeking method to interact with the study participants. The participants were informed about the language to use and permission to use any language or clear any information before answering a question.

3.5 Sampling Technique

Purposive and simple random sampling techniques were used in this study. Fuo community was purposively selected out of many communities in Sagnerigu Municipality. The sample size for the study was 120 participants. These study participants included residents who were aged 18 years and above and have stayed in the community for more than two years and were readily available to participate in the study. On the other hand, the study excluded residents who were less than 18 years of age at the time of the study and have stayed in the community for less than two years.



The study employed purposive sampling technique to sample the selected participants for the study. According to Creswell (1998) purposive sampling technique is a type of sampling technique in which the researcher relies on his/her own judgement when choosing study participants to participate in a study. This sampling technique was used because it is widely used in qualitative research for the identification and collection of information-rich in subjects for the most actual use of scarce materials (Yin, 2011). Also, the main goal of purposive sampling is to focus on particular characteristics of a population that are of interest, which will best enable the researcher to answer the research questions. Rather, it is a choice, the purpose of which varies depending on the type of purposive sampling technique that is used. The study employed this type of sampling method to select adult persons within the traditional areas who have stayed in the community for more than two years. This sampling method employed helped to identify the knowledge of people on HIV/AIDS. It also helped the researcher to examine how communication could be used to influence positively people awareness on HIV/AIDS.

Simple random sampling technique was used only in a household where there were more than one eligible respondent. With this, a “yes” or “no” written on pieces of papers was balloted and all those who picked “yes” formed the respondents in those houses.

3.6 Methods of Data Collection

For this study, a structure questionnaire was designed for the primary data collection. Bryman and Bell (2015) argue that a questionnaire provides the opportunity for the researcher to collect diverse examples of data. As such, the questionnaire should be properly designed to reflect the research objectives. As such, the design of the questionnaire should be well structured to generate reliable results. The data was collected



using a structured questionnaire. The questionnaire was written in English language and put based on the study research questions. This enable the research team the needed chance to gather the right data and describe the nature of the variables that were collected on HIV/AIDS and communication better.

The reliability of the questionnaire was examined before the data collection at the study setting. A pre-test was done first in Nyankpala to assess whether the questionnaire designed would actually gather the data to answer the study objectives. After the pre-test, information that come from the pre-test help shape the questionnaire. Study participants that were used for the pre-test were different from those that were used for the actual study. Since the geographic location of the pre-test was different from the study setting. Also, the study supervisor, friends and a statistician were consulted for their inputs before the first draft was pre-tested using five respondents. The essence of allowing them to validate the questionnaire were to ensure that the instrument gathered the actual data it was designed for.

On the other hand, face to face structured interview guide was used to gather the primary data. Participants were told of the purpose of the study. The structured interview guide was developed to collect data from the respondents. At the field before the data collection, self-introduction was done courteously and this helped put respondents at ease. A brief introduction of the researcher was done after which a dedicated specific time of at least forty-five minutes in conducting the interview was done. A quiet location was used, uninterrupted telephones or other friends or family members were avoided during the process. This allowed concentration whilst giving good impression about the research to the participant.



General questions were asked about the study participants background before the main questions. Study participants were told of the nature of the questions. The data was gathered from the responses of the study participants. The researcher thanked the study participants before he exited the interview.

According to Morse (1994), structured interviews in qualitative research do not reflect any preconceived theories or ideas and are performed with little or no organizational knowledge of the topic. This method of data collection assisted the researcher to get a better view of the questions that are used.

3.7 Data Processing Technique

The completed questionnaire was cleaned and coded before entry. The data was entered into Statistical Package for Social Sciences (SPSS) windows version 26.0 and Microsoft word Excel 2016 for analysis. The qualitative data was analysed using content analysis. This involved mainly categorizing the data collected from the study participants into sub-themes. During the process of the data analysis, responses that were incomplete were expunged from the findings. The description of the data gathered was done based on the study research questions to put the analysis in context. One advantage of this method is to keep out the researcher's personal thoughts about the subject. The study employed this method of analysis, because, HIV/AIDS is a very sensitive area and may not need to be misrepresented by the facts on tables or charts.

3.8 Methods of Data Analysis

The data was analysed and presented with both descriptive and inferential statistics. The findings were presented using mainly frequency tables and charts. The inferential statistics was done using Chi-square test and cross tabulations. All statistical tests were performed



using two-sided tests at the 0.05 level of significance. The qualitative data was analyzed using thematic analysis.

3.8.1 Knowledge level of HIV/AIDS among the people

This objective was analysed using descriptive statistics. Simple frequency distribution tables and charts were used in presenting the information. According to Fisher and Marshall (2009) this type of data analysis makes presentation of information easy to understand. The qualitative part of the responses was also embedded in the findings.

3.8.2 Importance of using communication to improve the knowledge of people on HIV/AIDS

This objective was analysed using descriptive statistics. Simple frequency distribution tables and charts were used in presenting the information. The qualitative part of the responses was also embedded in the findings.

3.8.3 Effects of using communication to create awareness on HIV/AIDS among the people

This objective was analysed using inferential statistics. Chi-square test and cross tabulations were used to establish a relationship between the dependent variables and independent variables. This objective was also analysed using thematic analysis to put the findings in context. Coding of the data was done and then categorization of similar themes. Thematic organization was then used to present the results.

3.8.4 Appropriate communication channels for diffusing HIV/AIDS messages among people



This objective was analysed using descriptive statistics. Simple frequency distribution tables and charts were used in presenting the information. According to Fisher and Marshall (2009) this type of data analysis makes presentation of information easy to understand. The qualitative part of the responses was also embedded in the results.

3.9 Ethical Considerations

Permission was sought from opinion leaders at the study setting before the commencement of the study. Permission was obtained from household heads before the interaction with respondents. This study did not have physical risks to study participants. However, due to the sensitive nature of HIV and AIDS issues and cultural connotations relative to discussing these concepts, some participants experienced some distress and did not want to be recorded and as such, no recording tool was used during the interviews. Additionally, the potential of the norm of respect for adulthood and the esteem accorded to health workers by especially rural Ghanaians to subtly coerce participants who may otherwise not be willing to participate in the study to feel obliged to do so was overcome by agreeing with the study participants on venue and time to accord participants of their self-determination.

In line with the potential ethical issues, all the study participants were informed about the purpose of the study and their right to opt out or to respond to questions.

This helps the participants know why they were being asked to participate in the study. The information sheet was used to help the participants understand the significance of their participation. Confidentiality, privacy and anonymity of information were discussed with the participants. The researcher told the participants that they could withdraw from the study at any time without punishment, if they feel the need to do so.



The participants were informed that they could refuse to answer any sensitive questions if they wanted to. The selected participants were also informed that the researcher would be the only person with access to the information they gave. The researcher told the participants that their names would not appear in any documents of the study and during the writing of the final report. The participants remain anonymous in that the researcher did not address them by their names, numbers were given to each respondent and they were identified by the allotted number. The participants were promised that data would be kept in a safe place during and after the study is completed. Permission was sought and obtained from the heads of households. Participants were also informed that the study would not attract any incentives or favor and is purely voluntary. All respondents less than 18 years were not allowed to assent after consent from their parents to take part in the study.

3.10 Chapter Summary

This chapter presents the various sub headings that were employed to gather the data. The next chapter presents the results gathered from the field.



CHAPTER FOUR

Data Presentation, Analysis and Discussion

4.1 Introduction

The information presented in this chapter is based on the data gathered from the field. The presentation of the findings were presented based on sub titles as they describe the study research questions. The first part presents the demographic data of the respondents whilst the rest of the sections presented the results on the various research questions of the study. The presentation was done using simple frequencies and percentages tables with the qualitative data presented with thematic analysis. The thematic analysis was used particularly to show how respondent's sentiments were expressed. This method was useful in presenting information with data where other statistical method would not be useful.

As such, the findings were generated from the data and interpreted with quotes based on the meaning from the content of the text data and therefore follow the naturalistic paradigm. Based on the findings, themes were generated and followed by the meaning attached to the underlying context. The findings describe the results procedures specific to each theme addressing trustworthiness with hypothetical examples drawn from the area about HIV/AIDS in relation to the people data gathered. There is also chapter conclusion drawn from the study findings.

4.2 Demographic Data of Respondents

This portion presents the demographic data of respondents gathered from the study setting. The demographic data assessed included the age of respondents in years, sex of respondents, educational categories of respondents, occupational categories of



respondents, marital status and how long respondents had stayed in the community at the time of the study. Each variable is presented with the variable categories.



Table 4.1: Demographic data of respondents

Variable	Frequency	Percent
Age		
18-20	28	23.3
21-25	33	27.5
26-30	33	27.5
31+	26	21.7
Sex		
Male	78	65.0
Female	42	35.0
Educational categories		
No formal education	32	26.7
Primary level	25	20.0
Junior High School	23	19.2
Senior High School	21	17.5
Tertiary	19	15.8
Occupation		
Farming	14	11.7
Unemployed	37	30.8
Petty trading	48	40.0
Student	21	17.5
Marital status		
Never married	15	12.5
Married	66	55.0
Separated	33	27.5
Divorced	6	5.0
Stay in the community		
1-3 years	37	30.8
4-6 years	56	46.7
7+ years	27	22.5

Field Survey, October, 2020



From Table 4.1, based on the findings, males represented 65% of the majority of the respondents. Also, most of the respondents representing 27.5% were aged between 26-30 years at the time of the study whilst 23.3% respondents were teenagers. It was also showed that, 26.7% of the respondents indicated that, they had no formal education at the time of the study and 15.8% of the respondents said that, they had tertiary education.

From the findings, most of the respondents representing 46.7% indicated they had stayed in the study community between 4-6 years. This perhaps informed their knowledge about whether communication has been effective in raising people awareness of HIV/AIDS at the study community. The findings further showed that, a little over half of the respondents representing 55% said they were married and few of the respondents representing 5% however, said they were divorced.

Based on the findings, most of the respondents representing 40% said they were engaged in petty trading whilst 17.5% of the respondents said they were students at the time of the study. It was further revealed that, about 55% of the respondents said they were married whilst 5% of the respondents said they were separated from their spouses.

4.3 Knowledge level of People on HIV/AIDS

The knowledge level of respondents was assessed using various variables. The findings as gathered from the data are shown with tables or charts. The qualitative data was also presented based on themes and sub themes that emerged naturally from the findings and also presented in accordance with sub headings.

Table 4.2: Knowledge of people on HIV/AIDS

Variable	Frequency	Percent
-----------------	------------------	----------------



Ever heard of HIV/AIDS		
Yes	120	100.0
Awareness on HIV/AIDS prevention		
Yes	120	100.0

Field Survey, October, 2020

The knowledge of respondents concerning HIV/AIDS at the study community was examined in Table 4.2. Based on the results, all the respondents indicated that, they had ever heard about HIV/AIDS. This implies that people had understanding of how HIV/AIDS could be transmitted through common routes. The respondents also had the understanding that both male and female were at risk in equal terms of acquiring the disease. This findings from the study disagrees with the study by Ibrahim and Sanda (2019) where across SSA, knowledge of people on HIV/AIDS was considered poor. The similarity in terms of the results could be due to the simple reason that, not much awareness has been done about HIV/AIDS among the people in recent times.

It was also revealed that, respondents were aware of the possible ways of preventing HIV/AIDS at the study community. This findings from the study is at variance with the study carried out by Mbangowah (2020) where in Afghanistan, people knowledge on prevention of HIV/AIDS was poor. The differences in terms of the results could be due to the simple reason that, the study settings were different.



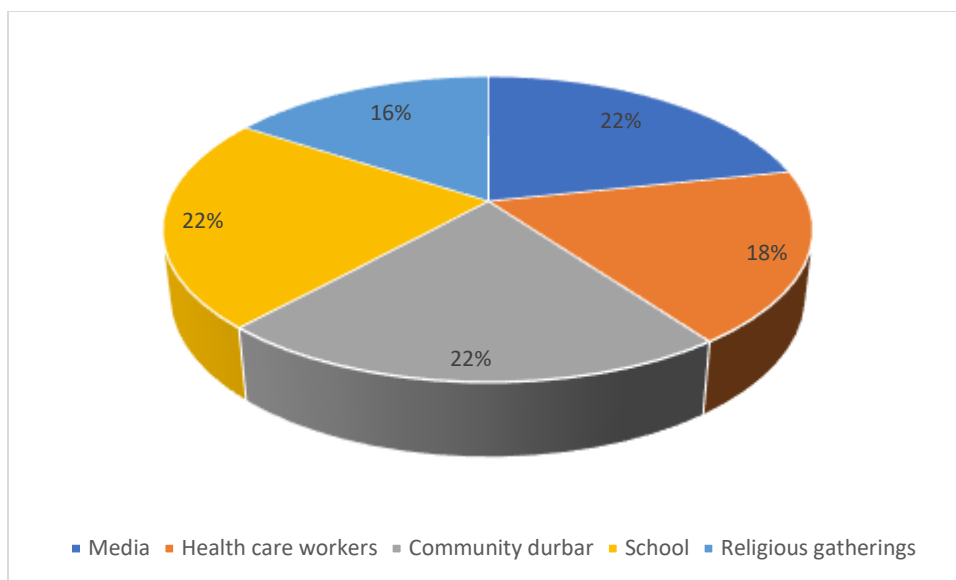


Figure 4.1: Sources of knowledge about HIV/AIDS

In Figure 4.1, most of the respondents representing 22% revealed that, they got to know of HIV/AIDS from community durbar at the study community. Accurate knowledge of the disease has been considered as a first step in reducing how people think about the disease in terms of misconceptions and related stigmatization. When people have good knowledge about the disease, they are less likely to be associated with practices that would enhance the spread of the disease. The findings also showed that, about 18% respondents indicated that they got to know about HIV/AIDS during their days in school when school health was organized.

At such platforms, healthcare workers were invited to the school to provide health education to students about HIV/AIDS. These findings from the study concurs with the study carried out by Anywar et al. (2020) where study participated indicated that they had ever heard of HIV/AIDS from sources such as media, community durbar, market and schools. This finding points to the critical role of school health in educating people about



HIV/AIDS. When students are empowered about HIV/AIDS issues, they would naturally serve as agents of change in their communities to provide education on how people could stay safe from the disease.

Study participants expressed their opinions on HIV/AIDS in simple language as follows;

One study participant explains how HIV/AIDS is known as;

- *....To me personally, I think HIV/AIDS is a disease that is transmitted when an infected person has sexual intercourse with a person without the disease (A male participant October, 2020)*

At the community level, the commonly known cause of HIV/AIDS is that the disease is acquired through sexual intercourse. And this confirms the opinion of this respondent about the disease at the study community. Until much education is provided to these people, misconceptions about the disease would continue to be with them.

Another study participant stated that;

- *...I think AIDS is like there is a knife that has pass through the throat... When a person has the disease, the person become very thin and grow slim all the time... (A female participant October, 2020)*

Similarly, another study participant stated that;

- *For me, I think the HIV is a virus that can cause the disease known as the AIDS in the human system and when a person gets it, the body becomes weaken... (A male participant October, 2020)*
- *... Most people including myself is not aware of what it means about HIV/AIDS. I hear people like the health experts talk about it but we do not actually understand the disease... (A female participant, October, 2020)*



4.3.1 Risky ways of spreading HIV/AIDS

Table 4.3: Risky ways HIV/AIDS can be transmitted

Variable	Frequency	Percent
HIV/AIDS can be transmitted by sexual intercourse		
Yes	87	72.5
No	33	27.5
HIV/AIDS can be transmitted from mother to child		
Yes	77	64.2
No	43	35.8
HIV/AIDS can be transmitted by witchcraft		
Yes	36	30.0
No	84	70.0
HIV/AIDS can be transmitted by handshake		
Yes	37	30.8
No	83	69.2
HIV/AIDS can be transmitted by mosquitoes		
Yes	18	15.0
No	102	85.0
HIV/AIDS can be transmitted via blood transfusion		
Yes	81	67.5
No	39	32.5

Field Survey, October, 2020

Risky ways people at the study setting could engage in that were more likely to serve as a vehicle for transmission of HIV/AIDS were assessed in Table 4.3. Based on the findings, majority of the respondents representing 72.5% indicated that HIV/AIDS can be transmitted by people in the study community engaged in unprotected sexual intercourse. This finding from the study concurs with the study carried out by Kharsany and Karim



(2016) where it was showed that, HIV/AIDS can be transmitted through sexual intercourse without the use of condom.

The findings also showed that about 64.2% of the respondents indicated that HIV/AIDS can be transmitted from the mother to child during childbirth if care is not taken to curb it. This finding from the study disagrees with the study carried out by Kwarteng, Skokova and Agyemang-Duah (2020) where respondents did not have the knowledge concerning how HIV/AIDS transmission could occur during birth. The difference in terms of the results is due to the people who were sampled as respondents. While the current study made used of people with less knowledge of HIV/AIDS issues, the previous studies made use of people who had knowledge of HIV/AIDS.

Hence their knowledge of vertical transmission might have been informed by their education. The results also showed that, majority of the respondents representing 30% indicated that HIV/AIDS cannot be transmitted by witchcraft. This finding from the study concurs with the study carried out by Dzah, Tarkang and Lutala (2019) where it was revealed that, HIV/AIDS can be transmitted by supernatural powers such as witchcraft in Ghana. In sub-Saharan Africa people have been reported to have taken minimum appropriate actions to know about HIV/AIDS as they particularly blame evil spirits and witchcraft for the condition. The implication of this finding is that, people may not seek health care for such conditions.

The findings further showed that, 30.8% of the respondents indicated that it was risky for people to engage in handshake since it could serve as a mean to transmit HIV/AIDS. This finding from the study disagrees with the study carried out by Kharsany and Karim (2016)



where it was showed that, people did not consider that, HIV/AIDS can be transmitted through handshake.

The findings further showed that, majority of the respondents representing 85% did not consider that HIV/AIDS can be transmitted by mosquitoes. This finding from the study agrees with the study carried out by Chirwa, (2020) where it was showed that, people did not consider the transmission of HIV/AIDS to be done through mosquitoes. The results also showed that, about 67.5% of the respondents indicated that HIV/AIDS can be transmitted through blood transfusion. This finding from the study agrees with the study done by Zarei et al. (2018) where it was revealed that, HIV/AIDS cannot be transmitted through HIV/AIDS.

Respondents were of the view that, people can easily get the disease if they are engaged in acts likely to spread the disease. Few of the responses are illustrated below;

- *There is possibility of people getting AIDS if the person has sexual intercourse with a person they do not know...And in this community, the young people are not trying to understand but continue to have sexual intercourse with strangers... (A female participant October, 2020)*

Also, another study participant revealed that,

...People can get HIV and AIDS if they have sexual intercourse without using condom...In this community, the usage of condom among young persons seems to be very low... (A male participant, October, 2020)

Similarly, a study participant expressed how couples are not faithful to each other in this manner;



- *...You see among the women and men in this community, some of them... especially the men hide behind religious faith and practices to have sexual multiple partners including chasing small small girls. This can lead to the spread of the disease especially that, these young girls are having unprotected sexual intercourse all the time... (A male participant, October, 2020)*
- *...I am a believer, and I think that, sometimes God punishes people for bad behaviours like those who engaged in homosexual. So you see that, such people easily get the disease... (A female participant, October, 2020)*

In a related development, a study participant expressed how HIV/AIDS is linked to spirituality in this manner;

- *...Sometimes, too, a witch can let you contract the disease so that, your enemies would be happy that they have spoilt you finally... (A female participant, October, 2020)*
- *I think also your ancestors can also punish you for misbehaving with women... A male participant, October, 2020)*

Everywhere, the quest for health easily shades into issues of morality and religion which play a significant aspect of social life. The basic explanation is that in serious illness there is an underpinning of the supernatural, the most frequently evoked agency is ancestral spirit anger. Ancestral spirit constitutes part of the ordered structure of the African religion.

People believe that upsetting the ancestors produces a disturbance of this order and hence disharmony and illness occur. In African thoughts, all living things including man are linked in harmonious relationship with the gods and the spirits, such relationship is ascribed to vital forces which each entity generates.



A state of health exists when there is perfect harmony between man and his environment. This belief is inherent in those who practice African traditional religion as well as in many Christians and Muslims religious practices at one point in time or the other. Ill-health and other misfortunes, which often times defile scientific and orthodox treatments are explained as spiritual forces directed by witches, wizards, sorcerers, evil spirits or angered ancestors. The popular notion is that people do not just suffer illness by chance.

4.3.2 Prevention of HIV/AIDS

Table 4.4: Prevention of HIV/AIDS

Variable	Agree	Neutral	Disagree
Use condom during sexual intercourse	65 (54.2%)	0 (0.0%)	55 (45.8%)
Be faithful to the partner	90 (75.0%)	12 (10.0%)	18 (15.0%)
Abstain from premarital sexual intercourse	93 (77.5%)	12 (10.0%)	15 (12.5%)

Field Survey, October, 2020

The knowledge of respondents concerning how they could prevent HIV/AIDS were assessed. Based on the results, majority of the respondents, 65 (54.2%) agreed with the statement that, condom use during sexual intercourse could serve as a means to prevent HIV/AIDS if one of the partners has the disease. With this assertion, respondents decision to use condom would have been based on their uncertainty of a person health status and disagreement about values of the partners.

It is important to state that, health care workers should characterize and estimate the nature of risks involved in the use of condom during sexual intercourse. This is because, risk





involves both the likelihood that infection might occur in various circumstances, and the cost and benefits that people could derive from in the course of their action may lead them to acquire the disease or not. Proper communication needs to be enhanced to serve as a basis upon which people's knowledge on HIV/AIDS could be improved. In the community, if people are faced with a poorly understood and anomalous public health threat, inertia often influences their decision and this can lead to relapses. This is because, it is easy for people to maintain a status quo than to make a change. It was also revealed that majority of the respondents, 90 (75%) agreed with the statement that, if partners were faithful to each other, this would serve as a means to prevent the spread of HIV/AIDS. This finding from the study concurs with the study done by Zuma et al. (2018) where it was shown that, being faithful to one partner was a way to prevent the spread of HIV/AIDS among the people.

It is important to state that, people who are having one partner or engaged in monogamous relationship tend to have less risk for getting HIV/AIDS as compared to those who were having multiple partners. As such, community members should be encouraged to stay with their partners. Even those engaged in having multiple partners because of religious grounds should be encouraged to stay with only those women and men to avoid the risk of contracting the disease.

However, few of the respondents, 15 (12.5%) disagreed with the statement that, abstaining from premarital sexual intercourse could prevent the spread of HIV/AIDS among the population at the time of the study. This finding from the study disagrees with the study carried out by Cunha et al. (2017) where it was shown that, those who were engaged in premarital sexual intercourse were at risk of not preventing the spread of HIV/AIDS.

Respondents revealed how they could prevent the spread of HIV/AIDS. It is important to state that, knowledge of people concerning how they could prevent the spread of HIV/AIDS is a key indicator of how they could reduce the risks associated with the disease. Based on the interaction with the people, the findings revealed that, respondents showed varied ways they could do to reduce the spread of HIV/AIDS among themselves at the study community.

Few responses are illustrated below;

- *...Every person, the best way is for every man and woman to abstain from sexual intercourse until they marriage, be faithful to the partner and use condom ... (A female participant, October, 2020)*

People continue to promote that abstinence should be ensure among the youth. Being faithful also encourages that people are not engaged in indiscriminate sexual activities that could promote the spread of the disease. If people are educated about the need to be faithful, they would ensure that certain practices would be done to reduce the menace of the disease. Condom promotion is also common and can serve as a way to prevent the spread of the disease. Therefore, people should be encouraged to ensure that what practice works for them in terms of the prevention of HIV/AIDS be promoted to reduce the spread of the disease.

Religious groups and societies by their preaching promote that only married couples be allowed to engaged in sexual intercourse. This has been the call among religious sect for the return to good moral behaviors that emphasis on virginity and chastity among young people to ensure a productive life.



This assertion was further revealed by a study participant;

- ...A man and woman should have one person as a wife or husband for all their life to reduce the risk of the disease... (A female participant, October, 2020)

This finding shows the need for couples and persons engaged in sexual relationship to stay to one another. It is when couples are able to stay together, that, they could prevent the risk of spreading the infection.

Another study participant remarked that,

- ...People can be protected from getting HIV and AIDs if they could avoid sexual intercourse early and prevent early marriage where young girls are compelled to go into marriage and the people may give them the disease (A female participant, October, 2020)

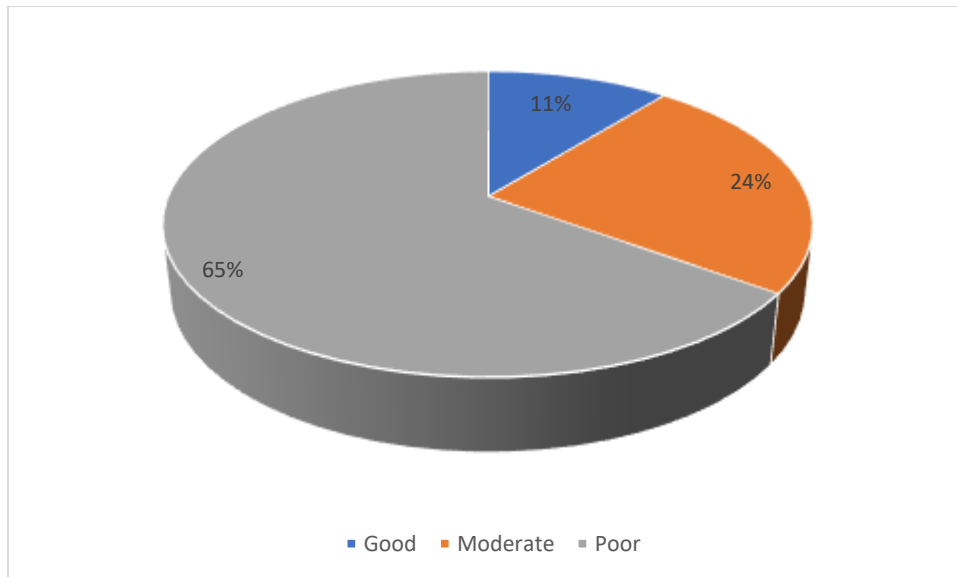


Figure 4.2: Self assessment of people knowledge on HIV/AIDS

Based on the findings of the study, majority of the respondents representing 65% revealed that based on their own assessment, their knowledge about HIV/AIDS was poor considering that not much has been done in the study community to educate the people



about the disease. This finding from the study concurs with the study carried out by Kefale et al. (2020) where it was found that, people knowledge concerning HIV/AIDS was poor. Whilst few respondents representing 11% indicated that they had knowledge about HIV/AIDS at the time of the study. This finding from the study concurs with the study carried out by Mukenge (2020) where it was found that, people knowledge concerning HIV/AIDS was found to be good. Knowledge is very important for acquiring optimum health attitude formation. It is important to state that, increasing community members knowledge about HIV/AIDS means fostering positive attitudes and building a safe practice among the people hence a clear understanding about the population.



Table 4.5: Demographic data and self knowledge on HIV/AIDS

Variable		Good	Moderate	Poor	Chi square	p-value
Age					4.482	0.612
18-20	Count	5	8	15		
	% within knowledge	38.5%	27.6	19.2		
21-25	Count	4	7	22		
	% within knowledge	30.8%	24.1%	28.2%		
26-30	Count	3	9	21		
	% within knowledge	23.1%	31.0%	26.9%		
31+	Count	1	5	20		
	% within knowledge	7.7%	17.2%	25.6%		
Marital status					5.694	0.040
Single	Count	3	4	8		
	% within knowledge	23.1%	13.8%	10.3%		
Married	Count	8	16	42		
	% within knowledge	61.5%	55.2%	53.8%		
Separated	Count	1	9	23		
	% within knowledge	7.7%	31.0%	29.5%		
Divorced	Count	1	0	5		
	% within knowledge	7.7%	0.0%	6.4%		
Education					11.574	0.010
None	Count	2	9	21		
	% within knowledge	6.3%	28.1%	65.6%		
Primary	Count	4	6	15		
	% within knowledge	30.0%	20.7%	19.2%		
Junior High	Count	5	1	17		
	% within knowledge	38.5%	3.4%	21.8%		
Senior High	Count	2	7	12		
	% within knowledge	15.4%	24.1%	15.4%		
Tertiary	Count	0	6	13		



	% within knowledge	10.8%	20.7%	16.7%		
Occupation					7.550	0.273
Farming	Count	1	3	10		
	% within knowledge	7.7%	10.3%	12.8%		
Unemployed	Count	6	5	26		
	% within knowledge	46.2%	17.2%	33.3%		
Petty trading	Count	4	12	32		
	% within knowledge	30.8%	41.4%	41.0%		
Student	Count	2	9	10		
	% within knowledge	15.4%	31.0%	12.8%		

Field Survey, October, 2020

There was an association between the marital status of respondents sampled at the community and knowledge of how HIV/AIDS is spread ($\chi^2 = 5.694$, $p = 0.040$, $\alpha = 0.05$) as in Table 4.5. There has been a relationship between educational status and knowledge concerning HIV/AIDS according to Umeh et al. (2008). Based on the findings, there was also an association between the educational categories of respondents and knowledge of HIV/AIDS at the study community ($\chi^2 = 11.574$, $p = 0.010$, $\alpha = 0.05$). This finding suggests that, educated persons knowledge of HIV/AIDS could have been informed by their exposure to educational workshops on HIV/AIDS and seminars they have attended about the disease.

There was no association between the occupational categories of respondents and knowledge of HIV/AIDS at the study community among the people sampled ($\chi^2 = 7.550$, $p = 0.273$, $\alpha = 0.05$). This finding from the study agrees with the study carried out by Kharsany and Karim (2016) where occupational categories of respondents was associated with the respondents knowledge on HIV/AIDS.



4.4 Importance of using Communication to improve the Knowledge of People on HIV/AIDS

The importance of using communication to improve the knowledge of people on HIV/AIDS in the study community was assessed. Based on the results, the responses from the respondents are captured and presented in the findings expressed below.

Table 4.6: Importance of communication

Variable	Agree	Neutral	Disagree
Identify the risk factors of HIV/AIDS	88 (73.3%)	21 (17.5%)	11 (9.2%)
It creates and shares ideas among residents	82 (68.3%)	18 (15.0%)	20 (16.7%)
Foundation for planning HIV/AIDS campaigns	69 (57.5%)	23 (19.2%)	28 (23.3%)
It provides better knowledge on HIV/AIDS	77 (64.2%)	21 (17.5%)	22 (18.3%)

Field Survey, October, 2020

The importance of how communication could be used to educate people at the study area on HIV/AIDS was assessed. Based on the results (Table 4.6), findings showed that, majority of the respondents representing (n=88, 73.3%) agreed with the statement that, using communication to educate people about HIV/AIDS would help them to identify the risk factors that are associated with the disease. This finding from the study agrees with the study carried out by Stein et al. (2019) where it was revealed that, communication could be used to improve people knowledge concerning HIV/AIDS at the time of the study.

As this would help them to better improve their knowledge and take measures to prevent it. The findings also showed that, majority of the respondents (n=77, 64.2%) agreed with the statement that, using communication to educate people about HIV/AIDS would help them to understand the symptoms, causes and prevention of HIV/AIDS. The finding



suggests that, communication use is positively associated with increasing people awareness on a disease. Indeed, over the years, newspapers and radio use are significantly associated with increasing people awareness on a particular concept.

And this would go a long way to improve their knowledge on the disease among the people. This finding from the study agrees with the study carried out by Junsheng et al. (2019) where it was showed that, communication could be used to improve people knowledge about HIV/AIDS. It was also showed that, majority of the respondents representing (n=82, 68.3%) agreed with the statement that, communication helps people to share ideas about how they could prevent the spread of the disease in the study setting.

This finding from the study concurs with the study done by Kiran and Mahmood (2019) where it was showed that, people knowledge concerning HIV/AIDS can be improved by using communication to raise awareness. This finding from the study disagrees with the study carried out by Do, Figueroa and Kincaid (2016) where it was showed that, people knowledge on HIV/AIDS can be improved by using communication to plan how to reach the people on HIV/AIDS messages.

It was however, revealed that, most of the respondents (n=28, 23.3%) disagreed with the statement that, communication could be used as a foundation to plan how best they could reach the people with the right information about HIV/AIDS. Therefore, there is the need to reduce communication inequalities especially in the rural areas where people may not have access to education to increase their knowledge.

4.4.1 Importance of using Communication to create Awareness on HIV/AIDS

Respondents were asked to indicate how best they could assess the benefits of using communication to raise awareness among the people at the study community.



The usefulness of communication being used to create awareness among people at the study community was examined. Based on the results, the following responses emerged;

- *...I think it is good the community organized a sensitization program where health care workers with in-depth knowledge could be invited to provide education on how best people could abstain from sexual intercourse and prevent the spread of HIV/AIDS...* (A male participant, October, 2020)

This underscore the need among the community members of the positive role communication could be used to improve people understanding of HIV/AIDS issues. This also indicates that, the effects of mass media campaign on creating people awareness needs to be intensified. Therefore, experts have to improve on how often they use communication effectively to raise people awareness on HIV/AIDS.

Similarly, another study participant remarked that,

- *Using the media to create awareness on how people could prevent the spread of HIV/AIDS is good since that would help reduce the healthcare cost associated with the disease...* (A male participant, October, 2020)

This finding from the study speaks to the fact that, health care workers at the study community could employed various media format such as television and radio to educate people about the need to avoid being engaged in risky behaviors. The media has played a pivotal role in ensuring that people get accurate knowledge about the disease particularly in rural areas where a large number of people lack knowledge on HIV/AIDS. The media has the potential of identifying possible risky behaviors of people in rural areas that are likely to promote the spread of the disease.

Another study participant remarked that,



- *....Using communication would help people know the signs and symptoms of HIV/AIDS and be able to abstain from it... (A female participant, October, 2020)*

In the same way, study participant revealed that,

- *...Communication has help raise the awareness among people concerning how best they could easily be prevented from contracting HIV/AIDS among the population.... (A female participant, October, 2020)*

Table 4.7: Effectiveness of communication in raising HIV/AIDS awareness

Variable	Frequency	Percent
Yes	47	39.2
No	73	60.8
Total	120	100.0

Field Survey, October, 2020

From the findings (Table 4.7), it was found that, majority of the respondents representing 60.8% revealed that, enough communication has not been done to raise people awareness about HIV/AIDS at the study community. This finding from the study agrees with the study done by Nelson and Bigala (2016) where it was revealed that, communication has not been very effective in promoting the awareness of the people about HIV/AIDS at the time of the study. Therefore, since men are more likely than women to transmit HIV, targeting men with behaviour change communication and modification and educational strategies may bring about a decrease in the HIV spread.



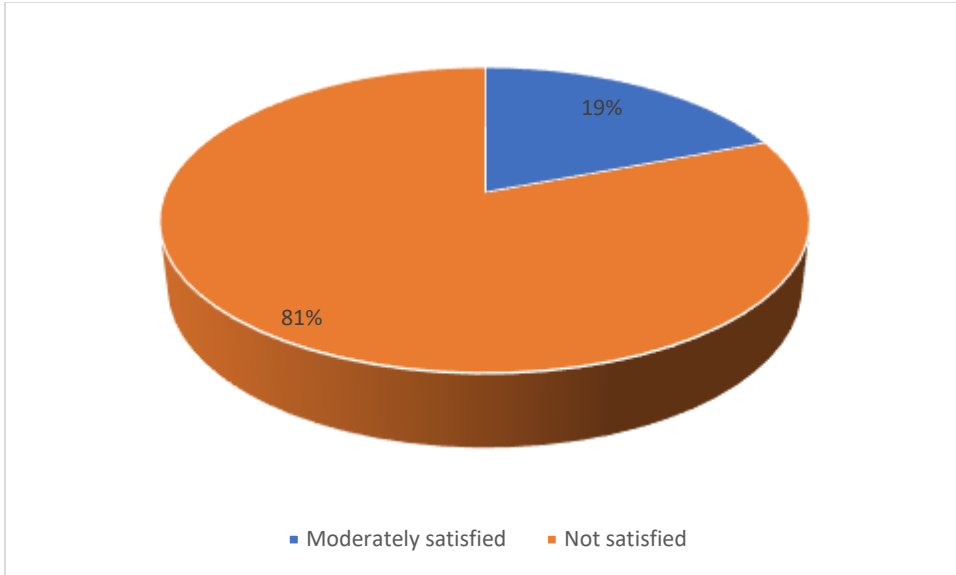


Figure 4.3: Level of satisfaction with communication on HIV/AIDS awareness

The level of satisfaction with communication on HIV/AIDS awareness were rated. In Figure 4.3, majority of the respondents representing 81% indicated that, they were not satisfied in terms of how communication was used to create awareness on HIV/AIDS among the community members especially in times of need. This finding from the study agrees with Cho et al. (2018) where people were not satisfied with the information provided to them in terms of communication. This finding revealed that, enough communication has not been effectively done to raise people awareness concerning how best their knowledge about HIV/AIDS could be improved.

Respondents were asked to state how communication could be used to improve HIV/AIDS awareness at the study community as a tool for HIV/AIDS prevention. It is important to state that, communication is very critical at the heart of every human being who at one time would engage in interaction. As it is a way people exchange information among themselves and by way of signifying the symbol of capable among the people.



4.4.1 Communication to prevent HIV/AIDS

Based on the results of the study, it was found that, enough communication could be used to prevent the spread of HIV/AIDS at the study setting. Few responses are illustrated below.

- *I think in this community, communication has not been effectively utilized to help prevent the spread of the HIV/AIDS... (A female participant, October, 2020)*

Based on the above assertion, it points to the simple reason that, communication and outreach programs on HIV/AIDS has not been effective in creating the awareness level at the community level. The use of effective communications would increase people awareness on HIV/AIDS.

Also, a study participant explained how health care workers do not come to the community to talk about HIV/AIDS again in this way;

- *These days, healthcare workers do not come to the community again to talk about the spread of the disease... (A male participant, October, 2020)*

In a related development, respondents remarked the seemingly low usage of communication to reduce the spread of HIV/AIDS in these manners;

- *I do not think in this community, there has been a durbar where people can talk to people about the spread of HIV/AIDS... (A female participant, October, 2020)*

Also, another study participant revealed that,

- *In this community, people do not want to talk about the spread of the disease simple because there is no enough information from the experts about the condition... (A female participant, October, 2020)*

Similarly, respondents remarked as;



- *Communication in terms of raising people knowledge about the disease has not been effective...for the past years in this community. People in this community seems to forget of HIV/AIDS and are busy engaging themselves in other activities which is promoting the spread of the disease... (A female participant, October, 2020)*
- *Communication has also delayed about how people could prevent the spread of HIV/AIDS at the community. This is because, people are not easily given the needed information concerning how they could reduce the spread of the disease among themselves... in this community. Not enough has been done to help promote the spread of the disease (A male participant, October, 2020)*



Table 4.8: Demographic data and satisfaction of communication on HIV/AIDS messages

Variable			Moderately satisfied	Not satisfied	Chi square	p-value
Age					0.525	0.913
18-20	Count		6	22		
	%	within	26.1%	22.7%		
	satisfaction					
21-25	Count		7	26		
	%	within	30.4%	26.8%		
	satisfaction					
26-30	Count		5	28		
	%	within	21.7%	28.9%		
	satisfaction					
31+	Count		5	9		
	%	within	21.21%	21.6%		
	satisfaction					
Marital					5.325	0.149
Never married						
	Count		1	14		
	%	within	4.3%	14.4%		
	satisfaction					
Married						
	Count		12	54		
	%	within	52.2%	55.7%		
	satisfaction					
Separated						
	Count		7	26		
	%	within	30.4%	26.8%		
	satisfaction					
Divorced						
	Count		3	2		
	%	within	13.0%	3.1%		
	satisfaction					
Education					4.625	0.328
None						
	Count		3	29		
	%	within	13.0%	29.9%		
	satisfaction					
Primary						
	Count		7	18		
	%	within	30.4%	18.6%		
	satisfaction					
Junior High						
	Count		4	19		
	%	within	17.4%	19.6%		
	satisfaction					
Senior High						
	Count		61	15		
	%	within	26.1%	15.5%		
	satisfaction					



Tertiary	Count		3	16		
	% within satisfaction		13.0%	16.5%		
Occupation					1.537	0.674
Farming	Count		1	13		
	% within satisfaction		4.3%	13.4%		
Unemployed	Count		8	29		
	% within satisfaction		34.8%	29.9%		
Petty trading	Count		10	38		
	% within satisfaction		43.5%	39.2%		
Student	Count		4	17		
	% within satisfaction		17.4%	17.5%		

Field Survey, October, 2020

There was no association between the occupational status of respondents and satisfaction of communication being used to promote awareness among the community members in the study setting ($\chi^2 = 1.537$, $p = 0.674$, $\alpha = 0.05$) as presented in Table 4.8. From the findings, it was also shown that there was also no association between the age categories of respondents and satisfaction of communication has been used to promote awareness among the community members in the study setting ($\chi^2 = 0.525$, $p = 0.913$, $\alpha = 0.05$). Knowledge of HIV/AIDS is a key variable influencing condom use among people in the study setting.

There was also no association between the educational categories of respondents and satisfaction of communication being used to promote awareness among the community members in the study setting ($\chi^2 = 4.625$, $p = 0.328$, $\alpha = 0.05$)



4.5 Effects of using Communication to create Awareness on HIV/AIDS among the people

The effects of using communication to create awareness on HIV/AIDS among the people at the study setting were examined. The findings present both the positive and negative associated with the use of communication at the study setting to create awareness among the community members on HIV/AIDS.



Table 4.9: Positive effects of communication to raise HIV/AIDS awareness

Variable	Frequency	Percent
Helps people to understand emotion and thoughts of others		
Yes	68	56.7
No	52	43.3
Creates an atmosphere for people to show their understanding of HIV/AIDS		
Yes	87	72.5
No	33	27.5
People would easily understand the message spread		
Yes	90	75.0
No	30	25.0
It improves moral of people on HIV/AIDS		
Yes	53	44.2
No	67	55.8
Clear communication sets of expectations of people		
Yes	53	44.2
No	67	55.8

Field Survey, October, 2020

From Table 4.9 the positive effects of using communication to raise community members awareness on HIV/AIDS were examined. From the findings, majority of the respondents representing 56.7% indicated that using communication to raise people awareness helps them to understand and appreciate the emotion and thoughts of other people about the sentiments of people on HIV/AIDS. It is argued that, because of the absence of an educational strategy targeting cultural values and practices such as polygamy and female circumcision, among others, such archaic practices have continued to see the light of these



days and may prevent effective use of communication to campaign against risky behaviours likely to reduce the menace of HIV/AIDS in the community.

Based on the findings, majority of the respondents representing 27.5% did not think that communication could be used to create an atmosphere for people to show their understanding of HIV/AIDS. This finding from the study agrees with Bazzi et al. (2018) where it was revealed that, people knowledge about HIV/AIDS could be improved by helping them to be aware of HIV/AIDS issues.

Based on the findings, majority of the respondents representing 75% revealed that one positive effect of communication is to help people easily understand the message the spread about HIV/AIDS. This finding from the study disagrees with Karasneh et al. (2020) where it was showed that communication could be used to create awareness among people in the study area. It was also shown that, a little over half of the respondents said using communication helps people to improve their moral about the disease at the study community. This finding from the study agrees with Fu and Zhang (2019) where effective communication has help people to know about communication. 55.8% of the respondents revealed that, communication clears the sets of expectations of people about the disease at the time of the study.



Table 4.10: Negative effects of communication on HIV/AIDS awareness

Variable	Frequency	Percent
People may not listen effectively if the program is aired on radio		
Yes	60	50.0
No	60	50.0
Incorrect message content on HIV/AIDS		
Yes	46	38.3
No	74	61.7
Information overload such as program repetition on radio		
Yes	33	27.5
No	87	72.5
Inability of the residents to respond to aired program me		
Yes	41	34.2
No	79	65.8

Field Survey, October, 2020

The negative effects of communication used to raise awareness among respondents at the study community was assessed. The findings showed that, half of the respondents considered that people may not listen to the message effectively especially if the program is aired on radio whilst majority of the respondents representing 61.7% revealed that, incorrect message content can be generated among people who may not be well versed with the knowledge of HIV/AIDS. This finding from the study disagrees with Grau et al. (2020) where it was revealed that, correct message provided knowledge to people on HIV/AIDS.

However, from the results, majority of the respondents representing 72.5% indicated that information overload such as programme repetition on radio was not a negative effect of communication and most of the respondents representing 34.2% revealed that, people



inability to respond to aired programmes by way of phone calls was a negative effect of using communication to raise awareness among the people. This finding from the study agrees with Cunha et al. (2017) where it was found that, recorded programs was not effective in educating people about HIV/AIDS.

4.5.1 Effects of using communication raise awareness on HIV/AIDS

The negative and positive parts of people to sing communication to raise people awareness has been examined. Few of the responses are illustrated below as;

Positive effects of using communication

The positive effects of using communication among the respondents were assessed at the study setting. Based on the results, the following findings emerged;

- *One good part of using communication to spread the information about HIV/AIDS is that people are easily aware of the possible ways of preventing the disease... (A male participant, October, 2020)*

Similarly, another study participant remarked as;

- *People in the study community would be able to get information concerning how they could prevent the spread of the disease ... (A male participant, October, 2020)*

Also, another study participant remarked as;

- *Communication also help to allay the fears people have about the HIV/AIDS at the study community especially if health experts are talking about the condition.... (A female participant, October, 2020)*

Also another study participant revealed as;



...The signs and symptoms of the disease would be made known among the people... (A female participant, October, 2020)

4.5.2 Negative effects of using communication to raise awareness about HIV/AIDS

In the study community, people were asked to state the negative effects of experts using communications to educate people about the HIV/AIDS. Few responses are illustrated below;

- *Most of the young persons in this community would like to explore the use of condom especially during sexual intercourse... (A female participant, October, 2020)*

Another study participant remarked as;

- *...The continuous use of the media and other channels to promote the use of condom could lead people to indulge in irresponsible behaviours... (A male participant, October, 2020)*
- *Sometimes also, there could be wrong message that is sent to the people about how to prevent the condition and how possible people could identify signs and symptoms of the disease... (A male participant, October, 2020)*

In a related development, another study participant remarked as;

- *People may not be listening to recorded program especially if it is played at a time people would not be available to monitor... (A female participant, October, 2020)*



4.6 Appropriate Communication Channels for diffusing HIV/AIDS Messages to the people

The findings showed that, appropriate communication channels for diffusing HIV/AIDS messages to the people at the community were varied. The findings showed that, the various channels that were used for spreading HIV/AIDS messages to the community people were those available and accessible at the time of need.

Table 4.11: Communication channels for HIV/AIDS messages

Variable	Frequency	Percent
Ever used cell phone for HIV/AIDSs messages		
Yes	40	33.3
No	80	66.7

Field work, October, 2020

Respondents were asked if they had ever used their mobile phones to access information about HIV/AIDS at the time of the study. The results showed that, majority of the respondents (Table 4.11) representing 66.7% revealed that, they had not used their mobile phones to call any person for information about HIV/AIDS in the community or outside the community. This finding from the study agrees with Kiran and Mahmood (2019) where it was found that, people had not access information about HIV/AIDS including related health issues with their mobile phones.



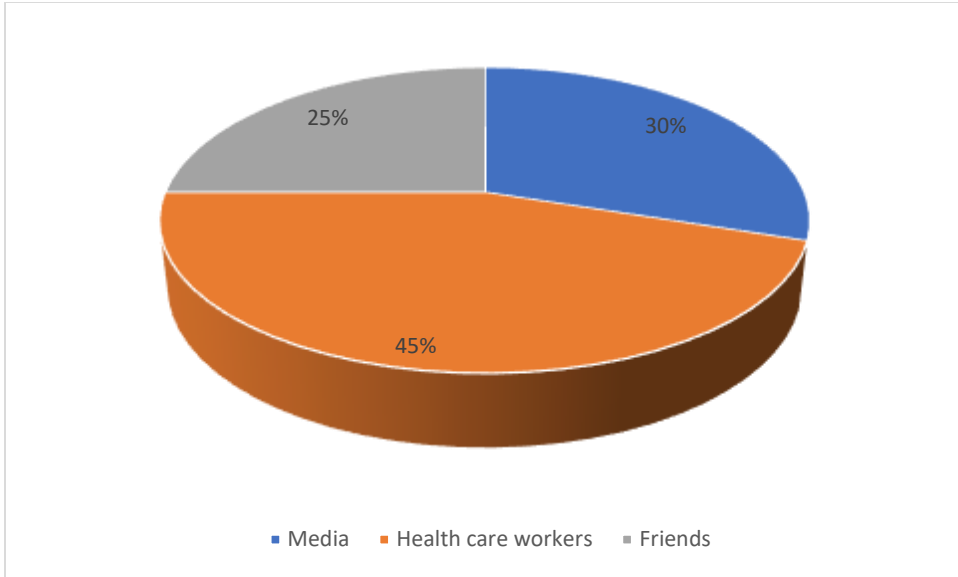


Figure 4.4: Sources of phone messages

The findings in Figure 4.4, revealed that, most of the respondents representing 45% among those who had ever used their mobile phones to access information about HIV/AIDS said they called health care workers to know more about HIV/AIDS whilst 25% of the respondents cited their friends as the persons they used their mobile phones to call for the information at the time of the study.



Table 4.12: Communication channels for HIV/AIDS messages

Variable	Frequency	Percent
Sensitizing people at religious gatherings		
Yes	78	65.0
No	42	35.0
House to house education of people about HIV/AIDS		
Yes	73	60.8
No	47	39.2
Sending WhatsApp messages to people about HIV/AIDS		
Yes	83	69.2
No	37	30.8
Using Community centres educate people of HIV/AIDS		
Yes	82	68.3
No	38	31.7
Healthcare workers educating people about HIV/AIDS		
Yes	73	60.8
No	47	39.2
Sending text messages to people about HIV/AIDS		
Yes	30	25.0
No	90	75.0

Field Survey, October, 2020

Based on the results presented in Table 4.12, it was showed that, majority of the respondents representing 65% considered sensitization at religious gatherings as a communication channel that could be used to create awareness among the people. It was also revealed that, most of the respondents representing 39.2% indicated that house to house education of people about HIV/AIDS was not considered as a channel for HIV/AIDS education. This finding disagrees with Kalichman and Simbayi (2004) where it was found



that, educating people about HIV/AIDS serves as a mean of providing their knowledge to them.

The findings further showed that, majority of the respondents representing 69.2% indicated that, sending WhatsApp messages to educate people about HIV/AIDS was a channel that could be used at the study community. This finding from the study agrees with Abaza and Marschollek (2017) where similar results were found. The finding further showed that, majority of the respondents representing 68.3% said using community centres was a channel to spread HIV/AIDS messages to people in the community. This finding from the study agrees with Onoyase (2020) where it was found that, mass education of people was the best way to ensure people awareness on HIV/AIDS.

And 60.8% of the respondents considered using healthcare workers to educate people about HIV/AIDS. It was however, revealed that, majority of the people representing 75% did not consider sending text messages to people about HIV/AIDS as a way of educating them as a channel. This finding from the study agrees with Stephenson (2009) where it was showed that, individualized messages would not improve knowledge of people on HIV/AIDS.

4.6.1 Sources of channels for spreading HIV/AIDS messages to people

The various forms of channels that community members could easily be reached with respect to spreading HIV/AIDS messages among the people was employed.

Few responses are illustrated below.

- *In this community, I think the radio is often the main source of channel we can easily get information about health related information from... (A female participant, October, 2020)*



Also another study respondents,

- *...Sometimes in this community, people gather so they could provide enough information to them about health related information including HIV/AIDS but that has been long and we do not experience such a thing again... (A female participant, October, 2020)*

Similarly, another respondent revealed,

- *There are times your friends could also just call to tell you about an information concerning HIV/AIDS ... (A female participant, October, 2020)*

In a related development, a study participant remarked as;

- I recall health care workers visited us to talk about the spread of HIV/AIDS sometimes back in the past but since then, not much has been said about that again... (A male participant, October, 2020)
- There are times, information could also be put in the bill boards and position them at advantage points for people to easily read and talk about... (A male participant, October, 2020)



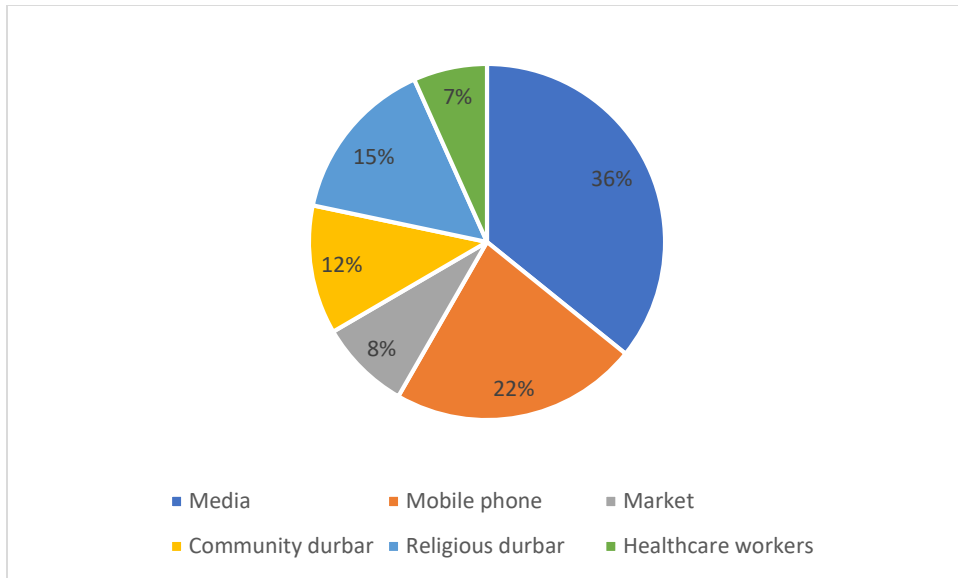


Figure 4.5: Preferred channel for HIV/AIDS messages dissemination

At the study community, respondents were asked to indicate their preferred channel by which they would like to receive HIV/AIDS. From the findings, most of the respondents representing 36% revealed that their preferred source is media. This finding from the study concurs with the study done by James et al. (2004) where it was revealed that people considered the media as a source of channel for their education. It was also showed that, about 22% respondents cited the use of their mobile phones. This finding from the study concurs with the study by Mandela (2002) where it was revealed that, mobile phones should be used to send information about HIV/AIDS to people. The use of mobile phones could be explained in the context of their privacy about people status of the disease.



4.6.2 Preferred message for spreading HIV/AIDS messages to people in the community

- *I think I would prefer the use of mobile phones to spread the information about HIV/AIDS to other members of the community since almost everyone has a mobile now... (A female participant, October, 2020)*

This assertion concurs with the study carried out by Hassan and Wahsheh (2011) where it was revealed that, people could be reached with health information including HIV/AIDS through their mobile phones.

Another study participant remarked as follows

- *In this community, I would prefer that, healthcare workers are used to talk to us about HIV/AIDS since they are trained to do that work that allowing everyone in the community to be talking about it... (A female participant, October, 2020)*

4.7 Conclusion

The study findings are presented in this chapter. Based on the results, all the respondents indicated that, they had ever heard about HIV/AIDS. Most of the respondents representing 22% revealed that, they got to know of HIV/AIDS from community durbar at the study community. Majority of the respondents representing 72.5% indicated that HIV/AIDS can be transmitted by people in the study community who were engaged in unprotected sexual intercourse.

It also showed that, majority of the respondents representing 30% indicated that HIV/AIDS cannot be transmitted by witchcraft. The results also showed that, about 67.5% of the respondents indicated that HIV/AIDS can be transmitted through blood transfusion. Majority of the respondents, 65 (54.2%) agreed with the statement that, condom use during



sexual intercourse could serve as a mean to prevent HIV/AIDS if one of the partners has the disease. Whilst few of the respondents representing 11% indicated that they had knowledge about HIV/AIDS at the time of the study. There was also an association between the educational categories of respondents and knowledge of HIV/AIDS at the study community ($\chi^2 = 11.574$, $p= 0.010$, $\alpha=0.05$).

There was no association between the occupational categories of respondents and knowledge of HIV/AIDS at the study community among the people sampled ($\chi^2 = 7.550$, $p= 0.273$, $\alpha=0.05$). Majority of the respondents representing (n=88, 73.3%) agreed with the statement that, using communication to educate people about HIV/AIDS would help them to identify the risk factors that are associated with the disease. The findings also showed that, majority of the respondents (n=77, 64.2%) agreed with the statement that, using communication to educate people about HIV/AIDS would help them to understand the symptoms, causes and prevention of HIV/AIDS.

From the results, majority of the respondents representing (n=82, 68.3%) agreed with the statement that, communication helps people to share ideas about how they could prevent the spread of the disease in the study setting. Majority of the respondents representing 60.8% revealed that, enough communication has not been done to raise people awareness about HIV/AIDS at the study community. Majority of the respondents representing 81% indicated that, they were not satisfied in terms of how communication was used to create awareness on HIV/AIDS among the community members especially in times of need.

There was no association between the age categories of respondents and satisfaction of communication been used to promote awareness among the community members in the study setting ($\chi^2 = 0.525$, $p= 0.913$, $\alpha=0.05$). Majority of the respondents representing



56.7% indicated that using communication to raise people awareness helps them to understand and appreciate the emotion and thoughts of other people about the sentiments of people on HIV/AIDS.

Majority of the respondents representing 75% revealed that one positive effect of communication is to help people easily understand the message the spread about HIV/AIDS. Majority of the respondents representing 72.5% indicated that information overload such as programme repetition on radio was not a negative effect of communication and most of the respondents representing 34.2% revealed that, people inability to respond to aired programmes by way of phone calls was a negative effect of using communication to raise awareness among the people.

Majority of the respondents representing 65% considered sensitization at religious gatherings as a communication channel that could be used to create awareness among the people. It was also revealed that, most of the respondents representing 39.2% indicated that house to house education of people about HIV/AIDS was not considered as a channel for HIV/AIDS education.



CHAPTER FIVE

Summary, Conclusion and Recommendations

5.1 Introduction

This chapter presents the summary, conclusion and recommendations of the study. Across the world, it has been argued that, using communication to promote people understanding of a disease would enhance better behaviour change among them in terms of their health

seeking behaviours. It has also been stressed that, individual understanding of messages put across using communication is linked to one's economic and social status in the community. This study was conducted to assess the impact of using communication to create HIV/AIDS awareness among the people of Fou Traditional Area in the Northern region.

5.2 Summary of the Study

The study was guided by four specific objectives. The study findings have provided the needed information concerning how the people of Fou Traditional Area in the Northern region received information on HIV/AIDS. This would help program planners especially those in the Northern region plan a well coordinator activities on what best channel of communication could be used to reach out to the people in the study setting with the message of HIV/AIDS to improve their understanding of the disease.

The searched for literature review was based on certain thematic areas linked to the research questions. From the studies consulted, HIV/AIDS has rapidly spread to many countries in the world since 1981 and has become a global health pandemic. Empirical studies have revealed that, knowledge of people regarding HIV/AIDS serves as the cornerstone in the fight against HIV. It has been revealed that, knowledge regarding HIV/AIDS is a powerful way of promoting positive attitudes as well as engaging in safe practices (Kwagonza et al., 2020).

Good knowledge of people regarding HIV/AIDS in turn is expected to determine people's sexual behaviour (Alhasawi et al., 2019). Across sub Saharan Africa, many prevention programmes have focused on increasing people's knowledge on HIV/AIDS transmission,



with the aim of overcoming misconceptions that could prevent behavioural change towards safe practices and also reduce the stigma against PLHIV (Dzah, Tarkang & Lutala, 2019). Based on reviews studies especially in most Africa countries, community members awareness on HIV/AIDS have been poor due to lack of awareness creation programs. There is still a lot of implementation challenges relating to how people should be reached with messages on HIV/AIDS and even how to deal with persons living with HIV/AIDS (Ibrahim & Sanda, 2019).

Communication is at the heart of everything people do in society. Communication to improve people knowledge on HIV/AIDS is central to the learning of people work and leisure interests (Kwagonza et al., 2020). Across sub-Saharan Africa, Kharsany and Karim (2016) revealed that, communication is central to improving the knowledge of people on HIV/AIDS. It is particularly important in health care, where people lack of knowledge can make them feel vulnerable. This alone can frighten them and prevent them from accessing health care services.

Therefore, more efforts should be made to improve the knowledge of people on HIV/AIDS. Communication can be used to improve health care of people and help them with good messages about identification of symptoms to help improve their knowledge.

It is also argued that, most developing countries do not have the requisite communication strategies to be employed to promote and raise people awareness on HIV/AIDS. Despite the fact that, mass media continue to play a very critical role in how people could be reached with health-related information (Zezeza, 2009). Studies have revealed that, across SSA, people mostly in rural areas, continue to listen to radio as their sources of information



including television and the use of other traditional channels like local drummers (Cynthia, 2008).

The mass media which is known to be a powerful tool for health promotion has been employed for use in diverse ways. This could be used to promote health education and promotion and to enhance people awareness about the disease (Zezeza, 2009). As such, understanding the appropriate channel to reach people on HIV/AIDS may improve the knowledge of people. It is also important to state that, understanding the difficulty in reaching people with HIV/AIDS messages may lead to better ways of handling the issue and this could lead to better improvement of behaviours.

From the results, concerning the demographic data of respondents, majority of the them representing 65% indicated that they were males whilst the rests were females. Also, most of the respondents representing 27.5% said that they were aged between 26-30 years at the time of the study whilst 23.3% respondents were teenagers. It was also showed that, 26.7% of the respondents indicated that, they had no formal education at the time of the study and 15.8% of the respondents revealed that, they had tertiary education.

Based on the results, most of the respondents representing 46.7% indicated they had stayed in the study community between 4-6 years. On the part of respondents knowledge level on HIV/AIDS, most of the respondents representing 22% revealed that, they got to know of HIV/AIDS from community durbar at the study community whilst 18% indicated that they got to know about HIV/AIDS during their days in school when school health was organized. At such platforms, healthcare workers were invited to the school to provide health education to students about HIV/AIDS.



Risky ways people at the study setting could engage in that were more likely to serve as a vehicle for transmission of HIV/AIDS were assessed. Based on the findings, majority of the respondents representing 72.5% indicated that HIV/AIDS can be transmitted by people in the study community engaged in unprotected sexual intercourse whilst 64.2% of the respondents indicated that HIV/AIDS can be transmitted from the mother to child during child birth if care is not taken to curb it. The results also showed that, majority of the respondents representing 70% indicated that HIV/AIDS cannot be transmitted by witchcraft.

Similarly, a study participant expressed how if couples are not faithful to each other could be a risky way of spreading the disease in this manner;

- *...You see among the women and men in this community, some of them... especially the men hide behind religious faith and practices to have sexual multiple partners including chasing small small girls. This can lead to the spread of the disease especially that, these young girls are having unprotected sexual intercourse all the time...*

Similarly, a study participant expressed how people engaged in homosexual could lead to the spread of the disease in this manner as;

- *...I am a believer, and I think that, sometimes God punishes people for bad behaviours like those who engaged in homosexual. So you see that, such people easily get the disease...*

There was an association between the marital status of respondents sampled at the community and knowledge of how HIV/AIDS is spread ($\chi^2 = 5.694$, $p = 0.040$, $\alpha = 0.05$). Based on the findings, there was also an association between the educational categories of



respondents and knowledge of HIV/AIDS at the study community ($\chi^2 = 11.574$, $p = 0.010$, $\alpha = 0.05$). There was no association between the occupational categories of respondents and knowledge of HIV/AIDS at the study community among the people sampled ($\chi^2 = 7.550$, $p = 0.273$, $\alpha = 0.05$).

Also, the importance of using communication to improve the knowledge of people on HIV/AIDS at the study area was assessed. Based on the results, majority of the respondents representing (n=88, 73.3%) agreed with the statement that, using communication to educate people about HIV/AIDS would help them to identify the risk factors that are associated with the disease. As this would help them to better improve their knowledge and take measures to prevent it. The findings also showed that, majority of the respondents (n=77, 64.2%) agreed with the statement that, using communication to educate people about HIV/AIDS would help them to understand the symptoms, causes and prevention of HIV/AIDS. And this would go a long way to improve their knowledge on the disease among the people.

The usefulness of communication being used to create awareness among people at the study community was examined. Based on the results, the following responses emerged.

- *...I think it is good. the community should organize a sensitization program where health care workers with in-depth knowledge could be invited to provide education on how best people could abstain from sexual intercourse and prevent the spread of HIV/AIDS...*

There was no association between the occupational status of respondents and satisfaction of communication been used to promote awareness among the community members in the study setting ($\chi^2 = 1.537$, $p = 0.674$, $\alpha = 0.05$). From the findings, it was also showed that



there was also no association between the age categories of respondents and satisfaction of communication being used to promote awareness among the community members in the study setting ($\chi^2 = 0.525$, $p= 0.913$, $\alpha=0.05$). There was also no association between the educational categories of respondents and satisfaction of communication been used to promote awareness among the community members in the study setting ($\chi^2 = 4.625$, $p= 0.328$, $\alpha=0.05$).

Similarly, the effects of using communication to create awareness on HIV/AIDS among the people was assessed. Based on the findings, majority of the respondents representing 75% revealed that one positive effect of using communication is to help people easily understand the message about HIV/AIDS. It was also showed that, a little over half of the respondents said using communication helps people to improve their moral about the disease at the study community. And 55.8% of the respondents revealed that, communication clears the sets of expectations of people about the disease at the time of the study.

However, from the results, majority of the respondents representing 72.5% indicated that information overload such as programme repetition on radio was not a negative effect of communication and most of the respondents representing 34.2% revealed that, people inability to respond to aired programmes by way of phone calls was a negative effect of using communication to raise awareness among the people.

One of the study participants puts it this way;

- *People in the study community would be able to get information concerning how they could prevent the spread of the disease ...*

Also, another participant puts it this way;



- *Communication also helps to allay the fears people have about the HIV/AIDS at the study community especially if health experts are talking about the condition....*

In a related development, appropriate communication channels for diffusing HIV/AIDS messages to the people was also examined. The results showed that, majority of the respondents representing 66.7% revealed that, they had not used their mobile phones to call any person for information about HIV/AIDS in the community or outside the community. Most of the respondents representing 45% among those who had ever used their mobile phones to access information about HIV/AIDS said they called health care workers to know more about HIV/AIDS whilst 25% of the respondents cited their friends as the persons, they used their mobile phones to call for the information about HIV/AIDS at the time of the study.

Majority of the respondents representing 65% considered sensitization at religious gatherings as a communication channel that could be used to create awareness among the people. It was also revealed that, most of the respondents representing 39.2% indicated that house to house education of people about HIV/AIDS was not considered as a channel for HIV/AIDS education. The findings further showed that, majority of the respondents representing 69.2% indicated that, sending WhatsApp messages to educate people about HIV/AIDS was a channel that could be used at the study community.

In a related development, a study participant remarked as;

- I recall health care workers visited us to talk about the spread of HIV/AIDS sometimes back in the past but since then, not much has been said about that again...



- There are times, information could also be put in the bill boards and position them at advantage points for people to easily read and talk about...

5.3 Conclusions

The study concludes based on each of the research questions that were set out to achieve.

5.3.1 Knowledge level of HIV/AIDS among respondents

Based on the findings, the knowledge level of respondents concerning HIV/AIDS was found to be high. It was revealed that, respondents had understood that HIV/AIDS could be transmitted through common routes. The results also showed that, few of the respondents tried to link HIV/AIDS and its cause to a form of supernatural cause as explained by their faith.

The findings showed that, the awareness level concerning HIV/AIDS among the people was generally high as community members have heard the disease before. Therefore, the Ghana Aid Commission should ensure that, adequate resources, planning and implementation of community-based education be implemented sustain and increase the awareness level of the disease. This could be achieved easily through massive launching of awareness campaigns in the local languages for HIV/AIDS, care and support for community members affected with the disease most especially using the media.

Also, there is the need to design explicit awareness-raising messages within the various native languages, keeping in view the cultural norms, especially for rural areas, where outreach health care workers and community-based organizations could be involved to promote the awareness. It is important to state that, knowledge level of community members could be increased by involving health care workers. There may be involved in



promoting health education and awareness raising amongst the wider community members at the study area.

5.3.2 Importance of using communication to improve the knowledge of people on HIV/AIDS

The usefulness of how communication could influence positively the knowledge of respondents was assessed. Based on the results, respondents regarded HIV/AIDS as a disease that was dangerous to everyone. And therefore, indicated that, communication should be intensified to raise awareness of people concerning the disease given the nature of the illness. The results showed that, HIV/AIDS care would require that the community members get involve in the activities to enlighten themselves about the disease. It is important to state that, people believe about HIV/AIDS would influence their decisions on treatment compliance and how they would adhere. This would impact how program on HIV/AIDS control could be implemented.

The study revealed that, there is the need to increase focused and targeted programs and interventions to improve community members knowledge through enhanced communication to raise people awareness on the disease.

5.3.3 Effects of using communication to create awareness on HIV/AIDS among respondents

Based on the findings, the respondents stated that the significance of acquiring the factual and comprehensive awareness regarding HIV and AIDS causes, prevention and treatment should be intensified using communication. This is because, the effect of using



communication to create awareness is to influence community members protective behaviours and reduce the myths people attached to the disease itself and the people who are suffering from the disease. Respondents also regarded HIV/AIDS as one dangerous disease which once acquired could lead to many diseases, which may indicate the fear of HIV/AIDS that they were living with. As such, the benefits of communication could be used to raise awareness on HIV/AIDS especially at the community level.

5.3.4 Appropriate communication channels for diffusing HIV/AIDS messages among respondents

Based on the results, respondents knew that, HIV/AIDS were very serious problems in the community yet little was done to create the awareness of the people on the condition. Respondents cited communication channels that could be used to reach community members to raise their knowledge about the disease. It was revealed that, community preferred to be reached with HIV and AIDS messages via media. This is possible due to the fact that, the media could be used to reach a large number of people in the community in their own local language.

Also, as part of measures to communicate HIV/AIDS messages to community members, speeches, talks and seminars should be encouraged among the community members to increase their awareness level regarding the illness. When the community members are empowered on how best they could prevent and reduce the negative impact of the disease, their awareness could be raised and there would be less risky behaviours among the people.



5.4 Implications of the findings to practice and research

The findings of the study had implications for health and research.

5.4.1 Health practice/education

The study revealed that knowledge level of community members at the study setting was found to be high concerning HIV/AIDS. Yet not enough strategies were employed to use communication to raise people awareness on the disease. The findings of this study would help in making important health decisions about how health care workers especially those residents at the study community could increase their campaigns to raise people knowledge about the provision of health care to patients with HIV/AIDS and their family caregivers. The findings would be beneficial to the study community health workers who could use the findings to advocate health related management practices in the Tamale metropolis about the issues of HIV and AIDS.

Policymakers and programme managers would be informed of the missed opportunities worthy of consideration in the implementation of policies that would improve the knowledge of community members of HIV/AIDS.

5.4.2 Research related practice

Health care workers play a pivotal role in health delivery but their knowledge will be obsolete if it is not based on research. Health care workers cannot only rely on the findings of other professionals for their practice but would have to be engaged in research to inform their practice. Health care workers should therefore go into research on community members knowledge about the disease to inform them of what could be done to increase



their awareness thereby reducing the risky behaviours of the people. During literature review for the present study, there was paucity of research-based information on communication in the study setting and how it could improve people knowledge of HIV/AIDS necessitating the need for more research in this area.

If studies on community awareness of HIV/AIDS care are conducted in Ghana, context appropriate and evidenced based information would be available to inform the role health care workers would have to play to help people reduce their risky behaviours. The findings would provide information that would add to the existing knowledge in academia and research in the field of HIV/AIDS related constructs in the area of community based awareness and communication strategies to be employed.

5.5 Recommendations

Based on the results, the following were suggested to help improve the use of communication to create awareness of HIV/AIDS among the community members in the Fuo Traditional Area.

5.5.1 Knowledge level of HIV/AIDS among people

The findings revealed that, knowledge level of community members was found to be high.

It is suggested that:



- However, Health care workers, Ghana AIDS Commission and community based Organizations interested in creating awareness of HIV/AIDS among people should intensify their campaigns to help sustain and increase awareness of the disease
- The use of local language by healthcare workers through the media would help increase people knowledge of the disease.
- Counselling training programs by healthcare workers should tackle family members involved in caring for patients with HIV/AIDS in homes and at health setting. This would help provide specific information that could be provided to the community members about the disease.

5.5.2 Importance of using communication to improve the knowledge of people on HIV/AIDS

Based on the results, it was found that, communication has not been effectively utilized to raise community members awareness on HIV/AIDS. Therefore:

- The health care workers should target specific media houses in the Tamale Metropolis with large listeners to raise people awareness of the disease.
- The use of the media by healthcare workers would provide the opportunity for people to phone in to contribute to the show.

5.5.3 Effects of using communication to create awareness on HIV/AIDS among the people



Community saw the need for communication to be used to raise people awareness of the disease. Therefore:

- People who have benefited from getting information about HIV/AIDS from communication could be used to help them create awareness on HIV/AIDS.
- The positive part of the community about the disease should be highlighted when using communication by healthcare workers as this would help them gain access to more people about the disease

5.5.4 Appropriate communication channels for diffusing HIV/AIDS messages among people

Based on the findings, community members preferred certain channels to be used to educate them about HIV/AIDS. Therefore:

- An appropriate medium should be used by health care workers to reach people concerning HIV/AIDS. This is because, in the study setting, there is still prevalent and cultural barriers which could prevent people access to comprehensive awareness about the disease.
- Tackling those obstacles at the onset would help them get to the community members with their messages to increase their awareness.

Health care workers and program organ The study employed a simple random sampling based on the lottery technique to sample the 120 respondents at the Fuo traditional area. This sampling method was used to give each respondent an equal opportunity of being chosen for the study. Because it was difficult to obtain the total number of respondents at the study setting at a single point in time, households were visited to collect the data. In a



household where there were more than one eligible respondent, a “yes” or “no” written on pieces of papers was balloted and all those who picked “yes” formed the respondents in those houses.

- Health care workers and programme organizers should use proven practices

behaviour change like role models that community members look up to and can emulate to serve as channels for HIV/AIDS communicators.

- Also, in the study community healthcare workers could use television which could play a pivotal role to gauge wider audience in providing comprehensive and accurate knowledge about HIV/AIDS to people especially among those with limited knowledge of the risk factors associated with the disease.

5.5.5 Further research

- A research by researchers should be conducted involving health care workers and policy makers on how communication could be used to improve community members knowledge on HIV/AIDS

5.5.6 Contributions of the study to new knowledge

The study revealed that community members lack knowledge on HIV and AIDS. It was revealed that, community members linked the cause of HIV/AIDS to witchcraft. Among community members, the belief in witchcraft was a socio-cultural issue which needs to be addressed. This is because, people have varied cultures and these have implications for their rituals and practices in relation to their health behaviours.



As such, health care workers need to be sensitive to the cultural needs of the people so that they could appropriately respond to their communication needs in times of need.

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APPENDIX I

UNIVERSITY FOR DEVELOPMENT STUDIES

QUESTIONNAIRE:

**THE IMPACT OF COMMUNICATION IN THE CREATION OF AWARENESS
OF HIV/AIDS ON THE PEOPLE OF FOU TRADITIONAL AREA IN THE
NORTHERN REGION**

Informed consent

My name is a Master's student of University for Development Studies currently undertaking a research. Participation in this study requires that I ask you some questions whose answers I will record in the questionnaire. You have the right to refuse to participate in this study. Participation is voluntary and you may ask questions related to the study at any time. You may refuse to respond to any question, and you may also stop the interview at any time without any consequences to you.

Section A: Demographic data of respondents

1. How old are you?.....
2. Sex a. male () b. female ()
3. What is your educational level? a. none () b. primary () c. JHS () d. SHS () e. tertiary ()
4. What is your main occupation? a. farming () b. unemployed () c. petty trading () d. others (specify).....
5. What is your marital status? a. never married () b. married () c. separated () d. divorced () e. widowed ()
6. How long have you stayed in this community? a. 1-3 years () b. 4-6 years () c. 7+



years ()

Section B: Knowledge level of HIV/AIDS among the people of Fou traditional area

7. Have you ever heard of HIV/AIDS before? a. yes () b. no ()
8. If yes, where did you hear about it? a. health care center () b. media () c. community durbar () d. school () e. religious gatherings () f. others (specify).....
9. Do you know how HIV/AIDS can be transmitted among people? a. yes () b. no ()
10. Do you consider the following as risky ways HIV/AIDS can be transmitted among people?

Item	Yes	No
HIV/AIDS can be transmitted by sexual intercourse		
HIV/AIDS can be transmitted from mother to child		
HIV/AIDS can be transmitted by witchcraft		
HIV/AIDS can be transmitted by mosquitoes bites		
HIV/AIDS can be transmitted by handshake		
HIV/AIDS can be transmitted via blood transfusion		
Others (specify)		

11. Do you know how HIV/AIDS can be prevented among people? a. yes () b. no ()
12. If yes, do you consider the following as ways HIV/AIDS can be prevented among people?

Item	Agree	Disagree	Neutral



Use condom during sexual intercourse			
Be faithful to one partner			
Abstain from premarital sexual intercourse			
Others			

13. How you would your rate your level of knowledge on HIV/AIDS a. good b. moderate () c. poor () d. excellent ()

Section B: Importance of using communication to improve the knowledge of people on HIV/AIDS at Fou Traditional Area

14. Indicate the extent to which the following are usefulness of using communication to improve knowledge of residents on HIV/AIDS

Item	Agree	Neutral	Disagree
Identify the risk factors of HIV/AIDS			
It creates and shares ideas among residents			
It serves as a foundation for planning			
It provides better knowledge on HIV/AIDS			
Others (specify)			

15. Have communication been effectively used to raise awareness among residents on HIV/AIDS in this community? a. yes () b. no ()

16. If yes, how would you rate your level of satisfaction of using communication in creating awareness? a. Well satisfied () b. Moderately satisfied () c. Not satisfied ()



Section C: Effects of using communication to create awareness on HIV/AIDS among the people at Fou Traditional Area

17. Do you consider the following as positive effects of communication in creating HIV/AIDS awareness among residents?

- i. Helps people to understand emotion and thoughts of others a. yes () b. no ()
- ii. Creates an atmosphere for people to show their understanding of HIV/AIDS a. yes () b. no ()
- iii. People will easily understand your message a. yes () b. no ()
- iv. It improves morale of people a. yes () b. no ()
- v. Clear communication sets expectations of people a. yes () b. no ()

18. Do you consider the following as negative effects of communication in creating HIV/AIDS among residents?

- a. People may not listen effectively if the program is aired on radio a. yes () b. no ()
- b. Incorrect message content on HIV/AIDS among residents a. yes () b. no ()
- c. Information overload such as programme repetition on radio a. yes () b. no ()
- d. Inability of the residents to respond to aired programme a. yes () b. no ()

Section D: Appropriate communication channels for diffusing HIV/AIDS messages among people at Fou Traditional Area

19. Have you ever used your cell phone to ask someone for HIV/AIDS messages? a. yes () b. no ()

20. If yes from who? (multiple responses) a. health workers () b. friends () c. co-workers () d. media () e. others (specify).....



21. Which channel is mostly used by people in this area to access HIV/AIDS messages?

- a. phone () b. media () c. community durbar () d. health centre () e. others

(specify).....

22. Do you consider the following as channels for HIV/AIDS messages dissemination to residents?

- a. Sensitization at religious gatherings a. yes () b. no ()

- b. House to house education a. yes () b. no ()

- c. WhatsApp messages a. yes () b. no ()

- d. Using community centres a. yes () b. no ()

- e. Using health care workers for education a. yes () b. no ()

- f. Sending phone text messages a. yes () b. no ()

23. Which is your preferred appropriate channel for HIV/AIDS messages dissemination to residents?

- a. radio () b. phone () c. market () d. community durbar () e. religious durbar () f.

others (specify).....



Thanks for your time

APPENDIX II

Structured interview guide

Topic: Impact of using communication to create HIV/AIDS awareness among the people of Fou Traditional Area in the Northern region

1. Bio data

Kindly tell me about yourself

- a. Age
- b. Sex
- c. Educational level
- d. Marital status
- e. occupational status
- f. duration of stay in the community

2. Have you ever heard of HIV/AIDS?

- i. Probe for knowledge (including sources of information)
- ii. Probe for causes of HIV/AIDSs
- iii. Probe for ways to reduce HIV/AIDS

3. How can people in this area knowledge be improved using communication on HIV/AIDS?

- a. Probe for responses
- b. Probe for the effects of using communication to raise people awareness on HIV/AIDS
- c. Probe for channels for communicating HIV/AIDS information



- d. Probe for the most appropriate channel for HIV/AIDS dissemination

Thank you

