

## **Influence of Radio Health Sensitisation Programme on HIV Stigmatisation among Residents of Owerri Metropolis**

### **ABSTRACT**

It remains an unarguable fact that people living with HIV massively come across stigmatisation, prejudice, and discrimination which kills faster than the virus itself. Thus, the fear of stigmatisation will evidently force many of HIV victims to remain silent than disclosing their HIV status. However, the main objective of the study is to examine the influence of radio health sensitisation programme on HIV stigmatisation among residents of Owerri metropolis. The agenda setting and social learning theories served as the theoretical underpinning for the study. Survey research design was used. Sample size of 384 was derived using the Wimmer and Dominick online sample size calculator from the population of 555,500. The multi-stage and the purposive sampling techniques served as the sampling techniques with questionnaire as the instrument of data collection. Findings of the study showed that Radio health sensitisation programme on HIV stigmatisation has significantly broadened the knowledge of the respondents on HIV stigmatisation to a high extent at an average mean of 3.5. Also, at an average mean of 3.4, radio health sensitisation programme on HIV stigmatisation has significantly influenced the behaviour of the respondents towards HIV victims as it has induced positive behavioural changes in them. It was concluded that if there are myriads of media programmes specifically designed for HIV stigmatisation and scheduled at a friendly airtime across different media organizations, it will lead to an increased media exposure as the media constitute an effective strategy to combating HIV/AIDS-related stigma.

Comment [CC1]: "of" must be deleted

**Keywords:** HIV, stigmatisation, health, radio, sensitisation programme

### **Introduction**

In general, stigmatisation of any type, resulting from any illness, kills more quickly than the illness does because of the severity and shame brought on by the prejudice. According to Fakolade et al. (2010), stigma and discrimination are commonplace for those with HIV and AIDS, particularly in poor nations. Stigma associated with HIV can take the form of denial from loved ones, emotional rejection, societal marginalisation, and overt and covert discrimination. It is consequently associated with a decline in the adoption of preventative and care behaviours, including the use of condoms, asking for an HIV test, and seeking care following a diagnosis. Due to lack of knowledge about the disease's epidemiology,

transmission channels, and prevention strategies, HIV-related stigma in Nigeria is exacerbated (Fakolade et al., 2010).

According to Zelalem (2013), HIV and AIDS have developed into one of the world's tragedies that affects individuals of all sexes, races, colours, ages, creeds, and socioeconomic statuses. It creates tremendous difficulties to people because it knows no racial or regional boundaries. Numerous manifestations of stigma lead to many people being unwilling to seek HIV counselling, testing, and treatment, as well as being significantly less likely to take the necessary medicine (Chalk, 2014).

According to statistics from the Joint United Nations Programme on HIV/AIDS (UNAIDS) and World Health Organisation (WHO) (2021 and 2022, respectively), 38.4 million (33.9 million–43.8 million) individuals were estimated to have HIV in the world in 2021. In terms of the number of people living with HIV worldwide, Nigeria ranks fourth with an estimated 1.8 million people as of 2019. However, the Statista Research Department estimates that 1.9 million people—mostly women—are currently living with HIV as of 2023. 3,891 out of 133,792 people who were examined for HIV between January and June of 2019 in Imo State tested positive for the virus, according to Ogugbuaja's report in *The Guardian*.

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

Even though the media was primarily to blame for the horrifying reports that caused the majority of people to fear HIV and AIDS, if handled and used properly, it can be a useful tool in combating stigmatisation and discrimination against those who are infected with or affected by the pandemic (Aghaei, et al., 2023; Zelalem, 2013). A promising approach to addressing HIV/AIDS is the judicious use of media to demystify HIV disease (Kerret al., 2015). Chalk (2014), Iheanacho et al. (2021) averred that there is a consensus that the media has an important contribution to make in challenging and changing societal attitudes.

For example, the "Clinic Health" programme on Darling 107.3 FM was created in this same spirit to educate the public on a variety of health-related issues that are risky and important to an individual's wellbeing. This will help to inform, educate, and enlighten the listeners about the necessity of ending stigmatisation.

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

### **Statement of the Problem**

The fact that people have been stigmatised and subjected to discrimination in numerous areas of the nation only because they are HIV positive is extremely evident (Zelalem, 2013). The stigmatisation of people with HIV/AIDS is more pervasive in most social groupings than the

persistent social stratification based on disability, race, gender, or sexual orientation. People with HIV experience stigma, prejudice, and discrimination on a global scale because we do not live in a perfect world. This is frequently the most difficult aspect of having HIV. There is no denying that the way the public views and treats virus sufferers is more pitiful than the infection itself. Tentatively, stigmatising HIV-positive people has been linked to a variety of harmful health effects, from an increase in depressed symptoms to unsafe sexual activity. Additionally, the health habits of persons living with HIV, such as seeking treatment, being tested for HIV or the hepatitis C virus (HCV), and sticking to medical regimens, can be negatively impacted by encountering stigmatisation or prejudice in a healthcare setting. Because of their HIV status, stigmatised HIV patients are prevented from living full, happy lives and are only able to conduct a limited number of activities.

Sadly, some of these victims come to learn that because they are the targets of stigma and discrimination, they are not loved, welcomed, or supported by people who are close to them. Many HIV victims are ostensibly forced to keep their HIV status a secret out of fear of being stigmatised (Sweileh, 2019; Zelalem, 2013). However, it is clear that the society's culture of quiet and denial stemming from apprehension of stigma and discrimination has a great potential to increase the prevalence and spread of HIV in the nation.

In order to combat HIV-related stigmatisation, the media must play a significant role. Despite being one of the forces behind the decline in HIV cases, the media appears to be falling short of its full potential (Chalk, 2014). In light of this spectrum, the study is motivated to critically assess whether media programmes have a substantial influence on their target audience in terms of educating them about HIV stigma and reducing the tide of stigma.

## **Objectives of the Study**

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

1. Find out the extent to which residents of Owerri metropolis are exposed to radio health sensitisation programme on HIV stigmatisation.
2. Determine the extent to which the radio health sensitisation programme on HIV stigmatisation have broadened the knowledge of the residents on HIV stigmatisation.
3. Ascertain the influence of radio health sensitisation programme on HIV stigmatisation on the behaviour of the residents towards HIV victims.

## **Literature Review**

### **An Overview of HIV Stigmatisation**

Greater than the pervasive societal stratification based on disability, race, gender, or sexual orientation is stigmatisation of those with HIV/AIDS. In every nation and region of the world, stigmatisation has been recognised as one of the key obstacles to HIV control and prevention, creating risks to avoiding new infections, lessening the effects, and providing proper care, support, and treatment.

### **Forms of HIV Stigmatisation**

Stigma and prejudice associated to HIV can take many different forms and appear on several levels. It is frequently acknowledged as a multi-dimensional and interconnected phenomenon. There are basically three key categories of HIV-related stigma (Zelalem, 2013) viz;

- i. **Self-stigma:** Is the term for those who live with HIV and AIDS who blame themselves and despise themselves.

- ii. **Perceived stigma:** This is the concern the victims have of what will happen to them if they disclose their HIV positive status.
- iii. **Enacted stigma:** When persons are treated unfairly because of their HIV status, this occurs..

HIV related stigmatisation can also be manifested at four major levels, viz;

- i. **Physical stigmatisation:** This includes violence and physical segregation. It can be anything from physically separating sleeping areas in the house to refusing to be in close proximity to others at different public events.
- ii. **Social stigmatisation:** This includes voyeurism, voyeurism, and social isolation. People with HIV may experience some form of separation from their families and community events, as well as a general loss of influence and respect. And ultimately could result in palpable social anguish.
- iii. **Verbal stigmatisation:** which includes slurs, jeers, accusations, blame, slander, and gossip directed at HIV-positive individuals.
- iv. **Institutional stigmatisation:** This is the term for unequal treatment of people with HIV within an institution, which has a negative impact on them. This could result in losing one's means of support, job possibilities, access to education, and housing (Zelalem, 2013).

### **Media Programmes**

There is no denying that the most significant items a broadcast station produces are its programmes. They are made to satisfy the audience's demand for creativity from a station. It is a product that appeals to and elicits responses from the station's core demographic, which is exposed to the programmes during broadcasts. They are presented in a certain way to suit the channel of presentation and the tastes of the audience. Through the creation and

presentation of broadcast programmes, stations pique the interest of, appeal to, and influence their audience in a certain way (Owuamalam, 2007). Owuamalam (2016) states that a programme must be developed, produced, and presented in light of the aforementioned supposition in order to appeal to a larger audience with a variety of tastes, opinions, ideas, and belief systems. People watch broadcast programming for a variety of reasons.

### **Empirical Review**

Zelalem (2013) research on the impact of mass media intervention on HIV and AIDS-related stigma and discrimination in Ethiopia found that the Betegna radio (diary-show) programme significantly contributed to equipping many members of the program's target audience with the coping mechanisms they needed to combat stigma and discrimination related to HIV and AIDS. Due to the program's odd timing for some of its target audience and the lack of an entertaining element, its impact was, however, somewhat less than anticipated.

Another related finding from Fakolade et al.'s (2010) study, "The Impact of Exposure to Mass Media Campaigns and Social Support on Levels and Trends of HIV-Related Stigma and Discrimination in Nigeria: Tools for Enhancing Effective HIV Prevention Programmes," social support and exposure to mass media communications on HIV and AIDS issues were significantly linked to decreased stigma and discrimination against those living with the disease.

In addition, a study by Babalola, et al. (2009) on media coverage, communication exposure, and HIV stigma in Nigeria found that men are more likely than women to have positive attitudes towards those with HIV. Increased understanding of HIV is linked to media exposure, and this knowledge is a significant predictor of attitudes towards acceptance. Communication exposure also significantly and favourably correlates with favourable attitudes towards HIV-positive individuals. Their findings also strongly suggested that media-

based HIV programmes are a successful tactic for reducing stigma associated with HIV/AIDS.

Meanwhile, a study was carried out by Keating, et al. (2006) to assess the effects of a media campaign on HIV/AIDS awareness and prevention in Nigeria. The findings demonstrated that the "Vision" mass media campaign had received significant exposure: 59%, 47%, and 24% of participants, respectively, reported having viewed at least one Vision radio commercial, printed ad, or television programme addressing reproductive health. Nzotta and Orji's study, which discovered that the radio health programmes "Ka Ha Nyia Ndu" and "Ahu Ike Amaka" significantly influenced locals' understanding of health-related issues in the chosen districts of Imo State, supports this conclusion. The results showed that listening to radio health broadcasts had an impact on how involved the residents of the chosen villages were in medical procedures. In a study, Sweileh (2019) observed that stigma and discrimination are significant obstacles in the global campaign to eradicate AIDS and the human immunodeficiency virus (HIV).

HIV-related stigma, according to research by Aghaei et al. (2023), is a substantial barrier to HIV testing and care participation. Although there have been initiatives to use the media to reduce stigma associated with HIV, it is yet unknown how successful these initiatives have been. Additional research, however, revealed that health policymakers in underdeveloped countries with higher HIV incidence were more interested in using the media to fight HIV-related stigma. Results of a meta-analysis showed that media use had little impact on lowering HIV stigma.

### **Theoretical Framework**

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

## **The Social Learning Theory**

The social learning theory was created by Albert Bandura in 1977, and it is based on the idea that people learn behaviours from one another through observation, imitation, and modelling. Bandura claimed that humans can learn behaviour through observation, but behavioural psychology focuses on how the environment and reinforcement affect behaviour, according to Obayi (2021), citing Online MSW Programmes (2020). It explains how behaviours are learned within the context of interactions between observable conduct, cognitive components, and the external environment. This interaction affects self-efficacy by encouraging or discouraging the performance of a particular behaviour (Bandura, 1971). For instance, if a person is sufficiently motivated and focused, they may be able to imitate the observed behaviour after listening to a radio programme about the testimony of HIV positive diarists' daily experiences of HIV-related stigma and discrimination and the coping mechanisms they employed. By drawing attention to the threat that HIV-related stigma and prejudice poses to their entire lives, these people have an effect on the environment. HIV and AIDS will continue to spread over the world if nothing is done to stop it.

According to the study, media consumers can get important lessons from media content, which motivates them to make the necessary changes to the desired change in behaviour. The social learning theory therefore provides a basis for such pressing societal health issues by supporting the planned change in behaviour on the part of the target audience. (Bandura, 1971).

## **Agenda Setting Theory**

Maxwell McCombs and Donald Shaw proposed it in 1972. According to the theory's central idea (Obidike&Ezeabasili, 2020), the media influence how the public weighs the relative importance of various public concerns. The very strong impact of the media on

influencing the public's view of an issue is described by the agenda setting theory of mass media. According to Alaekwe and Ilomuanya (2023), it is thought to possess a specific ability to discern which concerns need to be addressed most urgently. It is the name given to the capacity of the media to focus the public's attention on a certain issue that it deems significant. According to the agenda-setting theory, the media's reporting on news stories decides which topic garners the public's attention (Communication Studies, 2020). According to Wimmer and Dominick (2009), agenda shaping research looks at how audience preferences and media priorities relate to the relative relevance of news issues. According to Banan (2007), Alphonsus et al. (2022), the agenda-setting theory holds that what the news media choose to publicise has a significant influence on what people talk, think about, and worry about. In essence, the news media is what brings this issue to the attention of the public.

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

## **Methodology**

### *Design/Population*

The descriptive survey research design was adopted for the study. This design was considered as the most suitable design for the investigation because the topic under study requires the opinions of respondents to be elicited. According to Tayo-Garbson et al. (2019), when in a study the opinion of respondents are required to be sampled survey design is most appropriate. The target population of this study are the resident of Owerri metropolis.

According to the National Bureau of Statistics (2016) report, Owerri metropolis has a population of 555,500.

#### *Sample size/Sampling Procedure*

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

**Comment [CC2]:** Multi-stage cluster random sampling

#### *Instrument/Validation*

The instrument used for data collection was the questionnaire. The questionnaire was drafted in a closed-ended format with 14 items in dichotomous and likert scale pattern. The dichotomous questions were framed like "yes" "no" "can't say" while the likert scale questions ranging from "very high" to "low" and "strongly agree" to "strongly disagree". The researchers utilised the four-point likert scale in this study. The instrument was subjected to two experts of the department of Mass Communication in Imo State University for face validity check. Their suggestions enabled us to reword the instrument to ensure errors are

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

#### *Method of Data Collection and Analysis*

The researchers used the face-to-face approach to collect data from respondents. But first their consent was sought and they were assured that their identity will be concealed before they were asked to participate in the study. For the analysis the researchers applied descriptive statistics with the use of simple percentages and mean analysis. Due to the fact that the researchers used a four-point Likert scale the benchmark for acceptance was set at 2.5 and above, while the point for rejection was set at 2.4 and below.

#### **Data Presentation and Analysis**

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

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

Items	Frequency	Percentage
Yes	305	83.6
No	43	11.8
Can't say	17	4.6
<b>Total</b>	<b>375</b>	<b>100</b>

Comment [CC3]: 365

*Source: Field Survey, 2023*

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

**Table 2: The extent the respondents in Owerri metropolis are exposed to radio health sensitisation programme on HIV stigmatisation**

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

**Comment [CC4]:** 2.2 would mean moderate (1.0 - 1.50 Low; 1.51 - 2.50 moderate). Use mode instead of mean.

*Source: Field Survey, 2023*

According to the data analysed, it was revealed that at a mean of 2.2 (N=305) respondents confirmed that their exposure level to radio health sensitisation programme on HIV stigmatisations is on the low side. This means that respondents have low level of exposure to radio health sensitisation programme on HIV stigmatisation.

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

Items	SA	A	D	SD	Mean	Decision
HIV stigmatization can cause depression to the victim	157	127	16	5	3.4	Accepted
Out of fear of frustration, depression, rejection, shame and anger, stigmatised victim can resort to engaging in risky unprotected sexual acts with a HIV-negative partner in order to spread the virus	193	103	7	2	3.6	Accepted
It can lead to discrimination, prejudice, social ostracism, rejectionand distancing	151	136	11	7	3.4	Accepted

**Comment [CC5]:** The decision has no statistical basis. Analyze or establish the level of influence using chi square.

from friends and families						
Stigmatisation cause reluctance of a victim to seek counselling, testing, routine medications and reduced care seeking	124	163	10	8	<b>3.3</b>	<b>Accepted</b>
Stigmatisation can kill faster than the virus itself	189	111	5	-	<b>3.6</b>	<b>Accepted</b>
<b>Average Mean</b>					<b>3.5</b>	<b>Accepted</b>

*Source: Field survey, 2023*

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

**Table 4: Responses of respondents on the influence of radio health sensitisation programme on HIV stigmatisation on their behaviour towards HIV victims**

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

*Source: Field survey, 2023*

The results in Table 4 above show that respondents agreed to items 8, 9, 10 and 11 with a mean range of 3.2 to 3.4. The grand mean rating of Table 3 is 3.4, which is agreeable and implies that respondents generally agreed that radio health sensitisation programme on HIV stigmatisation have influence their behaviour positively towards HIV victims.

### **Discussion of Findings**

The goal of this study was to examine the influence of radio health sensitisation programme on HIV stigmatisation among residents of Owerri Metropolis. Result of the analysis showed that 83.6% residents of Owerri metropolis have listened to radio health sensitisation programme on HIV stigmatisation and the extent they are exposed to radio health sensitisation programme on HIV stigmatisation is low at a mean of 2.2(N=305). The reason for the low exposure could be as a result of lack of media programmes/reports specifically designed for HIV stigmatisation. In consistent with this finding is the study of Aghaei et al. (2023) who revealed that despite efforts to use mass media to address HIV-related stigma, their impact on reducing HIV-related stigma remains unclear. However, Keating et al. (2006)'s research showed that 59% of respondents had high levels of exposure to the "Vision" mass media campaign. The media is attributed with the ability to focus public attention on a particular subject that it deems essential, salient, and worthy of public discussion, making the agenda-setting theory of the media relevant. Hence, if there are myriads of programmes specifically designed for HIV stigmatisation and scheduled for a friendly airtime, it will lead to an increased exposure of the audience.

Result of the findings on the extent to which radio health sensitisation programme on HIV stigmatisation have broadened the knowledge of the respondents on HIV stigmatisation showed that at average mean of 3.5, radio health sensitisation programme on HIV stigmatisation have broadened the knowledge of the respondents on HIV stigmatisation to a

high extent. This suffices to allude that radio health sensitisation programme on HIV stigmatisation have significantly broadened the mental horizon of the respondents to a high extent. This finding is consistent with Babalola et al.'s (2009) finding that media exposure to HIV-related communication is linked to greater understanding about HIV. The findings of Nzotta and Orji's study, which were verified by the current finding, indicated that radio health programming "Ka Ha Nyia Ndu" and "Ahu Ike Amaka" significantly increased residents' understanding of health-related topics in a number of Imo State areas.

The social learning theory, which has its theoretical roots in the relationship between observed conduct, cognitive factors, and the external environment, explains how behaviours are learned in the context of this finding. According to this theory, people pick up habits from one another through observation, imitation, and modelling.

Findings revealed that radio health sensitisation programme on HIV stigmatisation has a positive influence on the behaviour of the residents towards HIV victims at an average mean of 3.4 indicating that the respondents have learned to accept and treat HIV positive victims without any form of discrimination; associate and socialize comfortably with HIV positive victims; they now campaign against stigmatisation and a change in their hostile behaviours and attitudes towards HIV victims. This result summarizes that radio health sensitisation programme on HIV stigmatisation has significantly influenced the behaviour of the respondents towards HIV victims as it has induced positive behavioural changes in them. This result is in agreement with the findings of Fakolade et al (2010) which found out that exposure to mass media communications on HIV and AIDS issues and social support were significantly related to the reduced stigma and discrimination against people living with HIV/AIDS. In a similar vein, Babalola et al. (2009) found a significant and favourable correlation between communication exposure and acceptable views towards HIV-positive patients. In the similar vein, Nzotta and Orji (2020) found that residents of the chosen

villages' engagement in health care practises was influenced by their exposure to radio health programmes. Another finding from Zelalem (2013) was that the Betegna radio (diary-show) programme significantly contributed to equipping many of the program's target audience with the coping skills they needed to overcome the stigma and discrimination linked to HIV and AIDS.

This result underscores the social learning theory as the respondents learnt great lessons from media programmes, and thus reinforced them to make a proper adjustment to the desired change in behaviour

### **Implications of the Study**

The findings of this study will be of immense benefit to the Government and bodies like non-governmental organizations (NGO's), Human Rights Activists etc. in planning better ways to mitigate the menace of stigmatisation through clear cut policies. It would also help the media organisations design sensitisation programmes that will help in educating and enlightening the society that HIV/AIDS is never the end of the road to any victim and the stigmatisation kills faster than any worst disease or virus. This study has contributed to our understanding of the social learning and agenda setting theories by demonstrating how they play critical role in helping us understand the impact of radio health programme, especially within the context of fighting stigmatization against those with health conditions. This aspect of these findings could help researchers who may be interested in applying the theories to examine the impact of radio programmes on health and societal issues. Academically, the study will add to the body of knowledge and serve as a source of reference material to future researchers in related studies.

### **Conclusion**

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

### **Recommendations**

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

1. Since the study found out that the extent to which residents of Owerri metropolis are exposed to radio health sensitisation programme on HIV stigmatisation is low, the paper calls on the broadcast media organisations to develop programmes specifically designed for HIV stigmatisation with a friendly airtime as such will lead to an increase in exposure.
2. Given that radio health sensitisation programme on HIV stigmatisation have significantly broadened the mental horizon and knowledge of the respondents to a high extent, the paper recommends the adoption of the media by the government, NGOs, hospitals in synergy with the NBC as a tool to fighting stigmatisation.
3. Having found out that radio health sensitisation programme on HIV stigmatisation has significantly influenced the behaviour of the respondents towards HIV victims as it has induced positive behavioural changes in them, the study recommends the use of the media as an effective strategy to combating HIV/AIDS stigmatisation and the training of media professionals to be specialised in this regard.

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