



Strategic Communication as an Inevitable Tool for HIV/AIDS Campaigns: Evidence from Offa Community, Kwara State, Nigeria

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Abstract

This study investigated strategic communication as an inevitable tool for HIV/AIDS campaigns in Offa using a fear appeal approach. For simplicity, the study employed univariate method of analysis. The results showed that fear appeal based messages do not significantly pose any behavioural change in the pandemic of HIV/AIDS disease among respondents in Offa Kwara State. Furthermore, the results confirmed that fear appeal messages in HIV/AIDS campaigns will only succeed in arousing the curiosity of the people to ultimately ignore the fear and engage in high risk behaviour that will predispose them to have HIV/AIDS. Hence, the study concludes that proper use of simple messages to create adequate awareness among people is critical to persuading them to modify their attitude towards HIV/AIDS. Therefore, the study recommends that, the use of fear appeal messages in HIV/AIDS campaign should be discouraged and if otherwise, such messages should be modified in order to reach the desired result.

Keywords: Strategic communication; HIV/AIDS; Campaign; Fear appeal; Awareness

Introduction

In the last three decades, Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) have been found to be one of the most significant public health issues that have caused the globe a lot pain and infliction. This dreadful disease (HIV/AIDS) was first discovered in the United States in 1981 as pinpointed by Robinson [1]; a disease that has grown to become the most frightful on planet earth. As a matter of fact, the ravaging nature of this disease has led to a growing concern on how to stop the alarming rate of its occurrence. The rate at which the disease is spreading may be made worse by the sexual habit of the people especially youths and women because of the anatomical make up of

their body and the high rate of sexual violence against them. Couple with the ease of vertical transmission from the nursing mother to their children during breastfeeding. Consequently, the need for various forms of public communication campaign strategies and appeal in order to curb the spread of the horrible disease.

As a matter of fact, public campaign communication is the use of the media and organized set of communication activities to generate specific outcomes in a large number of individuals and in a specific period of time. They are an attempt to shape behaviour towards desirable social outcomes. For example, McGuire [2], observed that, persuasive health communication messages are difficult to create, regardless of the change one is trying to elicit in his audiences. When one is seeking a behavioural shift, the challenge is even greater. Fear appeals are persuasive messages designed to scare people by describing the terrible things that will happen to them if they do not do what the message recommends [3]. Recently, however, evidence is emerging to suggest that when used properly, "gory" and "hard-hitting" campaigns do have a place in health communication, particularly tobacco control.

Various forms of public communication campaigns and appeals have been adopted in a bid to modify or change unwanted behaviour with regards to the spread of the disease. To maximize their chances of success, campaigns usually coordinate media efforts with a mix of other interpersonal and community-based communication channels.

Public communication campaigns are growing more sophisticated and strategic. While there is still much progress to be made, campaign designers have begun to diversify their strategies and abandon the notion that information alone is the cure-all for society's behavioural ills. No wonder, authors like Dungan-Seaver [4] and Henry and Rivera [5] pinpoints that public communication campaigns can broadly be aimed at achieving two goals namely individual behaviour change versus public will and political change.

First, to them the individual change campaigns also called public information or public education campaigns, strive to

change an individual's behaviours that lead to social problems or the behaviours that will improve individual or social well-being. Well-known campaigns in this category target behaviours such as smoking, drug use, recycling, designated driving, seat belt usage, or fire (Smokey Bear) and crime prevention (McGruff the Crime Dog). Many come from the public health arena, but this type of campaign has branched out into other areas such as education, criminal justice, and early childhood. Consequently, this type of campaign may be used in the case of HIV/AIDS using fear appeal based messages to ensure behavioural modification and attitudinal change towards HIV/AIDS. Given the situation of this campaign, this study will look into fear appeal messages in the print media to ascertain whether they can help in behavioural change of individuals. Second, is the Public will campaign – This campaign focuses on creating public will that will motivate public officials to take policy action. As a matter of fact, this type of campaign is becoming increasingly common, irrespective of the fact that there is far less understanding about what it is, much less how it should be evaluated. A public will campaign attempts to legitimize or raise the importance of a social problem in the public eye as the motivation for policy action or change [5]. It focuses less on the individual who is performing the behaviour (i.e. the smoker, polluter, drug user), and more on the public's responsibility to do something that will create the environment needed to support that behaviour change. For this reason, it is sometimes also referred to as a public engagement campaign. A typical example of this is the present day campaign on HIV/AIDS which focuses more on the need for the members of the public to care and support People Living With HIV/AIDS (PLWHA) and the need for them to adopt measures that will prevent them from contracting HIV/AIDS by not engaging in high risk behaviours that will predispose them to the disease.

UNAIDS [6], reports that to date, virtually every country in the world has been affected by HIV/AIDS according to the Joint United Nations Programme on HIV/AIDS. According to World Health Organization (1994), in response to the challenges of HIV/AIDS, most countries have established a national AIDS programme and have conducted some sort of mass media HIV/AIDS campaign. According to Mann and Tarantola, an international survey of governmental national AIDS programmes found that 86 countries worldwide reported collecting information on the numbers of people provided with targeted HIV/AIDS prevention messages. Ross and Carson [7], however observed that the precise impact of mass media campaign on reducing AIDS risk behaviours is continually debated, knowledge about AIDS is obtained most often from mass media (i.e. newspapers, magazines, pamphlets, and posters) rather than from interpersonal sources (i.e. friends, health workers, or the workplace).

The use of multiple channels, as opposed to reliance on a single channel, appeared to be partially related to available media budgets – single and small media campaigns were noted more often in less developed countries restricted by financial and material resources. To maximize limited resources, campaigns in less developed countries tended to

use lower-cost media channels such as print and small media. Moreover these media were more suited to the targeted groups. In contrast, many industrialized countries designed multimedia campaigns where multiple channels are used simultaneously. The array of channels used to convey HIV/AIDS preventive messages illustrates the diversity and innovation that has been applied by HIV/AIDS practitioners. Rather than relying solely on mainstream forms of communication, HIV/AIDS campaigns have utilized venues including less traditional forms such as cinema spots, short-films, bar coasters, rock concerts, and even baseball cards to convey HIV/AIDS messages. Myhre and Flora [8] noted that faced with the challenges of discussing personal and private issues related to HIV/AIDS risk behaviours, HIV preventive channel selection has proven both creative and unconventional.

In spite of the various efforts made at controlling the infection in the African continent, particularly in the area of treatment, the infection is still spreading rapidly like bushfire. Reports showed that less than five percent of the HIV positive children in need of AIDS treatment are receiving it. And only one in 10 pregnant HIV positive women has access to drugs that prevent the virus from infecting their children. In the light of this challenge in the area of treatment, African governments and other stakeholders in the control of HIV/AIDS suggested that prevention of the spread of the infection through massive education and enlightenment campaign should be resorted to, since there is no better way to improve the health of the people living with HIV/AIDS than to link health workers to the people in open lines of communication.

These massive education and enlightenment campaign may be used to positively affect all the aspects of the lives of people living with HIV/AIDS, for instance, the campaign may provide knowledge to target groups and it may also address their attitudes and beliefs. The ultimate goals of the campaign are: to improve the public's knowledge about HIV/AIDS, promotes attitudes and practice that prevent the transmission of HIV, build up skills among healthcare providers that help to develop greater understanding and knowledge of HIV/AIDS, monitor the quality of the campaign and evaluate its impact. These health campaigns so far have been in form of radio and television jingles educating people about HIV/AIDS, public entertainment and concerts where theatre and musical artistes enlighten the people about the presence of the infection and the route of transmission through their acts, and the use of hand bills, fliers, posters and pamphlet to educate the populace. Hence, the reason for this current study "Strategic Communication an inevitable tool for HIV/AIDS Campaign: A case study of Offa – Kwara State, Nigeria.

Statement of the problem

In spite of the various forms of public communication campaigns and appeals that have been adopted in a bid to modify or change unwanted behaviour with regards to the spread of the HIV/AIDS; the disease is on the increase. Though man has to contend with many deadly diseases such as cancer, hepatitis, malaria, Ebola etc, HIV/AIDS remains one of the greatest medical challenges in the world today. It is one of the

diseases of public health concern because it kills both old and young. It does not have any known cure as attempts have been made to get the disease under control with little success. Effort by experts in the field of medicine to find a cure for the disease is yet to yield meaningful results.

Consequently, all stakeholders in the control of HIV/AIDS all over the world believe that the best approach to controlling the spread of the disease is through prevention. In view of this, health campaign message designers have employed different strategies among which is the use of fear appeal messages to discourage high risk behaviour in order to curb its spread.

Fear appeal or scare tactics has been used in the campaign against HIV/AIDS in different African countries such as South Africa, Zambia and Nigeria to mention a few. Fear appeal messages used in some HIV/AIDS campaign in Nigeria include: "Do you have death wish?", "Women don't get AIDS, they just die from it", "HIV/AIDS is a killer disease" etc. this headlines are accompanied by fear inspiring pictures such as skeleton and coffin. However, people exhibit diverse attitudes to advertising appeals, to some people they are objective pieces of information, such people pay attention to them, are pleased and satisfied with them. To others fear appeal serves no useful functions and thus pays little or no attention to them.

Given this, it is assumed that people must have built up certain attitudes to fear appeal as a communication strategy. The question therefore arises: what are the attitudes of Offa residents toward the use of fear appeal as a communication strategy in HIV/AIDS campaigns? This is the problem which this study intends to investigate. To this end, the study seeks to address the following questions: To what extent have fear appeal messages/advertisement been able to curb advent of HIV/AIDs in Offa, Kwara state? What is the impact of mass media on the spread of HIV/AIDS in Offa?

Objectives of the Study

The main objective of the study is to examine the efficacy and appropriateness of fear appeal messages commonly used in HIV/AIDS campaigns in modifying the behaviour of respondents about tendencies that could facilitate the spread of the disease. However, the specific objective of this study among others includes;

- To determine the extent in which fear appeal messages used in HIV/AIDs campaign is effective in modifying the behaviour of respondents regarding the spread of the disease in Offa.
- To determine the efficacy of fear appeal messages on the spread of HIV/AIDs in Offa.

Significance of the Study

Over and above, the relevance of this study cannot be overemphasized, in the sense that when strategic communication campaign skills are utilized via the use of fear appeal messages as a campaign effort could have negative or positive impact on the populace. In particular, such effort will

help to discover if fear appeal messages can bring about the desired behavioural change in people regarding HIV/AIDS. Besides, this study has some inherent benefits that can be achieved from it if properly annexed. For instance, researchers stand to benefit from the study as it will afford them a proper examination of what causes the differences in message processing, by giving them insight on how to design messages to fit people's needs. Furthermore, findings of this study will also serve as a reference point to message designers to know what message recipients differ in their psychological make-up in message interpretation which may lead to either proper interpretation or misinterpretation of messages intended for them. It will help designers to know how communication campaign can bring about change in the attitude and behaviour of individuals as well as help message designers to have an insight into an appeal that is appropriate for the audience. More so, it will also help researchers and academia to know the adequacy and efficacy of fear appeal messages intended for behaviour modification.

Data and Method

Research design

The study adopted two research designs: survey research and focus group discussion technique. Since this research is focused on people, their behavioural change, the instrument that was used is the questionnaire. The questionnaire was used to measure the opinions, attitudes, behaviours and beliefs of the people. It consists of two sections: A and B. Section A consists of demographic data of respondents. Section B is made up of closed ended and open ended questions and sought to know the perception and opinion of people about the content of fear appeals used in HIV/AIDS messages drawn from various campaign posters, billboard to which the respondents were exposed in order to assess the depth of fear instilled in the people by these messages. This is meant to determine the efficacy of the threat component of these fear based messages. The focus group discussion guide was used to gather data, explain and have deep insight into the attitude and behaviour of the ten participants in the focus group discussion. This was achieved by showing some of the prototype campaign posters and billboards to the participants in order to assist them to assess the posters and billboards before giving their opinions.

Study population

The population for this study was drawn from people between the ages of 15 and 59 from Offa town who have read about HIV/AIDS campaign messages such as: AIDS is Real- Be Wise, Do you have a death wish?, HIV/AIDS kills! Don't be deceived, HIV/AIDS is a killer disease-has no cure, learn about it, stop the spread and prevent it, particularly from the print media (handbills, posters and billboards) within Offa town.

Determination of sample size

In determining the sample size for this study, the researcher adopts the Taro Yamane formula. According to Taro Yamane cited in Uhegbu [9], the sample size for this study is 398 given that the population of Offa Local Government according to National Population Commission was 88,975.

Sample and sampling procedure

A simple random sampling method was employed for this research. This is because the members of the population of the study area were given equal chance of being selected as part of the sample. This can be ascertained by ensuring that all age groups who might have in one way or the other been exposed to the content of fear appeals messages on HIV/AIDS are fully represented.

This sampling technique was used to select three hundred and ninety-eight respondents because HIV/AIDS cuts across all age groups, so that all the age groups especially those within the reproductive age will be fairly represented. Seventy-five copies of the questionnaire will be distributed to respondents within the 15-19 years age group (this will be done because the respondents were unlikely to be able to have a proper interpretation and good understanding of the messages). One hundred and forty-five copies of the questionnaire shall be distributed to respondents in 20-29 years age group because they are the most vulnerable age group that are very active and more likely to engage in high risk behaviours, eighty-five copies of the questionnaire to the 30-39 years and seventy copies to 40-49 years of age groups because they are less likely to engage in high risk behaviour as they were expected to be married, while twenty-three copies will be given to respondents in the 50- 59 years age group because they are also thought to be unlikely to engage in high risk behaviour that will predispose them to HIV/AIDS.

Ten people all of whom are in the reproductive age group were engaged in a focus group discussion (controlled group interview where about 8-12 people are allowed to participate). Their ages range from 19-34 years and they are not married but sexually active.

Instruments

The data was collected with the aid of questionnaire and focus group discussion guide.

Questionnaire: The questionnaire which was designed and developed by the researcher consists of two sections: A and B. Section A consists of five parts and it aims at eliciting demographic information such as Age, Sex, Educational achievement, etc. Section B consists of seven items with items 3 and 6 being open ended and items 4, 5, and 7 being close ended. This section was designed to know the extent to which respondents perceive the contents of fear appeal messages as well as the extent to which the content of fear appeals have been beneficial to their behavioral modification. Item 4 consisted of 8 fear appeals messages culled from campaign posters, billboards and hand bills to which the respondents

responded on a three-point scale. This will further help to determine the perception of respondents to these fear appeal messages in HIV/AIDS campaign. They will be expected to choose only one out of the three options. In particular, the statements are made to elicit the respondent's perception of fear appeal messages in HIV/AIDS campaign. Therefore, respondents were allowed to choose only one out of the five options. Item 7 consists of six statements to which the respondents are expected to respond on a five-point scale. The statements are made to measure the attitudes of the respondent's top fear appeal messages in HIV/AIDS campaign. Items 3 and 6 are divided into two parts each. The second part is open ended and designed to allow the respondents to express their minds and feeling. Here, they were allowed to give reason to support their chosen level of perception about the use of fear appeals in HIV/AIDS campaign as in the case of item 3b and also give reasons to support their chosen attitude towards the use of fear appeals in HIV/AIDS campaign.

Focus group discussion guide: Ten people were selected for the focus group discussion. The ten participants were selected because they could easily be managed to get the required data. The ten people whose ages range within 19-39 and all of whom are in the reproductive age group were engaged in a focus group discussion because they are not married and are sexually active. They are also the most vulnerable age group that is very active and more likely to engage in high risk behaviours.

An interview guide (a list of questions prepared by the researcher for the purpose of conducting interview on the participant. The researcher also served as the moderator who controls the proceedings of the interview while asking the questions in order to have a good focus of the discussion). It is prepared to be used in focus group discussion which consists of ten people. The guide contains nine questions which seek to determine their attitude, perception and behavioural modification towards HIV/AIDS.

Method of Data Collection

The questionnaires were self-administered to the respondents in their offices, schools, businesses and homes. However, research assistants also were engaged to help in the administration of questionnaire in order to save time. The researcher and other research assistants waited while the questionnaire was being completed with a view to eliminating bias which may occur as a result of respondents influencing one another. This may occur if a respondent tries to copy what another respondent had written while interacting with the person. Also, the researcher stayed with the respondents in order to explain areas that are, hitherto, difficult for them to comprehend while completing the questionnaire.

Poster and hand bills for focus group discussion and questionnaire were collected from non-governmental organizations like Kwara State Action Committees on AIDS (KSACA), AIDS Prevention Initiative of Nigeria (APIN), Association for Family and Reproductive Health (ARFH), Society for Family Health (SFH) and Centre for Reproductive

Health Aromatherapy and Development (CEREHAD) as well as Olalomi Hospital, Offa and Federal Polytechnic Health Centre, Offa.

Method

Data analysis

Data gathered through the questionnaire was analyzed using the bivariate and univariate method. In view of this, the simple percentage (%) method was used. Data gathered is presented in tables based on the research questions and the various items of the questionnaire like the general demographic data in sections A and the various items in Section B. In analyzing all the questionnaire items, a frequency table was drawn to show the number of items the respondents responded in a particular item and the percentage of the frequency was also found. Each of the research questions will be based on the responses of the respondents. A brief synopsis of the responses of the participants in the focus group discussion will be made and the findings compared with the findings from the questionnaire.

Validity and reliability

In order to ensure the validity and reliability of the study, content validity was ascertained by making the questionnaire items to tally with the research questions. This is to ensure that the research questions measure what it is supposed to measure. This also goes with the focus group discussion; all the questions to be asked will be in line with the research question which dwelt more on the content of fear appeal messages on HIV/AIDS in the print media, whether it has helped in behavioural modification or attitudinal change. In the case of reliability, the instrument used can be said to be reliable because there was a degree of consistency shown during the research. The questionnaire was administered on two different occasions though each of the copy of the questionnaire had the same content; they were administered on different occasions. It was later realized that the same response was given as the first which shows that the measurement is consistent since the same result is being recorded in the second questionnaire as the first.

Results and Discussion of Findings

This section presents the results obtained from the data collected using the questionnaire and the focus group discussion guide. The findings provided answers to the research questions. Three hundred and ninety eight copies of the questionnaire were distributed to the respondents who were between the ages of 15 and 59 years and three hundred and thirty seven respondents returned their questionnaire.

Respondents' demographic characteristics

Of the 337, 144 representing 42.7% were males, while 193 representing 57.3% were females. Similarly, it was discovered that 211 respondents representing 62.6% were single, 109 of

them that is 35.3% were married, 3 of them representing 0.09% were divorced and 4 of them representing 1.2% were widowed. **Table 1** shows that majority of the respondents that is 64.7% were not married with likelihood of engaging in risky behaviours that may expose them to HIV/AIDS. Evidence shows that (56) respondents or 16.6% were between the ages of 15-19 years; 135 that is 40.1% were between the ages of 20-29 year; 78 respondents or 23.1% were between 30-39 years; 50 respondents representing 14.8% were between 40-49 years; 18 respondents or 5.4% were 50-59 years. Essentially, the majority of the respondents (about 93.6%) are the very active people who are likely to be sexually active and would want to undertake risky behaviours that could expose them to HIV/AIDS infection. These age groups constitute the backbone of the nation's economy. The educational background of the respondents showed that 51 out of 337 constituting 15.1% had post primary school education, 73 respondents representing 21.7% had WASC/SSCE/GCE O'LEVEL, 82 of them representing 24.3% were holders of ND, NCE and other Diplomas, 94 respondents that is 27.9% had HND or First Degree while thirty-seven (37) of them representing 11.0% had higher degrees (Masters, PhD or the equivalents). It was equally discovered that 152 respondents representing 45.1% were Christians, 179 of them representing 53.1% were Muslims and only 6 respondents representing 0.18% were Traditionalists.

Table 1: Respondents' Demographic Characteristics.

Variables	Frequency (n=337)	Percentage (%)
Gender		
Male	144	42.7
Female	193	57.3
Marital status		
Single	211	62.6
Married	109	32.2
Divorced	3	0.09
Widow	4	1.2
Age grade		
15-19 y	56	16.6
20-29 y	135	40.1
30-39 y	78	23.1
40-49 y	50	14.8
50-59 y	18	5.4
Education		
Post Primary School	51	15.1
WASC/GCE/O' Level	73	21.7
ND/NCE/A 'Level/Other Diploma	82	24.3
HND/First Degree	94	27.9

Higher Degrees	37	11
Religion		
Christianity	152	45.1
Islam	179	53.1
Traditional	6	0.18
Source: From field work 2015		

Respondents Knowledge of HIV/AIDS and Exposure to HIV/AIDS Campaign messages

Table 2 shows that all the respondents, which are 337 representing 100%, were exposed to HIV/AIDS messages. The fact that all the respondents were susceptible to HIV/AIDS messages may mean that HIV/AIDS campaign is more intense than before and that all of them have at least post primary education which increases their possibility of getting easily exposed. Furthermore, the above table disclosed that 270 of the overall respondents constituting 80.1% believe that "HIV/AIDS is real" which is one of the subjects treated by these messages. In the same vein, 187 of the respondents representing 55.5% said "The devastating effect of HIV/AIDS", 223 respondents representing 66.2% said "Treating of People Living With HIV/AIDS with love" is one of the subjects treated by these messages, 228 of them accounting for 67.7% said "Modes of Transmission of HIV/AIDS" is one of the subjects and 234 respondents representing 69.4% said "Prevention of HIV/AIDS" is one of the subjects treated. This table shows that majority of the respondents are interested in the reality of HIV/AIDS and how to treat people living with HIV/AIDS with love since the population of the infected people is increasing.

Table 2: Respondents Knowledge of HIV/AIDS and Exposure to HIV/AIDS Campaign messages.

Variables	Frequency (n=337)	Percentage (%)
Knowledge of HIV/AIDS		
YES	337	100
NO	0	0
Exposure to HIV/AIDS Campaign messages		
HIV/AIDS is real	270	80.1
The devastating effect of HIV/AIDS	187	55.5
Treating People Living with HIV/AIDS (PLWHA) with love	223	66.2
Modes of Transmission of HIV/AIDS	228	67.7
Prevention of HIV/AIDS	234	69.4

Source: From Field Work 2015

Assessing the effectiveness of fear appeal messages in controlling HIV/AIDS pandemic

The above **Table 3** is a consequence of the questions that the researchers asked the respondents with respect to how they perceive the use of fear appeal messages to discourage high risk behaviour/tendencies that could facilitate the spread of HIV/AIDS pandemic. Observably, it was discovered that 140 respondents representing 41.5% are of the notion that it is effective, while 165 of them representing 49.0% feels otherwise while 32 of them that is 9.5% were indifferent. This, however, shows that half of the sampled respondents' in the study believes that creating fear in people with HIV/AIDS campaign messages is not effectual in discouraging high risk behaviour. Although, a further analysis of the respondents who were of the view that, fear appeal messages are strategic in discouraging high risk behaviour pinpoints that, 26 respondents representing 7.7% thought it may encourage people that are fearful to be more afraid, 86 of them representing 25.5% thought it makes people to be aware of the need to stay alive, 21 respondents constituting 6.2% thought it shows the consequences of contracting the disease, 2 respondents representing 0.06% thought the illiterates will get more scared and may then modify their behaviour, while 3 respondents representing 0.09% gave either inappropriate reasons or no reason. This reason can be said to be reflecting the mindset of people towards the use of fear of HIV/AIDS messages.

Table 3: Results of effectiveness of fear appeal messages in controlling HIV/AIDS pandemic.

Variables	Frequency (n=337)	Percentage (%)
Creation of fear		
Yes	140	41.5
No	165	49
I can't say	32	9.5
Reasons for Effectiveness		
It may encourage those that are fearful	26	7.7
It makes people to be aware of the need to stay alive	86	25.5
It shows the consequence of contracting the disease	21	6.2
The illiterates get more scared and modify their behaviour	2	0.6
Inappropriate reasons	3	0.9
No reason	2	0.6
It may encourage those that are fearful	26	7.7
It makes people to be aware of the need to stay alive	86	25.5

It shows the consequence of contracting the disease	21	6.2
The illiterates get more scared and modify their behaviour	2	0.6
Reasons for Ineffectiveness (NO)		
It only increases people's curiosity about these risk behaviours	19	5.6
People cannot get scared by what they don't understand	13	3.9
It hardens some people's heart and so ignore the fear	49	14.5
Adequate awareness is what is needed rather than fear – based messages	52	15.4
It may prevent people from going for screening	21	6.2
Inappropriate reasons	6	1.8
No reason	5	1.5
Vague responses		
It doesn't scare people as they do not believe HIV/AIDS is real	28	8.3
No reason	4	1.2
Source: From field work 2015		

On the contrary, 19 respondents representing 5.6% believes that fear based messages only increase people's curiosity about the risk behaviours to contracting HIV/AIDS, 13 of them representing 3.9% believed people cannot get scared by what they don't understand, 49 respondents that is 14.5% believed that it hardens some people's heart and so they may ignore the fear, 52 respondents representing 15.4% believed adequate awareness is what is needed rather than fear-based messages, 21 of them that is 6.2% thought it may prevent people from going for screening, 6 respondents representing 1.8% gave inappropriate reasons while 5 of them representing 1.5% gave no reason.

Again, it was discovered that 28 respondents representing 8.3% believed they could not talk about the effectiveness of creating fear in people using HIV/AIDS messages to discourage them from indulging in risky behaviours that could facilitate the spread of the disease because they think the messages don't scare people as they do not believe HIV/AIDS is real. While 4 accounting for 1.2% respondents gave no reason. This can be explained by the fact that some people are still ignorant of the presence of the disease in their community and they wonder, of what effect are the messages since people don't know that HIV/AIDS exist?

Effectiveness of fear appeal messages and spread of HIV/AIDS

Table 4 shows that 65.5% of the respondents do not believe that the use of fear appeal in HIV/AIDS messages are effective

in creating fear in people not to indulge in behaviours that could promote the spread of the disease.

Table 4: The uses of fear appeal in HIV/AIDS messages are effective in preventing people from promoting the spread of the disease.

Response	Frequency	Percentage
Never true of me	114	38.8
Rarely true of me	73	26.7
Sometimes true of me	55	16.3
Often true of me	64	19
Almost always true of me	31	9.2
TOTAL	337	100
Source: From field study 2015		

Summary of Findings, Conclusion and Recommendations

Summary of findings

This study investigated the use of fear appeal messages on respondents' attitude towards HIV/AIDS. The observed problem which necessitated this study was the different ways individuals' process fear appeal messages and the influence on behavioral change as regards HIV/AIDS. The result of the study showed that people get scared by fear based messages in HIV/AIDS campaigns. Fear based messages in HIV/AIDS campaign, only scare people more as to increase their curiosity about the risk behaviours towards HIV/AIDS and thus ignore the fear. But they believe that adequate awareness and the use of simple messages can easily persuade people to modify their attitudes toward HIV/AIDS. Fear based messages have been able to modify the behaviour/attitude of people to a very little or no extent because of the complex nature of the messages. Hence, there is no relationship between the behavioural response to fear appeal messages in HIV/AIDS campaign and the spread of the disease in Offa Kwara State.

Conclusion

Based on the above findings, this study concludes that in spite of the fact that various messages have been used in HIV/AIDS campaign, proper use of simple messages to create adequate awareness among the people is the key to persuading them to modify their attitude towards HIV/AIDS. The use of fear based messages in HIV/AIDS campaign will only succeed in arousing the curiosity of the people to ultimately ignore the fear and engage in high risk behaviours which is consistent with the previous study [10]. Many of the respondents were of the opinion that they know everything about the disease and nothing can scare them away from contracting the disease while some other respondents were of the opinion that it is a western propaganda and that the disease is not present.

Although, some respondents still believed that fear appeal messages in HIV/AIDS campaign are too forceful and can even scare people to make mistakes while some can even get confused by these messages and ultimately prefer not to modify their behaviour. It was also observed that fear appeal messages in HIV/AIDS campaign do not have any impact on the socio-demographic status of the respondents and so the messages do not have much power to appeal to emotions of the respondent in order to persuade them to either stop engaging in these high risk behaviours or modify their behaviours to reduce the diseases. Thus, creating adequate awareness among the people about the prevalence of HIV/AIDS in the community and the devastating effects of the disease on the people will go a long way in reducing the frequency and spread of the disease in the community.

The use of fear appeal in HIV/AIDS campaign has also helped in the stigmatization and discrimination of people living with HIV/AIDS (PLWHA) and no amount of persuasion can make people change their minds because they believe that when contracted, it is automatic death.

Policy implication and recommendations

There is no doubt about the fact that health communication is one of the instruments that can be used to curb the rapid spread of HIV/AIDS in any community. Its proper use will determine the rate at which the spread of the disease is controlled. There should be free flow of information to the people on the need to stop indulging themselves in behaviours that could make them acquire the disease. The following recommendations may become necessary based on the findings and conclusions of this study.

The use of fear appeal messages in HIV/AIDS campaign should be stopped immediately and if this cannot be stopped, the messages can be modified in order to achieve the desired result.

Furthermore, the use of simple and clear message that will create or improve the levels of awareness of people about HIV/AIDS and also appeal to their rational thinking should be used to achieve the desired goals of controlling the spread of

HIV/AIDS effectively among the people. The need to cater for more people living with HIV/AIDS (PLWHA) in our community should be emphasized more as this will reduce the problem of stigmatization and more people will come out for counseling and testing with subsequent treatment. This is believed to also decrease the rate of spread of the disease.

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