THE ROLE OF COMMUNICATION STRATEGIES REGARDING HIV/AIDS PREVENTION ON ADOLESCENTS IN KATSINA STATE OF NIGERIA

Thesis Submitted for the Award of the Degree of

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in

JOURNALISM AND MASS COMMUNICATION

BY

Sagir Lawan Isyaku

Registration Number: 11800481

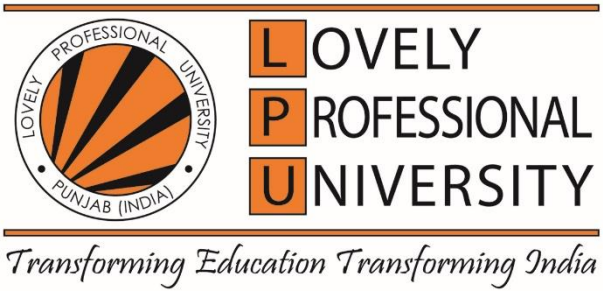
Supervised by

DR Akash Deep Muni

(UID:24782)

Department Film Production, Journalism and Mass Communication
(Associate Professor)
School of Law and Communication

Co-Supervised by



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DECLARATION

This is to certify that **Mr. Sagir Lawan Isyaku** has completed the Doctorate of Philosophy Ph.D. Journalism and Mass Communication titled **"The Role of Communication Strategies Regarding HIV/AIDS Prevention on Adolescents in Katsina State of Nigeria"** under my guidance and supervision. To the best of my knowledge, the present work is the result of his original investigation and study. No part of this thesis has ever been submitted for any other degree or diploma. The thesis is fit for the submission for the partial fulfillment of the condition for the award of degree of Ph.D. in Journalism and Mass Communication.

Signature of supervisor

Dr. Akash Deep Muni

Associate Professor Department of Film production, Journalism and Mass Communication

School of Law and Communication

Lovely Professional University, Phagwara.

CERTIFICATION

This is to certify that this Dissertation has been examined and approved for the award of the Degree of Doctor of Philosophy (Ph.D.) in Health Communication.

…….. ……...

Sagir Lawan Isyaku Sign & Date

Lovely Professional University

DEDICATION

I dedicated this work to Almighty God for sparing my life to witness this historic endeavor and to my late parents Alhaji Lawan Isyaku and Hajiya Binta Lawan Isyaku for the good upbringing and support they rendered throughout my life and to my family for being there for me to reach the last and final stage of academic pursuit Doctoral Degree of Philosophy (Ph.D.) experience.

ACKNOWLEDGEMENTS

The reason of carrying out the present study is to examine the effects of HIV/AIDS on adolescents with special reference of Katsina State, Nigeria. These includes the nature of dying of adolescents mostly between 18-25 years unnecessarily by the menace HIV/AIDS in the state, the recent trend of affecting the vulnerable youth that includes boys, girls and early marriage men is alarming in the said state and the measure taken by the concern authorities to reduce and control the spread of the pandemic HIV/AIDS in Katsina state of Nigeria.

I would like to express my profound gratitude to my supervisor Dr Akash Deep Muni for his guidance, support and painstaking supervision throughout the research, his kind and endurance support for my research help encourages me in confronting all the challenges while I was writing this dissertation; his polite attitudes help me feel confident while expressing myself. I learned from him that writing short but meaningful is of great importance.

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ABSTRACT

HIV/AIDS is a disease that currently receives global concern by both international, governmental, and non-governmental organizations and individuals owing to its devastating socio-economic implications especially on youths. Several policies and Programmes were initiated and implemented and some currently ran to curtail its spread. Knowledge and awareness of the disease is among the measures identified as key to checking its spread. Health communication targets educating people on some important health issues with a view to arming them with information required to redirect their behaviour and actions towards improved health status. This study is aimed at investigating the role of health communication strategies in curtailing the spread of HIV/AIDS among adolescents in the state. Using Qualitative Survey method (via Focus Group Discussion and in-depth Interview), the study randomly selected three Local Governments each from the three Senatorial Districts of Katsina, Daura and Funtua and Interviewed staff of the Katsina State Agency for the Control of AIDS. It discovered that Health Communication strategies has succeeded in making people become aware of the disease and the information has significantly impacted on the people's attitude towards adopting measures that could minimize the spread of the virus. It therefore recommended use of other non-media method like town hall meetings and market day sensitizations among others.

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CHAPTER ONE
INTRODUCTION

1.1 Background of the Study

Communication is simply the transmission of a message from a source to a receiver which requires sharing of meaning (Baran, 2009). It is viewed as a process of sharing or exchange of ideas, information, knowledge, attitude or feeling among two or more persons through certain signs and symbols (Hassan 2013). Thus, communication is not just an act but a process that includes transmission of information, ideas, emotions, skills, knowledge, etc by using symbols, words, pictures, figures, paragraphs or illustrations. It also encompasses imparting, passing along, making known, giving or receiving information, Thames and Thomeson (1998). Further, according to Peterson (2015) communication goes beyond ordinary sharing but it also involves "the ability to pay attention to what others are thinking and feeling" i.e. it is not only talking but also listening to what others have to say.

On the other hand, health communication refers to the process of communicating promotional health information including health education, public health campaigns etc for the purpose of disseminating health information to influence personal health choices and actions, Wikipedia (2015). Centre for Disease Control defines health communication as the study and use of communication strategies to inform and influence individuals and community decisions that enhance health decisions, (CDC, 2011).

This form of communication seeks to among others increase audience knowledge and awareness of health issues, influence behaviours and attitudes to health issues. They also learn about health practices, benefits of behaviour change to public health outcomes etc. Health communication can help to raise individual awareness of health risks and reinforce positive attitudes among others. This form of communication takes place through a defined process and via channels like interpersonal communication (e.g. family communication), media and health talks among others.

Human Immune Deficiency Virus (HIV) is the causative agent of the Acquired Immune Deficiency Syndrome (AIDS), a disease that destroys the body's immune system thereby making it prone and susceptible to and unable to fight infections that come to attack it (UNICEF, 2003).

The first established cases of HIV were in 1981 in the United States of America (Ufoupho-Biri, 2007) with 270 reported cases of severe immune deficiency among gay men, among which 121 died. Specifically, AIDS was first diagnosed among homosexuals in Sans Francisco, New York

and California (Dutsinma, 2005). This may be why it was initially referred to as 'Gay Related Immune Deficiency Syndrome (GRIDS) later to be renamed Human Immune Deficiency Virus in 1983 (Adamu, 2001).

According to the 2016 World Health Organization's Global Health Observatory data (GHO), currently, about 70 million people have been infected with HIV Virus since its emergence and that, about 35 million of them have died of HIV globally. Also, at the end of 2015, about 36.7 million people were living with the virus. According to the source, estimate shows that about 0.8% of adults aged between 15 – 49 years worldwide are HIV positive and sub- Saharan Africa remains most severely hit despite the variance in the epidemic among countries and regions. Further, the data shows that in the region, one in every 20 adults lives with HIV. Put together, the region contributes nearly 70% of the people living with HIV positive across the world.

At the end of 2014, about 36.9 million people worldwide were HIV positive, out of which 2.6 million were children (below 15 years). In fact, in 2014 alone, about two million individuals got infected with the virus with about 220.000 being children (below 15 years) through Mother to Child Transmission during pregnancy, childbirth and breast feeding. Again, most of them were from sub – Saharan Africa (WHO, 2015).

According to United Nations Programme on AIDS (UNAIDS, 2000) report, 17.1 million of the 36.9 million living with HIV worldwide do not even know that they have the virus and therefore, they need to be reached with HIV testing service. Overall however, progress is being made to prevent mother to child transmission of HIV and also keep the mothers alive according to the report. For instance, in 2014, about 73% of the estimated 1.5 million pregnant women that were HIV positive globally, accessed antiretroviral therapy to avoid infecting their children. Similarly, new infections among children were reduced by 58% between 2010 and 2014 (UNAIDS 2015).

The next study in this series is about the prevalence of HIV among the adults that revealed that HIV has put the country as the second largest with people living with HIV. Even at that, the infection rate varies across regions in the country due to high risk behaviours especially among young people, UNAIDS (2014) The UN is very serious in handing this issue in a country like Nigeria.

A breakdown of the national data shows that 1.3% young women (15-24 years) were living HIV positive compared to 0.7% of young men. Out of the total of these young people, only 24% could correctly identify preventive measures against HIV and also reject common myths about the

disease. The percentage of people living with HIV (PLWH) in Nigeria may seem low compared to countries like South Africa (19.19%) and Zambia (12.5%) but the size of Nigeria's population means that about 3.2 million people were living HIV positive in 2013. Out of this number about 210,000 people died of HIV related diseases representing 14% of the global HIV related deaths. Further, there were also about 220,000 new HIV infections in the country according to UNAIDS Gap Report (2014). In fact, 9% of all people living with HIV in the world live in Nigeria the report indicated.

The first case in Nigeria was reported in 1986 in Lagos and the spread has continued. Currently, it has entered a generalized phase where it has advanced well beyond high risk groups into the general population (Action Aid International Nigeria, 2005). Katsina state in the North – West geopolitical zone of Nigeria is not exempted from the scourge of HIV. Currently the state's prevalence rate is 0.7 ranking among the least in the country, and also as compared to the 3.4 national prevalence.

The disease is contagious and once infected, the person's body defence system becomes weakened. It may also take up to ten years from infection time to its clear manifestation. Thus, the victim may look healthy but can transmit the virus to other people through some bodily fluid – blood, semen, virginal secretions, skin cut, piercing with unsterilized objects (needles, syringes, blades, knives etc.) Adamu (2003).

HIV/AIDS's devastating scourge causes global health and economic concerns. Daily Champion (2006) quoting United Nations International Labour Organization stated that about 3 million workers are HIV positive who are already engaged in some productive activities and are facing the threat of the virus.

Curtailing the scourge of HIV/AIDS especially among young women and children requires efficient use of health communication (including interpersonal communication at the family level. Family communication refers to the way verbal and non-verbal information is exchanged among family members according to Epstein, Bishop, Ryan, Miller and Keitner (1993). It is a communication beyond talking and listening as it also involves paying attention to what others are thinking and feeling. It enables other members to express their needs, wants and concerns to one another. Effective communication at family and societal levels is important in ensuring a healthy family and also in checking HIV spread because it is only when people are informed about the disease that they will be equipped to check its spread by adopting some preventive measures.

The U.S Centre for Disease Control and Prevention (1998) study concludes that broad and comprehensive messages that consist of sex related topics delivered by mothers lead to less sexual risk behaviours. Thus, delivering comprehensive messages, parental skill and sensitivity in discussing as well as timing of the communication are important in HIV prevention according to the study. This information is required to assist in forming positive attitudes, beliefs and values. Impliedly, this underscores the significant roles parents and especially mothers can play in preventing HIV on adolescents. This means that, parents especially mothers who are not adequately mobilized and educated may not be able to educate their adolescent children on the matter, hence the relevance of health communication.

1.2 Theoretical Framework

In general terms, a scientific research should be guided by theories and or models which guide its processes. This research adopts as its theoretical framework, perception theory, diffusion of innovation theory, Framing theories and Health Belief model.

Perception theory according to Berelson and Steiner (1964) is a complex process through which people select, organize and interpret sensory stimulation into a meaningful and coherent picture of the world. Anaeto, Onabajo and Osifeso, (2008) also added that the theory is based on the principle that mass communicators want audiences to pay attention to their messages, learn the content of the messages and consequently produce and or adopt the desired behavioural responses in form of appropriate changes in attitudes or beliefs. Perception process involves reception of the message, decoding or interpretation of same and subsequent processing according to Severin and Tankard (2001).

This theory is regarded relevant to this study because HIV/AIDS information/messages are transmitted to the people via several means (with particular reference to the media in this case). These messages are received and processed: desired information perceived, retained and recalled for action in form of behaviour change or adoption.

On the other hand, the diffusion of innovation theory which was propounded by Everett Rogers in 1962 is concerned with how ideas, products and social practices that are perceived as new spread and permeate through a society or across societies. It believes that people are divided into five groups with respect to their attitudes towards accepting or adopting new innovative ideas. The groups according to Rogers (1962) are innovators, early adopters, early majority, late majority and

laggards. The groups vary in their level of readiness to accept or resist innovation. The theory also indicates that there are five stages through which change occurs viz awareness, knowledge and interest, decision, trial or implementation, and confirmation or rejection of the behaviour. According to Orr (2003), a 5-step process is involved namely knowledge, persuasion, decision, implementation and confirmation. Innovation according Rogers (2003), Dearing and Meyer (2006), Rogers, Singhal and Quinlan (2008) is first made known through communication channels because if individuals are unable to find out about innovation, diffusion simply cannot occur. The role of the mass media here according them, is to create awareness on the new idea or product. They believe that interpersonal communication is critical to the process because decision to adopt an innovation depends largely on discussion with peers who have already evaluated and made a decision about whether or not to adopt an innovation.

Beside the grouping and stages, the theory according to Anaeto, Onabajo and Osifeso (2008) has three major assumptions thus:

- It predicts that media as well as interpersonal contact provide information and influence opinion and judgment.
- Opinion leaders who exert influence on audience behaviour through their personal contact who serve as change agents and gatekeepers, are included in the diffusion.
- Information flows through networks. The nature of the networks and the roles played by opinion leaders help to determine the likelihood of the adoption of such innovation.

This theory is relevant here because health communication messages contain some new ideas and other behaviours that are promoted to be perceived and adopted by the target audience with a view to influencing attitudinal change in relation to HIV/AIDS prevention. Again, the categorization of persons according to their speed in message receptivity and stages through which change occurs are relevant in designing, packaging and disseminating health communication messages for efficient change in behaviour.

Framing theory as first propound by Goffman (1974) believes that how something is presented to the audience (the frame) influences the choices people make about how to process that information. Framing defines how news media coverage shapes mass opinion. Framing effects concerns how behavioural or attitudinal strategies/outcomes that are due to how information is being framed in public discourse. Frame building involves journalists, norms, political actors and cultural contexts.

This theory is relevant to this work because health messages from the media might be framed before dissemination and cultural norms may play some role in the way parents understand those messages and also how they are subsequently relayed to their adolescent wards.

The Health Belief model was developed by Geoffrey Hochbaum in the 1950s. It addresses personal knowledge and beliefs that are used in health promotion to design intervention and prevention Programmes. The model is based on the underlined concept that health behaviour is determined by personal beliefs or perceptions about a disease and strategies available to decrease its occurrence, Hochbaum (1958). It tries to explain the fact that many people are likely to accept and adopt health interventions based on some reasons namely:

Perceived susceptibility i.e. where people believe they are susceptible to the condition. The greater the perceived risk, the greater the likelihood of engaging in preventive behaviour, de Wit, Vet, Schutten, and van Steenbergen (2005)

Perceived severity – when people believe that the condition has likely serious consequences

Perceived benefits – where people believe that taking action would mitigate their susceptibility

Perceived barriers – when people believe that perceived barriers are outweighed by the benefits

Where people are exposed to factors that prompt action (via the media or reminder for experts like physicians).

This is also relevant as it portrays the likely conditions under which health communication messages could be efficient.

CHAPTER TWO

LITERATURE REVIEW

During the last part of the 20th century, health professionals began to develop a growing appreciation of the critical role communication plays in healthcare especially as it was discovered that many challenges facing healthcare reflect failures in communication.

Communication can be defined as the exchange or sharing of ideas, information, opinions, thoughts, etc between or among people. It is the process of using message to generate meaning. It is a process because it is an activity, an exchange or a set of behaviours according to Pearson, Nelson, Titsworth and Herter (2011). Communication also implies sharing of meaning among those who are communicating. Principally it serves the function of initiating action, making needs and requirements known, exchanging information, attitude and opinions, endangering understanding, establishing and maintaining relations among others (US office of Disease Prevention and Health promotion, 2004).

Along this line, health communication is seen as a concept that links two important domains of health and communication. It refers to the study and use of communication strategies to inform and influence individual and community decisions that enhance health (Centre for Disease Control CDC, 2011). It is the study and use of communication strategies to inform and influence individuals and community, knowledge, attitudes and practices (KAP) with regard to health and healthcare, Thomas (2006). Health communication is concerned with the interface between communication and health which is currently viewed as a necessary strategy in the prevention of personal and public health. It can have direct positive impact on different aspects of disease prevention and control as well as the promotion of good health. In it, a wide range of interpersonal and mass mediated contexts are involved, including health professionals: patient relations, individual's search and use of health information, individual's adherence to clinical recommendation, construction of public health messages and campaigns, the dissemination of individual and population health risk (risk communication) and images of health in the mass media.

The National Centre for Health, Statistics (2012) states that:

> *For individuals, effective health communication can help raise awareness of health risks and solutions; provide the motivation and skills needed to reduce these risks, help them find support from other people in similar situations, and affect or reinforce*

attitudes. Health communication also can increase demand for appropriate health services among others. It can make available information to assist in making complex choices, such as selecting health plans, care providers and treatments. For the community, health communication can be used to influence the public agenda, advocate for policies and Programmes, promote positive changes in the socio-economic and physical environments, improve the delivery of public health and healthcare services, and encourage social norms that benefit health and quality life.

Health communication evolved in the middle of the 20th century in the US as a result of the important personal concern and the ascendancy of healthcare as a major institution. Before the emergence of modern medicine, health communication was basically informal as the practitioners of folk medicine only communicated the ingredients, techniques and lore regarding use of natural materials for the management of disease and injury. Thus, subsequent generations were made to learn about the accumulated knowledge through intergenerational communication according to Thomas (2006).

At this time (early twentieth century), few people used the services of doctors as few of the physicians were available. The best tool at the disposal of the doctors then was communication. Certain factors according to Thomas (2006) led to the evolution of health communication including rise in consumerism, discrimination in health care, growing emphasis on prevention and acceptance of marketing in health care.

With the development of health communication and the benefits seen, hospitals and many other healthcare organizations got well –established public relations functions (that involved disseminating information concerning the organization and announcing new developments) through media where press releases, responded to request for information and served as the interface with the press (Thomas, 2004).

Again, provider organizations continued to establish departments where materials were developed for dissemination to the public and employees. Both internal and later patient oriented newsletters and patient education materials were prepared.

In the 1960s, print became prominent as the choice for communication in spite of the increasingly influential role of the electronic media. In this period, annual reports, brochures and other publications were targeted to the publics or community. But in the 1970s, hospitals felt a strong need to move closer to the community. This happened due to the conviction that healthcare organizations would later have to be able to attract patients thereby winning the competition for increasing patients. This led to the commencement of patients' satisfaction research.

With time, healthcare became market driven especially in the 1990s, making the communication function to gain more importance in healthcare organization policies and procedures established by hospitals for the convenience of staff and not the patients. Communication policies were reexamined for the benefits of the customers/external audience. Guest relations were solidified and transformed. Hospitals were trying to win the "hearts and minds" battle for the healthcare consumer. Again, consumers of the 1990s were better educated and assertive about their healthcare service needs more than those of the previous generations. Later in this period, the development of internet that contributed in providing health information further emphasized the need for health information. This therefore led the health professionals developed a new appreciation of the benefits of communication, (John and Mckinley 1977).

Health communication is a process driven activity and thus needs to be planned and properly executed in order to avoid failure according to Koro, Nwachukwu and Ajaero (2015).Thus, where properly planned Thuy, Houng, Tawfik and Church-Balin (2004), state that, it could be effective in preventing disease especially by using advocacy, mass media infotainment, community mobilization, interpersonal communication among others**.**

Maurice (2015) in her research in reviewing effective communication for HIV/AIDs in Africa concluded that social and behavioural outcomes in the forefront of HIV/AIDs communication programme and that most of the strategies of communication employed have worked well in Africa.

There is need for social workers and community health workers to create awareness on the importance of useful conversations on adolescents and their parents on matters related to risk associated with sexual behaviours. (Motsoni *et al.,* 2016). It was found that parents and guardians feel ashamed of discussing issues related to sex as they believe the children are too young to understand the phenomenon.

According to Seems *et al*., (2017) the use of radio, television and interpersonal communication should be given emphasis in passing information as their study found out that most of the girls doesn't have prior knowledge of reproductive health but very few understands the symptoms of STDs.

Television and radio commercials play a vital role in creating awareness on attitude change of Nsukka urban youth (Adibe, 2010). The study was aimed at finding the relevance of radio and television commercials on behaviour and attitudinal changes towards the campaign against the spread of HIV/AIDS using the residents of Nsukka urban.

The finding identifies that increase in transmission knowledge create more impact to the extent that respondents get more campaign exposure on HIV/AIDS. This concluded that the intervention of mass media would be very important in reducing global HIV/AIDS differences because of their influence and efficiency. (Lacroix, 2014). The study conducted a Meta-analysis to make assessment of mass media HIV/AIDS prevention interventions, measure the significance of intervention in improving condom use in HIV related awareness and identify other factors of effectiveness.

Laura *et al.*, 2015 in a meta- analysis to investigate the effect of parent-adolescent sexual communication on safer sex behaviour among youths discovered the prospective mediators of this relationship. The study concluded that sexual communication with parents especially mother play a minor protective role in safe sex behaviour on adolescents.

2.2 Health Communication in disease prevention and control

Diseases at both epidemic and pandemic levels are always a threat and therefore a source of national and global concerns. Sometimes diseases hitherto assumed to be without cure like HIV/AIDS do arise, and in some cases some diseases develop resistance to drugs (e.g. malaria). The spread of these diseases and others alike are at times influenced by personal and community beliefs, lifestyles, social norms and culture which sometimes affect people's level of vulnerability to them according to Koro, Nwachukwu and Ajaero (2015). To address this situation, properly designed health communication activities are required because research has shown that "properly designed communication activities can have a positive effect on health related attitudes, beliefs, behaviours and thus can influence individual and community decisions to reduce risks to health" according to Wurz, Nurm and Ekdahl (2013). Again, Thuy et.al (2014) discovered that health

communication strategies had significant impact in the fight against tuberculosis by raising great awareness among public health care providers about the disease and therefore concluded that communication activities need to be integrated into all Programme activities at all levels, using a combination of communication channels each designed to meet a specific need of audience. In addition, they should also use public events to reach large number of audience among others.

Health communication is also important in assisting governments and international organizations in their bid to create awareness, change negative health related behaviour, influence people to adopt lifestyles and behaviours that promote health, and practice preventive measures. In fact, the National Cancer Institute (2001) submits that:

> Health communication can increase the intended audience's knowledge and awareness of a health issue, problems or solution, influence perceptions, beliefs and attitudes that may change social norms; prompt action; demonstrate or illustrate healthy skills, reinforce knowledge, attitude or behaviour; show the benefit of behaviour change, advocate position on a health issue or policy; increase demand or support for health services, refute myths and misconceptions and strengthen organization relationships.

Corroborating the above statement on the relevance of health communication in promoting healthy living, disease prevention, and quality of life, Raymond and Lapinski (2009) stress that its exceptional importance is located in the fact that the ignorant must be educated about positive behaviours that promote health, and no matter the efficacy of drugs, it is still worthless until its existence is communicated to the potential users. Again, in terms of development, health communication is found relevant in rural health campaigns aimed at tackling health problems of rural areas. Thus it helps rural dwellers to resist disease, prolong their lives and achieve better mental and physical health, according to National Rural Health Alliance (2011).

Specifically Schiavo (2014) highlights raising awareness and understanding of health issues and influencing perception as basic roles performed by health communication in combating diseases:

In addition to the above, Thomas (2006) added increasing demand for health services, refuting myths and misconceptions, advocating for a health issue or a population group and demonstrating or illustrating skills as other roles of health communication. He believes that poor communication

has strong negative impact on outcomes of chronic diseases like hypertension, diabetes just like improvement in communication can lead to better health outcomes, greater equity in health and healthcare, prevention, motivation for behaviour change and adherence to treatment.

2.3 Factors that influence success of Health Communication

Okon, Nwachukwu and Ajaero (2015) believe that the "success of health campaigns is not guaranteed by a surfeit of factual messages" on the health issue, but rather health communication can sometimes help raise public awareness without corresponding adoption of the promoted intervention. They cited the works of Omoera (2010) and Ochonogor (2005) on broadcast media in family planning matters in rural Nigeria: The Ebella scenario and eradicating discriminatory attitudes against people living with HIV/AIDS: Role of the mass media. In the first study, it was discovered that media have significantly (80%) enlightened the respondents (community) on planning but only 57% of the respondents really tried some of the methods taught by the media. In the other study, it was discovered that the respondents were actually exposed to anti-discriminatory messages via media but majority still continued with the discriminatory practices. These prove that there are other factors that influence receptivity, acceptance and adoption of health communication messages. Thus culture, efficacy of the intervention, education, socio-economy and the message are among the factors identified (Okoro, Nwachukwu, and Ajaero, 2015). These factors were discussed at length and examined by other scholars.

For example, Pearson, Nelson,T itsworth and Harter(2011) see culture as the system of shared beliefs, values, customs, behaviours and artifacts that members of a society use to cope with one another and with their world. They believe that culture is always associated with virtually everything that people do, and therefore it affects health behaviours, decisions, acceptance and adoption of health ideas which are communicated. Imo (2007) corroborated this assertion saying that rural peoples' lives and approach to problem solving are determined by culture rather than by scientific principles. Thus, peoples' attitude for health communication must take into cognizance their beliefs about the causes of diseases, their prevention and treatment. This may be related to cognition where it is easy to accept something related to an existing culture than that alien to it as shown by consonance and dissonance theory, (Anaeto, Onabajo and Ossifeso 2008). Again, this is further corroborated by Harrris (1983) where he asserts that culture is the learned, socially acquired

traditions and lifestyles of the members of a society including their patterned, repetitive ways of thinking, feeling and acting. Mburu (1977) in Imo contextualized this when he states that:

> *Africans may accept the germ theory except that they attribute the infections resulting from the germs to be caused by another man or the personal omission of some rituals. He will not prevent the diseases as such; rather he will protect himself from being bewitched…*

The situation is also similar in other parts of the world as shown in a study by Sundarajan, Kalkande, Gokhale, Greenongh and Bang (2013) in a study of Barriers to Malaria Control among marginalized tribal community where they found a lot of tribal reliance on traditional healers (Pujari) for evaluation of malaria symptoms in some districts in India. The healers according to the study, perform some rituals to heal malaria and other illnesses just because of their belief that physical illness can be caused by evil spirits and unfulfilled ancestral commitments.

To some extent these cultural taboos and behaviours may determine the type of issues to be discussed i.e. they affect social relationships. In Egypt for example, women may refuse to discuss sexual behaviour and or problems with male physician according to Eltomy, Saboula and Hussein (2013). Similar things may apply to many women in the Northern part of Nigeria where discussion of sex related issues are taboos and targeted as “batsa” (vulgar).

Education is another important factor that affects success of health communication interventions. Here Schgue (2007) believes that both functional illiteracy and health illiteracy serve as barriers to health communication. The concern here is the literacy level of the target audience because it directly affects the understanding of what a disease really is, its causative agents/causes and cure. This assertion is backed by other researchers like Asante et’al (2010) where they studied community perceptions of malaria and malaria treatment behaviour in a rural district of Ghana. In their findings, illiteracy was directly linked to a high proportion of the belief held by respondents that malaria is caused by standing and or walking in the sun or eating contaminated or oily food.

Another factor that influences the success of health communication is the message itself. As the package is designed and prepared to be delivered to the target audience for the anticipated impact to be attained, the message is central to success of any campaign. Problems related to the message may include lack of objective, use of poor format, inappropriate language and poor content among others. Sometimes, the message may be apt but the manner of delivery may not be suitable. Focus

of the message is another challenge related to health communication messages. Bad focus may lead to confusion or create awareness only without succeeding in affecting the desired behaviour change just like a well-focused message could succeed in both creating awareness and effecting behaviour change. Okon, Nwachukwu and Ajaero (2015) cited two studies that support this belief namely, Greenwell, McCool, Kool and Salusalu (2013) in a study titled Typhoid fever: Hurdles to adequate hand washing for disease prevention among the population of a peri-urban informal settlement in Fiji'. They discovered that though pamphlets, radio and television ads promoted the risk of typhoid, attention was rather focused on the disease and not the common risk factors like poor hand washing. But the study of Thuy, Houng, Church-Balin and Tawfiq (2004) on Role of health communication in Vietnam's fight against tuberculosis, established that message consistency and clarity led to the overwhelming success of tuberculosis elimination campaign in the country.

Sometimes poor articulation of the message, improper design, ambiguity and confusion can result to negative results. Here also, an example of Philip – Morris Tobacco Company (USA) campaign was cited. The campaign aimed at encouraging parents to talk to children about tobacco use so as to dissociate them from smoking. This was mistaken to mean strengthening them to smoke in future.

To solve these problems or minimize their negative outcome, Okoro et'al (2015) advised that all health communication messages and campaigns need to be pretested to establish their potential effectiveness and or harm. There is also need for message repetition over long period so as to ensure behaviour change which occurs gradually.

Perceived efficacy of the promoted intervention is equally a factor influencing the success of health communication messages. The work of Ekweunife, Ukwu and Awanye (2010) on knowledge and treatment seeking pattern of malaria infection in Abakalilki, Ebonyi state, showed that 48% of the respondents relied on native/herbal treatment for malaria than on conventional modern drugs just because they did not perceive the effectiveness of the drugs. Contrary to theirs however, Asante's et'al (2010) in a study in a Ghana district discovered that perceived high efficacy led to the use of Artesunate – Amodiaquin in treating malaria. In addition to perceived efficacy, discomfort and other problems related to use of some products may affect people's perception of it and hence failure in campaigning for it.

Socio-economic conditions of the audience targeted may also influence their acceptance of the health communication messages. Among these factors are poverty, high level illiteracy, prevalence of diseases, poor infrastructure, health disparities, distance from health facilities, poor housing, overcrowding etc. Onwujekwe, Hanson and Fox – Pushly (2004) discovered in their research that groups with poor socio-economic status were less likely to own untreated nets and or purchase insecticide treated nets.

In a study of the "Role of technology I older adults healthcare: A content analysis of existing literature" 2014, Imamura, Patrick Glenn explored older adults' perception and use of technology in healthcare. From the thirty studies analyzed, it was discovered that many older adults used the internet as a healthy resource while in search of health related information. Some predictors of computer and /or internet use for health related information were younger age, more years of education and more diagnosed diseases and conditions.

In a related study titled "African American family communication and its effects on HIV/AIDS prevention" conducted by Mays Chelsea in 2014, structured interviewing with open ended questions was used to gather information from African American men and women between the ages of 18 -25 residing in Maryland on the impact of family communication on HIV/AIDS prevention. The study discovered that mass opinion given by the black church on abstinence and lack of education on HIV/AIDS prevention due to biblical texts has created a moral divide for those within the congregation that would like to speak for preventive provisions.

In 2008, Mabachi Natabhone Marianne conducted a study in which, campaign planners at a major marketing organization in Kenya were interviewed and three comprehensive HIV/AIDS health campaigns produced by the planners were examined using thematic and qualitative content analysis. The results revealed that the planners did not formally incorporate theory or socio cultural and group identity despite their importance in African countries. Again, there was the presence of cultural beliefs or practices (gender norms) that can be strong barrier to behaviour change.

Another study on health communication was undertaken by Mou Yi (2012).It was aimed at examining the new risk communication pattern empowered by the emerging social media especially social networking sites in the context of food safety issues in China. The work used web survey and content analysis and its results showed the potential power of social media as an efficient tool of risk communication between average Chinese citizens in a media system.

Another study was by Fong Yvonne (2015) on impact of TV cooking shows on food preferences among students of California State University. It evaluated the effect of cooking shows on food preferences for side dish, entrée and dessert options before and after viewing each show. It used convenience sampling and on line survey. At the end, it was discovered that TV cooking shows have the potential to impact on food preferences particularly due to food exposure.

CHAPTER THREE

RESEACH METHODOLOGY

3.1 Introduction

This study intends to use the survey method which Bubbie (1986:45) believes "is probably the best method available to social scientists" in collecting original data from populations that are too large to be directly observed". According to him, surveys are excellent vehicles used to measure attitude and orientations in large population. To Wimmer and Dominic (2000:161) survey method helps to "picture or document current conditions or attitude". Considering the population of Katsina state of about six million, the population is too large to treat individual respondents hence the selection of the method to assess the opinion of wide range of subjects in relation to the issue (Adamu 20006:65).

3.2 Objectives of the study

This study is aimed at investigating the impact of health communication in curtailing the spread of HIV/AIDS on adolescents in the state. The followings are the objectives of the study:

1. To study the schemes/Programs on prevention of HIV/AIDS on adolescents in Katsina State
2. To examine the various communication strategies adopted by Katsina State Government regarding HIV/AIDS
3. To find out the awareness level of HIV/AIDS prevention on adolescents in Katsina State
4. To analyze the socio-cultural factors that influence communication in prevention of HIV/AIDS on adolescents in Katsina State
5. To evaluate the challenges faced by government to implement the awareness Program

3.3 Research Questions

1. What are the Programs/schemes created by Katsina State Government in curtailing the spread of HIV/AIDS in Katsina State?
2. To what extent do commination strategies created by Katsina State bring responsiveness regarding prevention of HIV/AIDS on adolescents in Katsina State?
3. What is the level of awareness in preventing HIV/AIDS on adolescents in Katsina State?
4. How does the socio-cultural factors reduce the spread of HIV/AIDS in Katsina State?
5. What are the challenges being faced by the Katsina State Government in implementing awareness Programs on HIV/AIDS?

The research also proposes to use Focus Group Discussion (FGD) also referred to as Group Interview and In-depth Interview as tools for data collection.

3.4 Focus Group Discussion (FGD)

Focus Group Discussion or Group interview refers to a group discussion that gathers together respondents from similar background or experiences to discuss specific topic of interest to the researcher (United Nations Population Fund 2008:102). It is a way of collecting qualitative data through engaging a small number of people in an informal group discussion focused around a particular issue or set of issues according to Wilkinson in Onwuegbuzie, Dicson, Leech and Zoran (2009). This method is economical, fast and efficient in obtaining data from multiple participants. The participating respondents discuss issues under the guide of a facilitator or moderator. This tool is suitable for studies examining audience attitudes and behaviours according to Winner and Dominic (2000:119).

It is relevant to this work considering the population and the fact that respondents share certain common experiences. The discussions are also going to be "focused" on the particular group of respondents who share common experience related to the topic.

Katsina state has three senatorial districts (Katsina, Daura and Funtua) out of which one LGA each would be selected to conduct two sessions of FGD with. The selection would be randomly done but the sessions will be conducted separately (one for male and the other for female) to enable freedom of participants to express themselves. Maximum of twelve respondents per session would

be taken adopting Winner and Dominic's (2000) position which stipulates the minimum of six and maximum of twelve participants for FGD session. The discussion will be facilitated in a peaceful and free manner by the researcher as moderator (Umar, 2006). The discussion is relatively unstructured but focused on a focal topic (Wimmer and Dominick in Mukhtar, 2014)

3.5 In-Depth Interview (IDI)

The study will also use In-depth or intensive interview to gather data. This involves inviting respondents to a selected location (field service location, research office, respondents' house or place of work)

It will be used here to get as much information from few relevant respondents: media practitioners (health Programme producers from the Katsina State Radio, Katsina State Television and Radio Nigeria Companion FM Katsina) based on the staff expertise the stations reach/coverage and listenership in the state. In addition, the staff of the State Agency for the Control of AIDS, Katsina State (KSACA) will also be involved to tap from their experiences in health communication messages (especially on AIDS). Gunta (2000) state that, persons interviewed in FGD are known to have been involved in a particular situation.

The combination of FGD and IDI is important here considering their complimentary relationships on the topic. FGD for sampled couples and IDI for stakeholders in HIV/AIDS prevention campaigns.

3.6 Population of the study

Katsina state has a population of 5,801,584 (FRN Gazette, 2009). The state is divided into three senatorial districts of Katsina (with 12 LGAs and total population of 2,091,914), Funtua (with 11 LGAs and population of 1,899,855) and Daura (11 LGAs and population of 1,809,785). The study population also include 124 staff of Katsina state radio, 89 staff of Companion FM, 107 staff of Katsina state television and 22 staff of Katsina state Agency for the control of AIDS.

3.7 Units of Analysis

The units of analysis for this study will be adolescents (men and women between 18 – 25), family households to examine how health communication provides information to them and the impact of such information in preventing HIV/AIDS spread among them. Staff of KSACA and three media organizations (Health producers and reporters) in the state will be interviewed to analyze the kind of strategies of information dissemination. Respondents will be randomly selected from nine of the thirty-four local Governments in the state, (three from each senatorial zone) for the

conduct of the FGD sessions. Two FGD sessions (one each for male and female respondents will be conducted in each selected local governments).

3.8 Sampling Techniques

Two techniques of sampling are proposed for use in this study namely Purposive and Cluster sampling techniques. According to Wimmer and Dominic (2000) and Muhammad (2006:123), purposive sampling can be appropriate if there is commonality of characteristics among the research population, its elements, and purpose.

Cluster sampling is adopted for this study because the population is too large for an exhaustive list of elements to be compiled (Babbie 1987). Therefore, the initial sampling of large grouping of elements (cluster) is needed (Muhammad 2006). The clusters here are senatorial districts of Katsina, Daura and Funtua from where FGD respondents will be selected.

The state will be divided purposively into three (according to senatorial districts). Out of each district, three LGAs will be randomly selected since the districts have almost the same number of LGAs and averagely same population. In each selected LGA, FGD participants who have adolescent children will be drawn from the communities for the sessions

3.9 Instruments of Data Collection

The main instruments of data collection proposed for this work are Focus Group Discussion and In-depth interview. The two sessions of FGD will be conducted at each of the three LGAs selected from each senatorial districts while the IDI will be conducted with three media practitioners (health Program producers) and the staff of KSACA to get information on health communication Programs and the means of informing and sensitizing the people on HIV/AIDS.

Tape recording and note taking will be used to record the responses. Tape recording is to record actual voice, Umar (2006) while note taking will be used to serve as backup to tape recording to avoid the possibility of mechanical shortcomings. Thus, these would work complimentarily to ensure accuracy of data collected and avoid doubt, according to Wimmer and Dominic (2000).

The sitting would be round table and the tape will be strategically kept to capture the voice of each respondent. The researcher asks the questions while his assistant (note taker) would write the responses. The researcher asks the questions and serves as the moderator. Respondents will be allowed to answer the questions freely without interruption with follow-up questions to be asked where certain clarifications are needed on some issues as suggested by Umar (2006) above. For the IDI, the respondents will be met and interviewed based on their convenience.

3.10 Quantitative data analysis and interpretation

A series of questions were asked to the respondents to elicit information on their awareness, perception and opinion on controlling, management and eradication of HIV/AIDS in Katsina particularly and in Nigeria generally. Besides, questions also enquired on the effectiveness of government programs and campaigns in informing and educating the masses about the dangers of contracting HIV, particularly among young adults. A detailed analysis of the data is revealed below. The data is presented in the form of cross tabulations with all variables and Chi-square is applied for further interpretation of the data.

Based on the study objectives, a questionnaire was designed and developed to collect data from adolescents who form the target audience of the study. The questionnaire dealt with the following aspects: *Major means of contracting HIV/AIDS; identifying the symptoms of HIV/AIDS; sexual behaviour of adolescents in contracting HIV/AIDS; role of families in prevention of HIV/AIDS; management of HIV/AIDS; strategies for controlling transmission of HIV/AIDS in Katsina state; Nigerian governments' programs are effective in stopping/preventing HIV/AIDS; sources of information on HIV/AIDS to reach the target audience; strategies adopted by Katsina state in saving the lives of the victims; effectiveness of Nigerian governments' awareness campaign and opinion on measures for prevention of HIV/AIDS.* **(See Appendix – A)**

The data was collected from a sample of 475 respondents who were selected using snowball method of sampling. The data was analyzed by using cross tabulations to understand the interaction between the variables. Chi-square, a non-parametric test was applied to interpret the data and draw inferences. The results are presented in the chapter relating to analysis and findings.

3.11 Significance of the study

Globally, the UN has set 17 goals termed Sustainable Development Goals (SDGs) to be pursued and attained by 2030. Out of these goals, goal number 3 is on ensuring good health and well – being for all at all ages by ending the epidemic of AIDS and other diseases.

This study is important because it will investigate and document the impact of health communication in checking the spread of HIV/AIDS in Katsina State. It is also significant in that it will shade more light on the kind of health issues discussed at family level and at the same time investigate whether or not adolescents receive information related to HIV/AIDS via health communication in Katsina State.

Considering the importance of health communication to humanity, the study is significant as it provides the opportunity for further understanding of the relevance of health communication in addressing the spread of HIV/AIDS

It will also be another contribution to the existing body of knowledge in HIV/AIDS prevention in particular and overall global health status as championed by the SDGs.

Also, other researchers will find the work as a useful reference material for similar researchers in Mass Communication and other related areas. This is in addition to expanding the scope of knowledge in the field

The Federal and State governments especially, will find value in this work as it will help in improving their communication and social mobilization strategies. Again, Action Committees on AIDS at national, state and local government levels, will benefit from the study as it will give them insight on areas to focus on while conducting their anti-AIDS mobilization campaigns. International Organizations like UN and donor agencies including UNICEF, USAID among others, will find this study helpful in planning AIDS prevention activities especially in Katsina state.

Media being among the flag bearers in AIDS/HIV prevention and health communication campaign will also benefit from the study in highlighting areas that need emphasis while packaging enlightenment Programs.

The study intends to cover January 2015 to January 2017 across the three senatorial districts of Katsina state with a population of about 5,801,584 (FGN Official Gazette, 2009). The study will be confined to families and adolescents between 17 – 25 in Katsina state considering the roles of the former in educating, guiding and counseling the latter and the fact that adolescents are among the most vulnerable groups to AIDS among which prevalence rate grows faster (KSACA, 2008). The research also focuses on health communication strategies especially used by the conventional media of mass communication.

3.12 Limitations

One of the limitations of the study is that it cannot be generalized to all people in the state since it only covers adolescents in the state. Further, as it is also limited to Katsina state, its findings, therefore, cannot be generalized to include other states in the country. According to Bardson in Mukhtar (20014) studies on communication effect may not be generalized because “some kind of communication on some kind of people under some kinds of conditions have some kind of effect”

3.13 Operational definition of research terms

- **Health Communication:** The study and use of communication strategies to inform and influence individuals and community decisions that enhance health behaviours
- **High Risk Groups:** These are those groups with a higher chance of contracting or transmitting HIV/AIDS either due to their sexual or other high risk behaviours. They are divided into four groups' namely female sex workers, male high risks (due to partner change or multiple partnering), transport workers and uniformed service personnel
- **Sexual Risk Behaviours:** These are those behaviours that make a person more susceptible to contracting HIV/AIDS. These include multiple sex partnerships, partner change, unprotected sexual acts or having sex under the influence of alcohol or drugs.
- **HIV Prevalence rate:** This refers to the proportion of people who have HIV/AIDS at a specified point in time or over a period of time. It is used for measuring the burden of chronic diseases in a population. It is the total number of cases of a disease existing in a population divided by the total population
- **Generalized phase:** A stage when a disease has dispersed and is found among categories of people, i.e. no longer confined or identified with a particular group
- **Katsina:** A city and capital of Katsina state in north western Nigeria

3.14 The Study Area

Katsina state is one of the 36 states of the Federal Republic of Nigeria. It was created in September, 1987 from the defunct Kaduna state. It is located between latitudes 11 08' North and 13 22', and longitude 6 52' East and 9 20' East. It covers an area of approximately 23,983sq km. The state shares boundaries with Kano and Jigawa states to the East, Zamfara state to the West, Kaduna state to the South and Niger Republic to the North.

The state has 34 Local Government Areas and two Emirates of Katsina and Daura. It has a population of about 5,801,584 (2,948,279 male and 2,853,305 female). It is predominantly an agrarian state with Hausa and Fulani as major ethnic groups. The state plays a leading role in the production of cotton, groundnut, millet, guinea corn, maize, soya beans and rice. Industries are gradually being established in the state. Currently, it boasts of having a Steel Rolling Mill, Groundnut oil mill, flower mill, textile industry, Cotton ginneries, fertilizer blending plants, Youghurt factories among others.

In education, the state hosts the first established educational institution in the region (Katsina Middle school). Now the state has two universities, a Polytechnic, two colleges (of Education and Legal and General studies, School of Basic Studies (ABU) as well as Health Training Institutions: School of Nursing, School of Midwifery and two schools of Health Technology, History and Culture Bureau (2014)

Table 3.1: Katsina State Local Governments and their population

LGA	Both sexes	Males	Females
Bakori	149,516	72,714	76,802
Batagarawa	189,059	96,693	92,366
Batsari	207,874	104,279	103,595
Baure	202,941	102,127	100,814
Bindawa	151,002	76,925	74,077
Charanci	136,989	70,040	66,949
Danmusa	113,190	58,031	55,159
Dandume	145,323	74,222	71,101
Danja	125,481	63,663	61,818
Daura	224,884	115,576	109,308
Dutsi	120,902	61,430	59,472
Dutsinma	169,829	88,202	81,627
Faskari	194,400	97,963	96,437
Funtua	225,156	117,789	107,367
Ingawa	169,148	86,061	83,087
Jibia	167,435	85,149	82,386
Kafur	209,360	104,620	104,740
Kaita	182,405	93,190	89,215
Kankara	243,259	121,815	121,444
Kankia	151,395	77,061	74,334
Katsina	318,132	168,906	149,226
Kurfi	116,700	59,021	57,679

Kusada	98,348	50,930	47,418
Mai'adua	201,800	103,107	98,693
Malumfashi	182,891	92,420	90,471
Mani	176,301	88,007	88,294
Mashi	171,070	84,105	86,965
Matazu	113,814	57,587	56,227
Musawa	170,006	85,788	84,218
Rimi	154,092	77,059	77,033
Sabuwa	140,679	72,106	68,573
Safana	185,207	93,410	91,797
Sandamu	136,944	68,512	68,432
Zango	156,052	79,771	76,281

(Federal Republic of Nigeria Official Gazette, 2009)

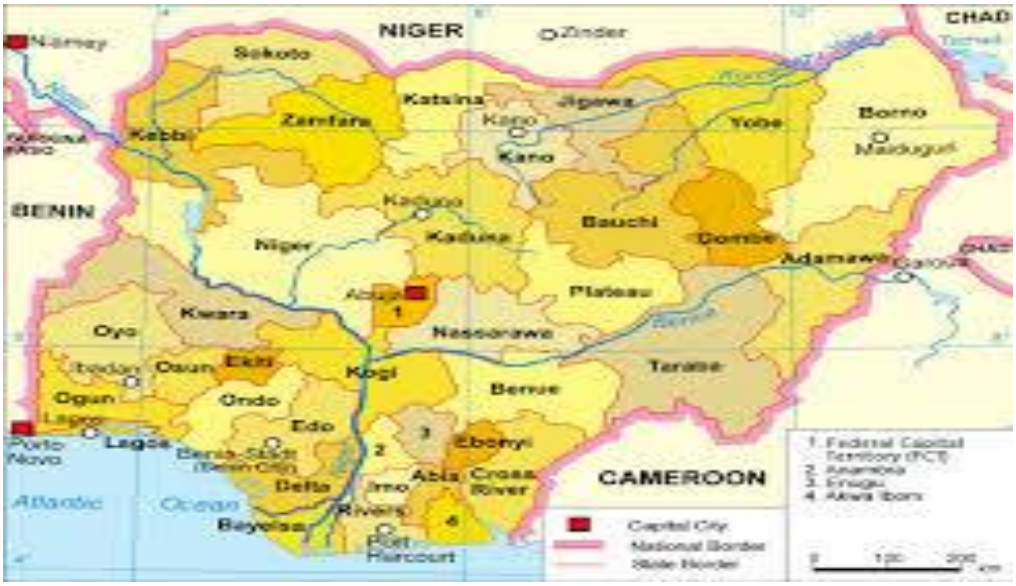

Figure 3.1: Map of Nigeria

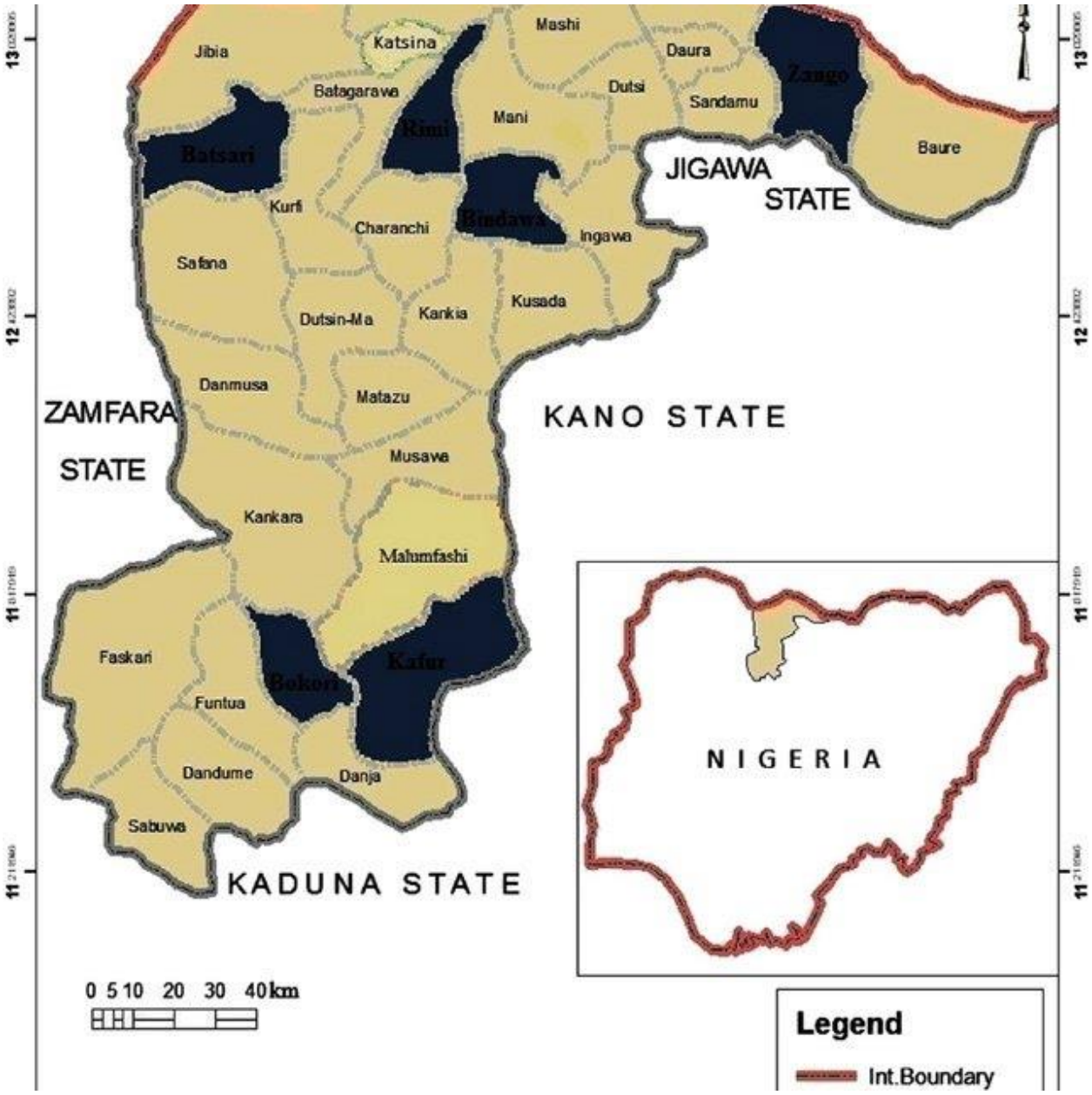

Figure 1.2: Map of Katsina State

3.15 Research Gap

Currently available literature indicates that HIV/AIDS has attained a pandemic proportion among Nigerians (including adults, adolescents, and indeed children) which leads to great health, economic, social, psychological, educational and political concerns. The sexual active nature of

youths may make them more susceptible to AIDS. Often a substantial number of them expose themselves to sex without prior knowledge of the effect of contracting AIDS especially due to their liberal attitude of some of them towards sex, pornography, homosexuality, lesbianism and others alike that can lead to contracting HIV. As a border state neighbouring Niger Republic coupled with the growing influx of youths due to higher institutions of learning in the state, Katsina may be faced with a serious threat of HIV spread. As the backbone of every society, authorities' concerned need to keep tab on the health status of its youths as devastating diseases, like HIV/AIDS on them may have a devastating effect on its development.

Health professionals at the last part of 20th century began to develop a growing appreciation of the critical role of communication in healthcare the absence of which reflects failure of the latter.

It is in the light of the foregoing that this study intends to investigate the impact of health communication strategies especially in educating families and adolescents towards preventing HIV spread in Katsina state.

CHAPTER FOUR
RESULTS AND DISCUSSIONS

4.1 Introduction

In this chapter the results of the survey through in-depth interview with adolescents and FGD with eight groups are presented. The aim is to answer the research questions raised and attain the objectives of the study set in chapter one is important to note that the first four research questions are answered through the responses from in-depth interview while the last research question is answered through FGD. Prior to the presentation and discussion of results, the demographic profile of the respondents is presented.

4.2 Demographic Profile of the Respondents

Eight demographic variables were capture in the questionnaire. These include gender, age, marital status, tribe, religion, educational qualification, local government area, senatorial zone, the profile with respect to these demographic variables are presented in Table 4.1.

Table 4.1: Demographic Profile of the Respondents

Demographic Profile	Frequency	Percentage
Gender		
Male	210	65.6
Female	110	34.4
Total	**320**	**100**
Age		
18-20 Years	96	30
21-23 Years	146	45.6
24-25 Years	78	24.4
Total	**320**	**100**
Marital Status		
Single	307	95.9
Married	13	4.1
Total	**320**	**100**
Tribe		

Hausa	320	100
Total	**320**	**100**
Religion		
Islam	320	100
Total	**320**	**100**
Educational Qualification		
Secondary	166	51.9
Higher Education	118	36.9
Intermediate Education	35	10.9
Non-formal education	1	0.3
Total	**320**	**100**
Senatorial Zone		
Katsina Central	115	35.9
Katsina South	105	32.8
Katsina North	100	31.3
Total	**320**	**100**
Local Government Area		
Katsina	50	15.6
Batagarawa	35	10.9
Charanchi	30	9.4
Funtua	40	12.5
Bakori	29	9.1
Malunfashi	36	11.3
Daura	40	12.5
Mai'aduwa	30	9.4
Zango	30	9.4
Total	**320**	**100**

The demographic profile of the respondents in Table 4.1 revealed that majority of the adolescent that responds to the survey representing 210 (65.6%) are male while the remaining 110 (34.4%) are female. This implied that both sides of the gender are represented within the survey. In terms

of ages, the majority of the adolescents that participated in the survey are aged between 21-23 years, and this accounted for 146 (45.6%), this followed by those aged 18-20 years which accounted for 96 (30%), the rest are aged between 24-25 years which accounted for 78 (24.4%). This showed that all the three age categories for the adolescents' population who serves are respondents are represented in the survey.

The respondents' profile with respect to their marital status showed that most of the adolescents population sampled in this survey are single; this accounted for 307 (95.9%) while the remaining 13 (4.1%) are married. This is consistent with the cultural settings of northern part of Nigeria where most of the adolescents got married commonly when they reached more than 25 years of age. It also implies that the adolescents survey is at risk of sexual behaviours due to lack of marital partners while already reaching the adolescent age. In terms of tribe and religion both are 100% Hausa and Muslim, which is consistent with the nature of the state where vast majority and Hausas and Muslims.

The next demographic profile analyzed is educational qualification. Majority of the adolescents sampled in this study have secondary certifications which account for 166 (51.9%), this is followed by those having higher education qualification accounting for 118 (36.9%), then intermediate education accounting for 35 (10.9%), and lastly non-formal education accounting for only 1 (0.3%) respondent. This could not be surprising considering that the survey was conducted in the local government headquarters where majority of the population are educated, and irresponsible behaviours are more rampant in cities compared to extremely rural areas.

The analysis of the demographic information of the respondents revealed that the adolescents sampled in the study represented the three senatorial zones in the state with closely equal number of respondents. Katsina central senatorial zone has the total 115 (35.9%) adolescents who responded to the survey, this is followed by Katsina south senatorial zone with 105 (32.8%), and lastly Katsina north senatorial zone with 100 (31.3%). These results showed that all the three senatorial zones are proportionately distributed. The profile further revealed that three local governments were selected from each senatorial zone. In Katsina central, the local governments selected for the adolescents' survey for the in-depth interview are Katsina with 50 (15.6%), Batagarawa with 35 (10.9%) and then Charanchi with 30 (9.4%). This indicates that Katsina has the higher number of surveyed adolescents within Katsina central senatorial zone, which clearly reflects the population distribution in the zone. In Katsina south, also three local governments

including Funtua with 40 (12.5%), Bakori 29 (9.1%) and Malumfashi 36 (11.3%) were surveyed. This implies that Funtua has the highest number of adolescent surveys, which is a clear reflection of population among the local governments represented by the zone. Lastly, in Katsina north senatorial zone three local governments also represented the zone in the survey with Daura having largest number adolescents that partake in the survey which accounted for 40 (12.5%) of the total participants, this is followed by the Mai'aduwa with 30 (9.4%), and then Zango with also 30 (9.4%) of the total adolescents surveyed in the state. This implied that Daura has the highest number of survey adolescents in the zone which also reflects the nature of the adolescent's population distribution in the zone.

4.3 What are the Programmes/schemes created by Katsina State government in curtailing the spread of HIV/AIDS in Katsina State?

The first research question asked the respondents about the Programmes/schemes created by Katsina state government in curtailing the spread of HIV/AIDS in the state. Out of the total sample of 576 adolescents, 320 responded to this question through an in-depth interview disclosing various Programmes and schemes as reported in Table 4.2.

Table 4.2: Programmes/schemes created by government in curtailing the spread of HIV/AIDS in Katsina state

Responses	Frequency	Percent	Valid Percent	Cum Percent
Law and order on rampant sex	38	11.9	11.9	11.9
Issuance of certificate of status before marriage	43	13.4	13.4	25.3
Campaign on dress code in the society	47	14.7	14.7	40.0
Use of condoms and other contraceptive devises	49	15.3	15.3	55.3
Sex education campaigns	49	15.3	15.3	70.6
Creating numerous guidance and counselling sites for victims	51	15.9	15.9	86.6
Provision of more free ARV drugs for victims	43	13.4	13.4	100.0
Total	320	100.0	100.0	100.0

Analysis of the responses from the sampled adolescents who responded to the survey revealed that seven Programmes/schemes were introduced by Katsina state government in curtailing the spread of HIV/AIDS in the state. Firstly, the responses showed that 38 (11.9%) of the adolescents believe that the government created law and order on rampant sex which eventually curtail the spread of the disease. In this regard, one of the adolescents reported that:

> *"One of the adolescents opined that maintaining law and order especially on un interrupted and rampant sex will be a good decision, failure to comply with the policy on that by adolescents will attract them a penalty, fine or face the wrath of the law or even send you to jail" [Respondent from Katsina Zone]*

Secondly, 43 (13.4%) viewed that the introduction of issuance of certificate of status by government before getting married was among the scheme introduced by the government that curtailed the spread of the disease in Katsina. This scheme is not is surprising as it works well for many northern states. One of the adolescents said that:

> *"Government should make policy on marriages or any official tying note by couples without presenting a certificate of HIV/AIDS free from a certified hospital either in mosque or churches, these will eventually make an impact in reducing the widely spread of HIV/AIDS in the society" [Respondent from Funtua Zone]*

Thirdly, some respondents accounting for 47 (14.7%) are of the belief that introduction of dress code particularly in institutions of high learning has drastically reduced the rampant sex which could eventually reduce the spread of the disease. One of the adolescents expressed that:

> *"Imposing of using descent dressing in schools and other social gathering and introduce a responsible dress code to adolescents in the above places will reduce the high risk of sexual activities in our society" [Respondent from Daura Zone]*

Fourthly, 49 (15.3%) of the respondents are of the belief that there are several radio Programmes and campaigns in schools for the use of condom and other contraceptive devises introduced by Katsina state government, which eventually reduce the spread of the disease. One adolescent from one of the senatorial zones said:

*"Regular and consistent use of condom before sex basically helps a lot in curtailing the spread of HIV/AIDS, Government should be distributing free condoms and other contraceptive devices to the vulnerable youth in order to prevent them from contracting with the disease " [Respondent from Katsina **Zone**]*

Fifthly, also 49 (15.3%) of the respondents opined that government introduce several sex education schemes in secondary schools and radio Programmes to educate adolescents about the risks of contracting HIV/AIDS through unprotected and rampant sex. It was opined by one of the adolescents that:

"Introduction of sex education in formal/informal schools and from primary to tertiary institutions will automatically keep the adolescents informed of the danger of the epidemic diseases and have the know-how of getting rid of menace from the grass root" [Respondent from Funtua Zone]

Sixth, 51 (15.9%) opined that government of Katsina state create numerous guidance and counseling sites for victims of HIV/AIDS the essence of which is to prevent community spread of the deadly virus, which they believe is working well in the state. One of the adolescents gives his opinion as:

"Proper guidance and counseling plays a vital role in tackling the spread of the menace of HIV./AIDS, the victims are educated based on their understanding and are guided on how to prevent themselves from contracting the disease, though the sites are not enough in the state and very scanty also located in cities which most of the adolescents hardly located with poor proximity" [Respondent from Daura Zone]

Lastly, another scheme introduced by Katsina state government to curtail the spread of HIV/AIDS was distribution of more free ARV drugs for victims in the state which accounted for 43 (13.4%) of the total adolescents who responded during the conduct of the interview. With respect this; one of the adolescents expressed his view as follows:

"There is serious shortage of the Anti-Retroviral drugs in our community which resulted in the increase of the prevalence death rate of the HIV/AIDS carriers,

social stigma of the patients play a good role as the victims doesn't like taking drugs in their locality but prefer to go long distance where they are not known and take the drugs. Shortage of the drugs breaks the chain of taking the drugs which is stage by stage and availability if the ARV will save the life of many victims" [Respondent from Katsina Zone]

Therefore, it can be deduced from the responses that all the seven Programmes are closely same with no significant difference. The scores range from 11.9% - 15.9% for lowest scheme which law and order on rampant sex and to the highest which creating numerous guidance and counselling sites for victims. By implication, all the seven schemes and Programmes could be said to be known and acceptable within the state.

4.4 To what extent does communication strategies created by Katsina state government create awareness regarding to adolescents on HIV/AIDS in Katsina State?

This is the second research question that this study seeks to answer. In an attempt to get in-depth insights from the adolescents' population with respect to the question, two questions were asked separately to the 320 sampled adolescents. The first question asked the adolescents to express in their opinion whether or not the communication strategies created by Katsina state government created the desired awareness regarding HIV/AIDS among the adolescent population in the state. The summary of the responses given by the sample are presented in Table 4.3 below.

Table 4.3: Impact of Communication Strategies on Awareness Creation on adolescents

Response	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	262	81.9	81.9	81.9
No	35	10.9	10.9	92.8
I don't Know	23	7.2	7.2	100.0
Total	320	100.0	100.0	100.0

The summary of the in-depth interview conducted through the survey of 320 adolescents as reported in Table 4.3 revealed that 262 representing 81.9% adolescents that participate in the survey are of the belief that the communication strategies adopted by Katsina state have an impact

in creating awareness among the adolescents population in the state, while 35 adolescents representing 10.9% believe that the communication strategies have no any impact on creating awareness regarding HIV/AIDS on adolescent population in the state, and the rest about 23 adolescents representing 7.2% responded that they don't know whether such strategies have impact or not.

Having understood that majority of the respondents believe that communication strategies adopted by Katsina state have an impact in creating awareness among the adolescents population in the state, the study further seek to understand the kind of communication strategies adopted by the state in creating the awareness. The responses of the 320 adolescents surveyed with in this study are presented in Table 4.4.

Table 4.4: Communication Strategies for Awareness Creation

Responses	Frequency	Percent	Valid Percent	Cum Percent
Awareness on the of partner status	65	20.3	20.3	20.3
Awareness about use of condom	64	20.0	20.0	40.3
Enlightenment/awareness campaigns	65	20.3	20.3	60.6
Regular counseling	63	19.7	19.7	80.3
Awareness on the free ARV drugs	63	19.7	19.7	80.3
Total	320	100.0	100.0	100.

From this in-depth interview, five communication strategies for creating awareness of HIV/AIDS among the adolescent population were explored in this study as summarized in Table 4.4. Firstly, about 65 (20.3%) of the adolescents survey responded that, in Katsina government creates awareness by encouraging adolescent to know the HIV/AIDS status of their partners. One of the adolescents responded that:

> *"Couples or marriage partners supposed to know their status before engaging into any serious relationship or getting married as the case may be. Communication strategies here bring awareness that all partners should go for laboratory testing to know whether he or she HIV positive or HIV negative, these will help some adolescents in falling to be victim of circumstance" [Respondent from Funtua Zone]*

Secondly, 64 (20%) adolescents are of the belief that government creates awareness among the adolescent population for the use of condom. With respect to this view, one of the adolescents said that:

> *"Vulnerable adolescents have high risk of contracting HIV/AIDS, as such they will be advised to be using condom before sex either in school, parties and any other social gathering. Using condom before engaging into any sexual activity will be very essential on adolescents to have maximum protection and reduce the high risk of contracting the virus" [Respondent from Daura Zone]*

Thirdly, 65 (20.3%) of the survey adolescents respondents that Katsina state government embark on various forms of enlightenment and awareness campaigns to educate adolescent regarding HIV/AIDS in the state. One of the adolescents that responded to the survey opined that:

> *"Public awareness, enlightenment and campaign about the danger of the epidemic HIV/AIDS on human body which easily destroys the immune system of the body and kills the victim needs massive public awareness about the disease. People should be informed through different channels ie Television, Radio and other possible ways of information that will reach the audience either in cities, towns and villages will immensely help in reducing the spread of the virus in within and outside the state" [Respondent from Katsina Zone]*

Fourthly, 63 (19.7%) of the adolescents are of the belief that government of Katsina adopted regular counselling regarding HIV/AIDS as a communication strategy for reducing the adverse effects of the disease in the state. In this, one of the adolescents said:

> *"Consistent guidance and counseling is very important in creating awareness about HIV/AIDS wide spread in the community. Guidance and counseling sites should be build and be well equipped and should be available not only in cities but also in towns and villages, availability of the sites will encourage people to attend the session regularly and be educated on how to tackle and have clear insight of the diseases , handle it properly if you fall a victim." [Respondent from Funtua Zone]*

Lastly, about 63 (19.7%) of the adolescent who responded to the survey are of the view that one of the strategies used by the government in creating awareness regarding HIV/AIDS is creating

awareness about the existence of free ARV drugs among the adolescent population. This implied that government of Katsina state have been strategically creating awareness about HIV/AIDS on adolescent population through various means as reported by the respondents. With respect to this view, one of the adolescents opined that:

> *"Anti-Retroviral drugs should be available in hospitals and other HIV/AIDS centers were the drugs should be distributed, people should be enlighten about the effective nature of the drugs and how it defeats the virus when it weakened the immune system of the body, however, educating the victims on how to use the drugs in sequence or stage by stage is very important as the patients will not skip the dose. These will also help in reducing the dying of the HIV victims ignorantly." [Respondent from Daura Zone]*

The possible conclusion here that there is closely equal awareness with respect to the five strategies followed by Katsina state government in creating awareness regarding HIV/AIDS in the state, which ranged from the lowest strategies which are regular counselling awareness on the free ARV drugs with the score of 19.7% to the highest which are; awareness on the of partner status and enlightenment/awareness campaigns with 20.3%. This implied that there is no significant variation in the awareness of the five important strategies implement in the state to create awareness regarding HIV/AIDS.

4.5 What is the awareness level of information on HIV/AIDS prevention on adolescents in Katsina State?

For research question number three, the researcher asked two questions in an attempt to get in-depth understanding on the awareness level of information on HIV/AIDS prevention on adolescents in Katsina State. Firstly, the researcher seeks to know the perceptions of adolescents regarding the level of their awareness with respect to HIV/AIDS prevention measures among the adolescents in the state, and second to understand the mechanisms through which such awareness is created. The responses with respect to the first question are presented in Table 4.5:

Table 4.5: Awareness level of information on HIV/AIDS prevention on adolescents

Responses	Frequency	Percent	Valid Percent	Cum Percent
Yes	203	63.4	63.4	63.4
No	11	3.4	3.4	66.9

I don't know	106	33.1	33.1	100.0
Total	320	100.0	100.0	100.0

With respect to question one as reported in Table 4.5, 203 (63.4%) of the adolescents believe that there is high level of awareness regarding HIV/AIDS prevention on adolescents, while 11 (3.4%) of the adolescents reported that there is no high level of information awareness regarding HIV/AIDS prevention on adolescents. Lastly, 106 (33.1%) of the adolescents who responded to the interview claimed that they don't know whether or not there is high level of information awareness regarding HIV prevention on adolescents in Katsina state. This could be possible particularly for adolescents who are not at tertiary institutions or those who do not listen to radio Programmes regarding the disease.

Having understood that there is high level of awareness regarding HIV/AIDS prevention measures on adolescents which seek to partly provide answer to research question three, a second question was asked to the adolescents regarding mechanisms through which such awareness is created. Thus, the responses from the sampled adolescents who responded to this question is reported in Table 4.6.

Table 4.6 Ways through which awareness is created on adolescents

Responses	Frequency	Percent	Valid Percent	Cum Percent
Using radio Programmes	55	17.2	17.2	17.2
Using television Programmes	49	15.3	15.3	32.5
Open stage drama	51	15.9	15.9	48.4
Organizing awareness campaigns	54	16.9	16.9	65.3
Introduction of sex education	56	17.5	17.5	82.8
Renouncing stigma on patients	55	17.2	17.2	17.2
Total	**320**	**100.0**	**100.0**	**100.0**

Analysis of responses reported in Table 4.6 revealed that 55 (17.2%) of the adolescents who responded to the survey viewed that such high awareness level of HIV/AIDS prevention on adolescents was created using radio Programmes. In this, one of the adolescents said that:

> *"Radio is the most effective and convenient way of creating awareness about the menace of HIV/AIDS on adolescents. The signals of radio can easily reach both*

cities and villages and is also very cheap to purchase, most of the youth have this habit of regular listening to radio in the morning, afternoon and evening, and they normally come across some educative Programmes about the epidemic HIV/AIDS" [Respondent from Katsina Zone]

Further, 49 (15.3%) of the adolescents who responded to the survey believed that such awareness was created using television Programmes. In fact one of the adolescents from Katsina central said that:

"The importance of using Television as a medium of creating awareness of HIV/AIDS cannot be over emphasized, most of the adolescents like watching live Programmes, films and drama in Television and as such they receive the information on HIV/AIDS and from there takes a lesson on how to prevent themselves from it or if they fall a victim, they will take care of their body by taking their drugs in sequence and avoid been stigmatized" [Respondent from Funtua Zone]

Differently, 51 (15.9%) opined that awareness was created among the adolescents in the state through the use of open stage drama. In support of this view one of the adolescents opined that:

"The adolescents of nowadays like watching stage drama as it sends direct message to people who are watching the drama. Non-governmental organization (NGO), Self-help community group and other government agencies like directorate for arts and culture are mostly responsible for organizing stage drama especially in towns and villages and these strategy helps a lot in creating awareness about HIV/AIDS to adolescents on they will safeguard themselves from contracting the disease" [Respondent from Daura Zone]

Further analysis of the responses showed that 54 (16.9%) were of the belief that the level of awareness regarding HIV/AIDS prevention on adolescents was created through organized awareness campaigns. One of the adolescents has this to say with respect to this view:

"Organizing public campaign plays a vital role in creating awareness in the spread of HIV/AIDS in the state. People should be informed through different

ways especially adolescents who have the high risk of contracting the disease to be using condom and other contraceptive device before sex, go for laboratory testing if some symptoms persist in your body, avoid using unsterilized materials like razor blade and many other ways of getting the disease directly or indirectly" [Respondent from Katsina Zone]

It was further opined by some adolescents accounting for 56 (17.5%) that such awareness was created through the introduction of sex education in schools. With respect to this one of the adolescents who responded during the interview opined that:

"Introducing sex education as a course in mostly our formal schools that is from primary t up to university level to know more about themselves when they start developing sexual hormones, know more about their sexual activities and even be civilized in taking measure to prevent one another form taking risk of getting the virus. Educating adolescents comprehensively about their social and sexual lives will eventually help in curtailing the spread of HIV/AIDS in the state. " [Respondent from Funtua Zone]

The last category of the respondents accounting for 55 (17.2%) reported that such awareness was created through renouncing stigma on patients. With respect to this view, one of the adolescents opined that:

"Victims of HIV/AIDS are being stigmatized by family, a friend, social and health workers and even the entire community hates them naturally and these really depressed and demoralized them and send them to their early grave even if they are responding to treatment. Renouncing the stigma on HIV/AIDS patients by mingling with them when it comes to eating, drinking, playing, chatting and getting them close by will really makes them happy and feel they are equal human being with their friends and associates, these will give them courage and hope as victims even if they are in serious pain and will reduce the prevalence death rate in the state." [Respondent from Daura Zone]

It can be concluded that there is no significant variation in the responses of the adolescents regarding HIV/AIDS prevention mechanisms which ranged from the lowest score of 15.3% for using television Programmes to the introduction of sex education which scored 17.5%. The highest score for this mechanism could be justified by the demographic data which revealed that most of the adolescents' secondary school graduates given the fact that the introduction of sex education is recent subject of discussion in the country particularly in secondary schools.

4.6 How does the influence of communication reduce the massive spread of HIV/AIDS socially and culturally in Katsina State?

This section is designed to answer research question number four which seeks to find answer from the adolescents on how does the influence of communication reduce the massive spread of HIV/AIDS socially and culturally in the state. Towards this end, 320 adolescents responded to the question. The breakdown of the responses are reported in Table 4.7 below.

Table 4.7: Influence of communication in reducing the spread of HIV/AIDS socially and culturally

Responses	Frequency	Percent	Valid Percent	Cum Percent
Social pressure	80	25.0	25.0	25.0
Cultural barriers to condom use	115	35.9	35.9	60.9
Moral injunction against sex before marriage	75	23.5	23.5	84.4
Knowledge of HIV transmission and mode of prevention	50	15.6	15.6	15.6
Total	**320**	**100.0**	**100.0**	**100.0**

The adolescents who responded to the survey disclosed that communication influenced the reduction in the spread of HIV/AIDS from social and cultural perspectives in four ways. First, 80 (25.0%) of the adolescents who responded to the survey through an in-depth interview opined that communication has reduced the spread of HIV/AIDS through social pressure. One of the respondent opined that:

"*Communication has reduced the spread of HIV/AIDS socially as the awareness about the disease created social pressure which in essence made adolescents to take extensive preventive measures against the disease to avoid social stigma*" [Respondent from Katsina Zone]

Second, 115 (35.9%) of the respondents viewed that communication influenced curtailing the spread of HIV/AIDS through the reduction of cultural barriers to condom use. With respect to this category of respondents, one of the adolescents said:

"*There is high misconception about the use of condom, in the previous years many adolescents believe that use of condom reduces sexual please as a result they take risk of unprotected sex, however, awareness created through various forms of communication has made adolescents to understand that it is better to forfeit the sexual pleasure than to risk one life*" [Respondent from Funtua Zone]

Third, 75 (23.5%) of the adolescents who respond to the in-depth interview were of the view that communication has reduce the spread of HIV/AIDS through re-irritating moral injunction against sex before marriage. Regarding this, one of the respondents stated that:

"Though it is part of the cultural norms among Hausa ethnic groups which was based on the teaching of Islam that it is immoral to have sex before marriage, nevertheless, communication re-enforce such morality in the society" [Respondent from Daura Zone]

Lastly, 50 (15.6%) of the adolescents who responded to the survey were of the belief that communication has reduce the community resistance about the existence of HIV/ADIS through creating awareness of knowledge of mode of HIV transmission and prevention. In this, one of the respondents from stated that:

"*In the past, many adolescents do not believe in the existence of HIV/AIDS, however, communication has created the necessary awareness not only in changing*

the mindset of the adolescents with respect the existence of the disease but also it modes of transmission and prevention" [Respondent from Katsina North]

It can be concluded that out of four social and cultural impacts of communication in reducing the spread of HIV/AIDS in Katsina state, curtailing in the spread of HIV/AIDS through the reduction of cultural barriers to condom use is the major impact made by communication as it accounted for 35.9% of the responses, while the reduction in the community resistance about the existence of HIV/ADIS through creating awareness on mode of HIV/AIDS transmission and prevention was the lowest impact made by communication as it accounted for only 15.6% of the responses.

4.7 What are the challenges faced by the Katsina state government in implementing the awareness Programme?

In order to answer the research question five which seeks to find out the challenges faced by Katsina State government in implementing the awareness programme, FGD was conducted eight groups include parents, teachers, family members, community leaders, religious leaders, non-governmental organization (NGO), Katsina centre for control of HIV/AIDS (KACCA) staffs and media personnel staff (both radio/TV staffs). The responses are analyzed as follows:

4.7.1 Group one - parents

The first FGD was held using group of parents. Following deliberations with a group consisting of ten parents, it was agreed that the challenges faced by the Katsina state government in implementing the awareness Programme on adolescents is poor guidance and counselling. The ways in which guidance and counselling are carried-out in the states will be difficult to curtail the menace of HIV/AIDS in Katsina State. Adolescents are not attentive to such guidance and counselling which eventually makes the effort of the government towards curtailing the spread of the disease not so much effective as desired. They suggested for some other approaches through which adolescents can have free access to information without parental interventions such as social media pages for which the adolescents mostly have direct and private access to it.

4.7.2 Group two - teachers

The second FGD was held with the group of teachers. After the deliberations on the challenges faced by the Katsina state government in implementing the awareness Programme on adolescents, the group of teachers concluded that the major challenge faced by government lies in the creation awareness especially in such a way to tackle the mixture of boys/girls in schools. They also lamented on the challenges they face in the introduction of sex education as a course in schools. Though this approach was meant to really an impact in reducing the spread of HIV/AIDS, however, it was misunderstood in Northern part of the country including Katsina. Many perceived this approach to be against the culture and traditions of the people of Katsina state to make open discussion on sexual issues in classes particularly to adolescents who have come to a risky age. They suggested that development of books and other written documents for which the students can read themselves can assist in addressing this challenge.

4.7.3 Group three - family members

Third FGD was held with group of family members. Following a discussion with a group of families they advised that the major challenge faced at community level is in reducing the spread of the menace of HIV/AIDS and the ability to separate boys' and girls' rooms, toilets, play compound etc. This helps a lot because it that the potentials of keeping the two different sex at far to avoid possibility of wrong doing. However, government has major challenge here, despite awareness been created, the economic conditions of family members makes it difficult to implement these issues. Family of the adolescent children also lamented about poor enforcement of policy especially in the area of blood testing before marriage, while the policy is clear, the challenge is that not all families take it seriously. Some families silently organized wedding without observing the protocols set by the government. In this, they suggest that community has a role to play by exposing any known case in which wedding was conducted without test result, the government is facing as a challenge in creating HIV/AIDS awareness in this regard. They suggest sensitization of Imams who mostly serve as in-charge during such wedding activities.

4.7.4 Group four - community members

The fourth FGD was conducted using group of community leaders with 10 members. The leaders lamented that they know on their part they have role to play, however, the challenges faced by the government are not only creating proper and efficient HIV/AIDS campaign that will reach the

target audience but also financial constraint matters a lot as government need to do the needful in providing the necessary finance to create the awareness in pushing out the HIV/AIDS in Katsina State. This means that even through the community leaders are ready to serve as a mechanics for creating awareness at grassroots levels, however, the government do not provide to them the necessary financial supports to make the campaign more effective. They emphasized that they need to recruit community mobilizers that reach all nooks and crannies particularly in rural settlements and outreach areas to address this challenge and create for enhanced awareness.

4.7.5 Group five - religious leaders

Religious leaders are the fifth group for which the FGD was held. This particular group was identified because Islamic preachers plays a vital role in preaching against adultery, fornication, raping, lesbianism and homo sexual in community which that channels for massive spread of HIV/AIDS in communities. In achieving this, religious leaders always advice government to sponsor their religion preaching and other activities in radio/TV Programme this will definitely reduce the spread of HIV/AIDS in Katsina state and the as a whole. They lamented that even through government is trying in sponsoring such religious events through media, however, the sufficiency of such campaigns was challenged by adequate funding from the government. They suggested that more religious Programme should be sponsored through radio/TV Programme for airing the religious preaching that could reduce adultery, fornication, raping, lesbianism and homo sexual in community which will eventually reduce the spread of HIV/AIDS.

4.7.6 Group six - Non-Governmental Organizations (NGOs)

The sixth FGD was held with the non-governmental organization (NGO), they have been seen as a supporting organization that assist and support the government and people to fight and create awareness in preventing of HIV/AIDS spread in a society, thus, they are found vital in understanding the challenge the faced in curtailing the menace of HIV/AIDS in the state. Through the discussion with this important group they complain that the victims are not adherent the guideline in the use of ARV (anti-retroviral) drugs and mostly neglect the use of condoms, don't attend the guidance/counselling session which eventually create enormous challenge to both the NGOs and the government in their collective effort to control the menace HIV/AIDS in the state.

They suggested the use of Radio Programmes especially at peak hours or at the middle of some popular Programmes.

4.7.7 Group Seven: State Agency for the Control of AIDS (SACA)

The seventh FGD was held with staff of State Agency for the Control of AIDS (SACA). This is an agency created by government to control the spread the HIV/AIDS in the society they make use of the media (TV/Radio), stage drama, organized campaigns, use religious and the community leaders to preach on the epidemic of HIV/AIDS and send message to the target audience in controlling the spread of HIV/AIDS in the society. Through the FGD with this important group they lamented that government face a lot of challenges in creating the awareness as the adolescents having the high risks of contracting the disease neglect the policies, scheme and Programmes of the government. They also lamented that often the victims don't have confidence and trust with health workers particularly confidentiality of their status due to fear of stigmatization, this eventually make them to keep away from taking the ARV drugs and attending the guidance/counselling session to hide their identity. They suggested to enhance approach of counselling using family members as agents of change in order to address this challenge.

4.7.8 Group eight -Radio/TV Staff

The last FGD was held with Radio/TV staff. The researcher understands that media personnel staff which comprises of both Radio and Television staff of Katsina State plays a vital role in creating awareness of HIV/AIDS in society. However, during the discussion this group lamented that Katsina State have many remote areas, hamlets and villages that don't have signal of Radio and Television devices which shows that victims in this area don't receive the message, most of them are ignorant, they don't read and write, they are not even aware of the guidance and counselling site neither taking the ARV drugs and this is one of the most challenging factor face by Katsina State government in creating the HIV/AIDS awareness Programmes. They suggest the use of jingles and stage drama at villages as means to further create awareness for the outreach people remote areas, hamlets and villages that don't have signal of Radio and Television devices.

4.8 Qualitative Data Analysis

Age variable

Table 4.8: Major means of contracting HIV/AIDS

			Response			Total
			Unsafe sexual contact	Blood products	Mother to baby	
AGE	18-20 Years	Count	127	20	8	155
		% within AGE	81.9%	12.9%	5.2%	100.0%
		% within SBQ1	32.2%	35.1%	33.3%	32.6%
	21-23 Years	Count	176	27	9	212
		% within AGE	83.0%	12.7%	4.2%	100.0%
		% within SBQ1	44.7%	47.4%	37.5%	44.6%
	24-25 Years	Count	91	10	7	108
		% within AGE	84.3%	9.3%	6.5%	100.0%
		% within SBQ1	23.1%	17.5%	29.2%	22.7%
Total		Count	394	57	24	475
		% within AGE	82.9%	12.0%	5.1%	100.0%
		% within SBQ1	100.0%	100.0%	100.0%	100.0%

A question was asked to the respondents with regard to different means of contracting HIV. Primarily three reasons were identified. The reasons are unsafe sexual contact, blood products and transmission from mother to baby. Young adult within the age group of 18 to 25 were asked to identify the reasons for contracting HIV. In general 82.9 percent of the respondents said unsafe sexual interaction is the primary reason for AIDS disease, this was followed by blood products and transmission from mother to baby. In the age group of 18 to 20, 81percent of the respondents said unsafe sexual contact is a primary reason followed by 12 percent stating that it is due to the blood products and 5percent saying it is due to mother to baby transmission. In the age group of 21 to 23 a similar outcome was seen. About 82 percent of the Young adults felt that it is due to the unsafe sex and 12.7 percent said it due to blood products. In the age group of 24 to 25 majorities,

84percent felt it is due to unsafe sexual contact 9.7 percent felt HIV is also transmitted through blood products. The analyzed data clearly indicate that it most of young adults had a fairly good idea that unsafe sexual contact is a major reason for a transmission of HIV followed by blood related products and mother to baby transmission.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.632[a]	4	.803
Likelihood Ratio	1.666	4	.797
Linear-by-Linear Association	.037	1	.848
N of Valid Cases	475		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.46.

The table critical value for 4df – 9.49 @ 0.05 levels

H_o – There is no significant difference between ages of the respondents regarding major means of contracting HIV/AIDS

H_a - There is a significant difference between ages of the respondents regarding major means of contracting HIV/AIDS

To the question on the different means on contracting HIV/AIDS disease, the null hypothesis of there is no significant difference between age groups is not rejected as the calculated value is less than the table critical value. It can be inferred that age does not influence and there is difference in perception among males and females.

Table 4.9: Identifying the symptoms of HIV/AIDS

			SBQ2					Total
			Fever and aches	Sore throat	Swollen lymph glands	Rash and cough	Diarrhea	
AGE	18-20 Years	Count	36	27	28	29	35	155
		% within AGE	23.2%	17.4%	18.1%	18.7%	22.6%	100.0%
		% within SBQ2	32.7%	32.5%	31.1%	31.2%	35.4%	32.6%
	21-23 Years	Count	46	35	42	45	44	212
		% within AGE	21.7%	16.5%	19.8%	21.2%	20.8%	100.0%
		% within SBQ2	41.8%	42.2%	46.7%	48.4%	44.4%	44.6%
	24-25 Years	Count	28	21	20	19	20	108
		% within AGE	25.9%	19.4%	18.5%	17.6%	18.5%	100.0%
		% within SBQ2	25.5%	25.3%	22.2%	20.4%	20.2%	22.7%
Total		Count	110	83	90	93	99	475
		% within AGE	23.2%	17.5%	18.9%	19.6%	20.8%	100.0%
		% within SBQ2	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

A question was asked to the young adults to identify the symptoms of HIV. List of five symptoms like fever and body ache, sore throat, swollen lymph glands, rash and cough and diarrhea was given. Among age group 23.2 percent of said fever and body ache is the reason followed by 17.5percent sore throat 18.9 percent swollen lymph glands 20percent stating diarrhea as a symptom. In terms of age group, a similar trend was seen with adolescence belonging to 18 -20 age group, stating that fever and body ache 23.2 percent, and diarrhea 22.6 percent and the rest also identified all the major symptoms. In the age group of 21 to 23, 21.7 percent felt fever and body ache followed by coughing 21.2 percent, diarrhea 20.8percent and swollen lymph gland around 19percent. In the age group of 24 to 25, 25.9 percent said fever and body 99.4percent told sore throat 18.5percent swollen lymph glands, 17.6 percent coughing 18.5percent diarrhea. All in all, most of the younger age group had fairly good ideas about the symptoms related to HIV disease.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.140[a]	8	.976
Likelihood Ratio	2.130	8	.977
Linear-by-Linear Association	.668	1	.414
N of Valid Cases	475		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 18.87.

The table critical value for 8df – 15.51 @ 0.05 level

H_o – There is no significant difference between ages of the respondents with regards reasons for symptoms of killer AIDS disease.

H_a - There is a significant difference between ages of the respondents with regards reasons for symptoms of killer AIDS disease.

As the calculated value is less than the table critical value, the null hypothesis that there is no significant difference between ages of the respondents with regards reasons for symptoms of killer AIDS disease cannot be rejected. It can be inferred that age as a variable does not influence the awareness regarding the possible symptoms of HIV.

Table 4.10: Sexual behaviour of adolescents in contracting HIV/AIDS

			Response		Total
			Unsafe sexual contact	Blood products	
AGE	18-20 Years	Count	120	35	155
		% within AGE	77.4%	22.6%	100.0%
		% within SCQ1	32.6%	32.7%	32.6%
	21-23	Count	167	45	212

	Years	% within AGE	78.8%	21.2%	100.0%
		% within SCQ1	45.4%	42.1%	44.6%
	24-25 Years	Count	81	27	108
		% within AGE	75.0%	25.0%	100.0%
		% within SCQ1	22.0%	25.2%	22.7%
Total		Count	368	107	475
		% within AGE	77.5%	22.5%	100.0%
		% within SCQ1	100.0%	100.0%	100.0%

A question was asked to the respondents to identify the possible behaviour among adolescence regarding contracting HIV. Two major reasons emerged, that is unsafe sex and blood related products. However, majority of the respondents did not relate it to transmission from mother to baby. In terms of age group 77.5 percent of the respondents said unsafe sexual behaviour is the main reason followed by 22.5 percent telling that HIV can be transmitted through blood products. Younger age group that is between 18 to 20 and 77 percent related to unsafe sex and the remaining 23 percent set due to blood products. In the next age group of 21 to 23 78.8 percent said unsafe sexual contact and remaining 21.2 percent said due to blood related products. In the age group of 24 to 25, about 75percent of them said unsafe sex and the remaining related it to blood related products. It can be concluded that the majority of adolescents had a fairly good idea about wrong sexual behaviour with regard to contracting HIV.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	.584[a]	2	.747
Likelihood Ratio	.578	2	.749
Linear-by-Linear Association	.148	1	.700
N of Valid Cases	475		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 24.33.

The table critical value for 2df 5.99 - @ 0.05 levels

H_o – There is no significant difference between ages of the respondents with regard to adolescents'

behaviour in contracting HIV/AIDS

H_a - There is a significant difference between ages of the respondents with regard adolescents' behaviour in contracting HIV/AIDS

The null hypothesis of no significant difference between ages with regards to aware of sexual behaviour on adolescents cannot be rejected as the calculated chi square value is less than that of table critical value. It can be inferred that age as a variable does not influence the young adults. This clearly indicates that the awareness level among ages is more or less same and there is no difference between them.

Table 4.11: Role of families in prevention of HIV/AIDS

			Response			Total
			Yes	No	Can't say	
AGE	18-20 Years	Count	99	3	53	155
		% within AGE	63.9%	1.9%	34.2%	100.0%
		% within SCQ2	34.3%	17.6%	31.4%	32.6%
	21-23 Years	Count	122	10	80	212
		% within AGE	57.5%	4.7%	37.7%	100.0%
		% within SCQ2	42.2%	58.8%	47.3%	44.6%
	24-25 Years	Count	68	4	36	108
		% within AGE	63.0%	3.7%	33.3%	100.0%
		% within SCQ2	23.5%	23.5%	21.3%	22.7%
Total		Count	289	17	169	475
		% within AGE	60.8%	3.6%	35.6%	100.0%
		% within SCQ2	100.0%	100.0%	100.0%	100.0%

The role of families in preventing HIV is a very important factor in any society. A question was asked from the respondents to find out whether they agree to the role of families in preventing HIV. Nearly 60.8 percent of the respondents said yes, the family has a definite role to play. However around 35 percent of them were undecided and the rest, a very small percentage of 3.6 percent said no. In terms of age groups respondents belonging to the age group of 18 to 20, about 63 percent agreed, 34.2 percent disagreed and about 2 percent said no. In the age group of 21 to

23 about 75 percent said yes, 37.7 percent are undecided and the remaining 4.7 percent said no. In the age group of 24 to 25 majority of 63 percent said yes 33.3 percent set undecided and the remaining 3.7percent said no. It can be observed that a majority of the respondents did agree, but around 35 percent were undecided with regard to the role played by the family in preventing and controlling HIV.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	3.147[a]	4	.533
Likelihood Ratio	3.315	4	.507
Linear-by-Linear Association	.019	1	.889
N of Valid Cases	475		

a. 1 cells (11.1%) have expected count less than 5. The minimum expected count is 3.87.

The table critical value for 4df – 9.49 @ 0.05 level

H_o – There is no significant difference between ages of the respondents with regards to role of family discussion in preventing HIV/AIDS

H_a - There is a significant difference between ages of the respondents with regard to role of family discussion in preventing HIV/AIDS

The null hypothesis of no significant difference between ages of the respondents with regards to role of family discussion in preventing HIV/AIDS is not rejected as the calculated value is more than the table critical value. It can be inferred that age as a variable does not affect the assumption of that family has an important role in discussing and counselling adolescents in prevention of AIDS.

Table 4.12: Management of HIV/AIDS

			Response					Total
			Partner status	Use of condom	Awareness campaign	Regular counselling	Free ARV drugs	
AGE	18-20 Years	Count	39	73	17	10	16	155
		% within AGE	25.2%	47.1%	11.0%	6.5%	10.3%	100.0%
		% within SDQ1	37.1%	41.7%	27.4%	16.1%	22.5%	32.6%
	21-23 Years	Count	44	67	35	29	37	212
		% within AGE	20.8%	31.6%	16.5%	13.7%	17.5%	100.0%
		% within SDQ1	41.9%	38.3%	56.5%	46.8%	52.1%	44.6%
	24-25 Years	Count	22	35	10	23	18	108
		% within AGE	20.4%	32.4%	9.3%	21.3%	16.7%	100.0%
		% within SDQ1	21.0%	20.0%	16.1%	37.1%	25.4%	22.7%
Total		Count	105	175	62	62	71	475
		% within AGE	22.1%	36.8%	13.1%	13.1%	14.9%	100.0%
		% within SDQ1	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Managing and finding a remedy for HIV disease is a challenge to every country and to every society. A question was asked to find out what are the possible methods that can be used in the management of the Curse of AIDS. The following possible methods were suggested like partner status, use of condom, awareness campaigns, regular counselling and distribution of HIV drugs. In general majority that is 36.8 percent of the respondents irrespective of their age group said use of condom followed by 22 percent saying that the partner status has to be certified. About 30 percent of them said regular counselling is required followed by 25 percent telling that there should be a Programme of free distribution of HIV drugs. However, 13 percent of the respondents also suggested an awareness campaign and regular counselling. In the age group of 18 to 20 about 47 percent said use of condom is the best method followed by declaration of partner status 25.2 percent. In the age group of 21 to 23 a similar trend was seen where in 31.6 percent said use of condom and 20.8 percent said partner status. In the age group of 24 to 25 likewise 32.4 percent said use of condom, 25 percent set regular counselling 21 percent said partner status and about 16.7 percent said free distribution of HIV drugs.

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	**25.387[a]**	**8**	**.001**
Likelihood Ratio	25.627	8	.001
Linear-by-Linear Association	10.633	1	.001
N of Valid Cases	475		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 14.10.

The table critical value for 8df – 15.51 @ 0.05 level

H_o – There is no significant difference between ages of the respondents with regards reasons in managing or remedying the killer AIDS disease.

H_a - There is a significant difference between ages of the respondents with regard to reasons in managing or remedying the killer AIDS disease.

The null hypothesis that there is no significant difference between ages of the respondents with regards reasons in managing or remedying the killer AIDS disease is rejected as the calculated value is much higher than the table critical value. It can be inferred that age as a variable does influence the assumptions delineated which can help in management of HIV/AIDS disease. It can be observed that a similar condition was also observed in description of age as a variable.

Table 4.13: Strategies for controlling transmission of HIV/AIDS

			Response					Total
			Social pressure	Condom use	Moral injunction	Knowledge of HIV	Unsafe sex	
AGE	18-20 Years	Count	31	23	38	23	40	155
		% within AGE	20.0%	14.8%	24.5%	14.8%	25.8%	100.0%
		% within SDQ2	29.8%	26.4%	38.8%	28.4%	38.1%	32.6%
	21-23 Years	Count	49	41	35	42	45	212
		% within AGE	23.1%	19.3%	16.5%	19.8%	21.2%	100.0%
		% within SDQ2	47.1%	47.1%	35.7%	51.9%	42.9%	44.6%
	24-25 Years	Count	24	23	25	16	20	108
		% within AGE	22.2%	21.3%	23.1%	14.8%	18.5%	100.0%
		% within SDQ2	23.1%	26.4%	25.5%	19.8%	19.0%	22.7%
Total		Count	104	87	98	81	105	475
		% within AGE	21.9%	18.3%	20.6%	17.1%	22.1%	100.0%
		% within SDQ2	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	8.655[a]	8	.372
Likelihood Ratio	8.731	8	.365
Linear-by-Linear Association	2.038	1	.153
N of Valid Cases	475		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 18.42.

The table critical value for 8df – 15.51 @ 0.05 level

H_o – There is no significant difference between ages of the respondents with regards controlling transmission of the killer AIDS disease.

H_a - There is a significant difference between ages of the respondents with regard to controlling the transmission of the killer AIDS disease.

As the calculated value is less than the table critical value, the null hypothesis of there is no significant difference between ages of the respondents with regards to controlling transmission of the killer AIDS cannot be rejected. It can be inferred that age as a variable does not influence the perception on controlling the AIDS.

Table 4.14: Nigerian governments' Programmes are effective in stopping/preventing HIV/AIDS

			Response			Total
			Yes	No	Can't say	
AGE	18-20 Years	Count	136	12	7	155
		% within AGE	87.7%	7.7%	4.5%	100.0%
		% within SEQ1	35.3%	22.2%	19.4%	32.6%
	21-23 Years	Count	164	24	24	212
		% within AGE	77.4%	11.3%	11.3%	100.0%
		% within SEQ1	42.6%	44.4%	66.7%	44.6%
	24-25 Years	Count	85	18	5	108
		% within AGE	78.7%	16.7%	4.6%	100.0%
		% within SEQ1	22.1%	33.3%	13.9%	22.7%
Total		Count	385	54	36	475
		% within AGE	81.1%	11.4%	7.6%	100.0%
		% within SEQ1	100.0%	100.0%	100.0%	100.0%

In order to control and prevent HIV, the Nigerian government has regular Programmes to inform and educate the masses. A question was asked find out the effectiveness of such Programmes among young adults. Irrespective of the age group 81 percent said the government Programmes

are effective 11.4 percent said no and 7.6 percent were undecided. In the age group of 18 to 20 about 7.7percent said yes and 4.5 percent stay undecided. In the age group of 21 to 23 about 7.4 percent said yes, the Programmes are effective 11.3 percent each said no and were undecided. In the age group of 24 to 25 nearly 17.5percent agreed 16.7percent said no and the remaining 4.6 percent undecided. It can be observed that majority of the respondents agreed to the proposition that government Programmes are effective to a large extent.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	**12.821[a]**	**4**	**.012**
Likelihood Ratio	12.704	4	.013
Linear-by-Linear Association	2.333	1	.127
N of Valid Cases	475		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 8.19.

The table critical value for 4df – 9.49 @ 0.05 level

H_o – There is no significant difference between ages of the respondents with regards to the effectiveness of Nigerian government Programmes in controlling AIDS disease.
H_a - There is a significant difference between ages of the respondents with regard to the effectiveness of Nigerian government programmes in controlling AIDS disease.

The null hypothesis signifies that there is no significant difference between ages of the respondents with regards to the effectiveness of Nigerian government programmes in controlling AIDS disease is rejected as the calculated value is more than the table critical value. It can be inferred that age as a variable does influence adolescents' perception of effectiveness of government programmes on AIDS awareness in Nigeria.

Table 4.15: Source of information on HIV/AIDS reach the target audience

			Response			Total
			Yes	No	Can't say	
AGE	18-20 Years	Count	129	16	10	155
		% within AGE	83.2%	10.3%	6.5%	100.0%
		% within SEQ2	32.0%	39.0%	32.3%	32.6%
	21-23 Years	Count	182	18	12	212
		% within AGE	85.8%	8.5%	5.7%	100.0%
		% within SEQ2	45.2%	43.9%	38.7%	44.6%
	24-25 Years	Count	92	7	9	108
		% within AGE	85.2%	6.5%	8.3%	100.0%
		% within SEQ2	22.8%	17.1%	29.0%	22.7%
Total		Count	403	41	31	475
		% within AGE	84.8%	8.6%	6.5%	100.0%
		% within SEQ2	100.0%	100.0%	100.0%	100.0%

The Nigerian government conducts a number of HIV awareness campaigns to create awareness and to educate the masses regarding the dangers of HIV disease. A number of different sources are used by the government to reach the public. Tour question on whether the sources are effective in reaching the target audience, irrespective the age group 84.8 percent said they are effective, 8.6 percent said no and the remaining 6.5 percent were undecided. In the age group of 18 to 28 3.2 percent agreed, 10.3 percent disagreed and the remaining 6.5 percent were undecided. Similarly in the age group of 21 to 23 about 85.8 percent agreed, 8.5percent said no and 5.7 percent were undecided. Accordingly in the age group of 24 to 25 nearly 85 percent said yes the information is reaching the target audience, 6.5 percent said no and 8.3 percent were undecided. Overall it can be observed that more than 80 percent of the target audience agreed that the government sources are reaching the target audience and a small percentage of about 10 to 12 said no and the remaining were undecided.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.957[a]	4	.744
Likelihood Ratio	1.949	4	.745
Linear-by-Linear Association	.008	1	.927
N of Valid Cases	475		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 7.05.

The table critical value for 4df – 9.49 @ 0.05 level

H_o – There is no significant difference between ages of the respondents with regard to sources of information in reaching out to the target audience

H_a - There is a significant difference between ages of the respondents with regard to sources of information in reaching out to the target audience

As the calculated chi square value is less than the table critical value, the null hypothesis of there is no significant difference between ages of the respondents with regard to sources of information in reaching out to the target audience cannot be rejected. This indicates that age as a variable has influence on audience perception of information sources.

Table 4.16: Strategies adopted by Katsina state in saving the lives of the victims

			Response						Total
			Radio Programme	TV Programme	Stage drama	Campaigns	Sex eduaction	Renouncing stigma	
AGE	18-20 Years	Count	21	21	24	32	32	25	155
		% within AGE	13.5%	13.5%	15.5%	20.6%	20.6%	16.1%	100.0%
		% within SEQ3	25.3%	26.3%	33.8%	39.0%	37.2%	34.2%	32.6%
	21-23	Count	42	47	35	27	33	28	212

	Years	% within AGE	19.8%	22.2%	16.5%	12.7%	15.6%	13.2%	100.0%
		% within SEQ3	50.6%	58.8%	49.3%	32.9%	38.4%	38.4%	44.6%
	24-25 Years	Count	20	12	12	23	21	20	108
		% within AGE	18.5%	11.1%	11.1%	21.3%	19.4%	18.5%	100.0%
		% within SEQ3	24.1%	15.0%	16.9%	28.0%	24.4%	27.4%	22.7%
Total		Count	83	80	71	82	86	73	475
		% within AGE	17.5%	16.8%	14.9%	17.3%	18.1%	15.4%	100.0%
		% within SEQ3	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Besides government of Katsina State recommends the kind of strategies of informing and educating really saves the lives of HIV victims. It uses different media sources like radio, television, stage drama, campaigns, sex education and social benefit of pronouncing the stigma attached to HIV. Irrespective of the age groups, there was unequal distribution of the strategies being used by the state. About18.1 percent said sex education is a better strategy followed by 17.5% radio Programmes, 17% campaigns, 16% television Programmes and the rest 15% stage drama. Among the 18 to 20 age group 20.6 percent appreciated campaigns and sex education followed by 16.1 % renouncing the stigma attached to HIV, while 13% said television and radio Programmes strategies are good enough. In the age group of 21 to 23 nearly 22% of the respondents appreciated use of radio and television followed by stage drama 16.5%, campaigns and sex education around 15%. In the age group of 24 to 25 nearly 24% of them appreciated radio Programmes and renouncing the stigma attached to HIV followed by 24% appreciated radio Programmes, 15% said television Programmes are better. On the whole majority of the respondents agreed that the strategies adopted by Katsina State are effective in informing and educating the masses and saving the lives of HIV victims.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	17.590[a]	10	.062
Likelihood Ratio	17.927	10	.056
Linear-by-Linear Association	.208	1	.648
N of Valid Cases	475		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 16.14.

The table critical value for 10df – 18.31 @ 0.05 level

H_o – There is no significant difference between ages of the respondents with regards to the strategies adopted in saving the lives of the AIDS victims

H_a - There is a significant difference between ages of the respondents with regard to the strategies adopted in saving the lives of the AIDS victims

As the calculated value of chi square is below the table critical value the null hypothesis shows that there is no significant difference between ages of the respondents with regards to the strategies adopted in saving the lives of the AIDS victims is not rejected. It can be inferred that age as a variable does not influence audience opinion on the strategies adopted in saving the lives of AIDS victims.

Table 4.17: Effectiveness of Nigerian governments' awareness campaign

			Response			Total
			Yes	No	Can't say	
AGE	18-20 Years	Count	95	33	27	155
		% within AGE	61.3%	21.3%	17.4%	100.0%

		% within SEQ4	37.7%	28.9%	24.8%	32.6%
	21-23 Years	Count	112	49	51	212
		% within AGE	52.8%	23.1%	24.1%	100.0%
		% within SEQ4	44.4%	43.0%	46.8%	44.6%
	24-25 Years	Count	45	32	31	108
		% within AGE	41.7%	29.6%	28.7%	100.0%
		% within SEQ4	17.9%	28.1%	28.4%	22.7%
Total		Count	252	114	109	475
		% within AGE	53.1%	24.0%	22.9%	100.0%
		% within SEQ4	100.0%	100.0%	100.0%	100.0%

The Nigerian government conducts several campaigns to inform and educate the masses about the dangers of HIV and protect them from contracting the disease. It uses a number of strategies in its awareness campaigns. The respondents were asked to tell whether these strategies are effective or not. In general 53.1 percent said yes, 24percent said no and the remaining 22percent were undecided. Similarly in the age group of 18 to 20 nearly 63percent of them said yes 21percent said no and 17percent were undecided. Between the age group of 21 to 23 about 52percent said yes 23percent said no 24percent were undecided. In the age group of 24 to 25 just about 40.7percent said yes 29percent said no 28percent were undecided. Analysis of data has revealed that though majority of the respondents agreed that strategies are effective, a sizable chunk of them were either undecided or not in agreement.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	**10.331[a]**	**4**	**.035**
Likelihood Ratio	10.439	4	.034
Linear-by-Linear Association	9.164	1	.002
N of Valid Cases	475		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 24.78.

The table critical value for 4df – 9.49 @ 0.05 level

H_o – There is no significant difference between ages of the respondents with regards to the effectiveness of Nigerian government Programmes in controlling AIDS disease.

H_a - There is a significant difference between ages of the respondents with regard to the effectiveness of Nigerian government programmes in controlling AIDS disease.

The Nigerian administrations, in association with local governments organize a number of campaigns to inform and educate the public on the dangers of contracting AIDS and on its prevention. The null hypothesis of there is no significant difference between age of the respondents with regards to the effectiveness of Nigerian government programmes in controlling AIDS disease is rejected. It can be inferred that age as a variable does influence public perception about the effectiveness of the government programmes.

Table 4.18: Opinion of measures for prevention of HIV/AIDS

			Response							Total
			Law	Marriage certificate	Dress code	Condom use	Sex education	Counseling	Free ARV drugs	
AGE	18-20 Years	Count	17	26	20	27	18	19	28	155
		% within AGE	11.0%	16.8%	12.9%	17.4%	11.6%	12.3%	18.1%	100.0%
		% within SEQ5	28.8%	37.7%	29.0%	34.2%	24.7%	27.9%	48.3%	32.6%
	21-23 Years	Count	32	29	33	36	37	22	23	212
		% within AGE	15.1%	13.7%	15.6%	17.0%	17.5%	10.4%	10.8%	100.0%
		% within SEQ5	54.2%	42.0%	47.8%	45.6%	50.7%	32.4%	39.7%	44.6%
	24-25 Years	Count	10	14	16	16	18	27	7	108
		% within AGE	9.3%	13.0%	14.8%	14.8%	16.7%	25.0%	6.5%	100.0%
		% within SEQ5	16.9%	20.3%	23.2%	20.3%	24.7%	39.7%	12.1%	22.7%
Total		Count	59	69	69	79	73	68	58	475
		% within AGE	12.4%	14.5%	14.5%	16.6%	15.4%	14.3%	12.2%	100.0%
		% within SEQ5	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Number of measures undertaken by the Nigerian government to prevent spread of of HIV. The measures identified are legal aspects providing marriage certificate insisting on dress code use of condom sex education counselling and distribution of HIV drugs. By and large irrespective of the age groups about 79 percent of them set use of condom is a better measure in prevention of HIV followed by 69 percent insisting on marriage certificate and dress code 73 percent agreed that sex education is a better strategy around 60 percent of them set legal action and distribution of HIV drugs are also better options. Among the age group of 18 to 20 e 48percent insisted that HIV drugs should be given to all victims followed by followed by 37percent telling marriage certificate is necessary 34percent recommend use of condom and about 25percent of them in general se sex education counselling and dress code are also important strategies in the age group of 21 to 23 54 percent insist on marriage certificate 50 percent of them support sex education 47.8 percent se dress code is very important around 45 percent of them say that use of condom and providing marriage certificate are useful strategies. In the age group of 24 to 25 most of them insist on counselling as a strategy followed by 24 percent supporting sex education 23percent insisting on dress code and the remaining support legal action counseling and distribution of HIV drugs.

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	**24.993[a]**	**12**	**.015**
Likelihood Ratio	23.849	12	.021
Linear-by-Linear Association	.004	1	.951
N of Valid Cases	475		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 13.19.

The table critical value for 12df – 21.03 @ 0.05 level

H_o – There is no significant difference between age of the respondents with regards to opinion on measures for prevention of HIV/AIDS

H_a - There is a significant difference between age of the respondents with regard to opinion on measures for prevention of HIV/AIDS

As the calculated chi square value is less than the table critical value, the null hypothesis shows that there is no significant difference between age of the respondents with regards to opinion on measures for prevention of HIV/AIDS can be rejected. It can be inferred that age as a variable does affect the opinion held by public on measures used in prevention of AIDS.

4.8.1 Gender variable

Table 4.19: Major means of contracting HIV/AIDS

			Responses			Total
			Unsafe sexual contact	Blood products	Mother to baby	
Gender	Male	Count	251	20	12	283
		% within SEX	88.7%	7.1%	4.2%	100.0%
		% within SBQ1	63.7%	35.1%	50.0%	59.6%
	Female	Count	143	37	12	192
		% within SEX	74.5%	19.3%	6.3%	100.0%
		% within SBQ1	36.3%	64.9%	50.0%	40.4%
Total		Count	394	57	24	475
		% within SEX	82.9%	12.0%	5.1%	100.0%
		% within SBQ1	100.0%	100.0%	100.0%	100.0%

To a question on the major AIDS more than 82 percent of the respondents were aware that unsafe sexual contact was responsible. Some 12 percent said AIDS can be contracted from blood products life needles, blood transfusion and nearly 5 percent of the respondents mentioned that AIDS can be transmitted from mother to the child. Among males the awareness level of unsafe sex was 88.7 percent and among females it was 74.5 percent. With regards to blood related products females scored a little higher (19.3 percent) and males (7.1 percent). On the possibility of transmission from mother to child the awareness level between males and females was approximately the same.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	**17.897[a]**	**2**	**.000**
Likelihood Ratio	17.593	2	.000
Linear-by-Linear Association	10.995	1	.001
N of Valid Cases	475		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 9.70.

The table critical value for 2df – 5.99 @ 0.05 levels

H_o – There is no significant difference between genders of the respondents with regard to major means of contracting HIV/AIDS

H_a - There is a significant difference between genders of the respondents with regard to major means of contracting HIV/AIDS

To the question on the different means on contracting HIV/AIDS disease, the null hypothesis shows that there is no significant difference among gender is rejected as the calculated value is more than the table critical value. It can be inferred that gender does influence and there are difference in perception among males and females.

Table 4.20: Identifying the symptoms of HIV/AIDS

			SBQ2					Total
			Fever and aches	Sore throat	Swollen lymph glands	Rash and cough	Diarrhea	
Gender	Male	Count	62	44	59	61	57	283
		% within SEX	21.9%	15.5%	20.8%	21.6%	20.1%	100.0%
		% within SBQ2	56.4%	53.0%	65.6%	65.6%	57.6%	59.6%
	Female	Count	48	39	31	32	42	192
		% within SEX	25.0%	20.3%	16.1%	16.7%	21.9%	100.0%
		% within SBQ2	43.6%	47.0%	34.4%	34.4%	42.4%	40.4%
Total		Count	110	83	90	93	99	475
		% within SEX	23.2%	17.5%	18.9%	19.6%	20.8%	100.0%
		% within SBQ2	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

A question was asked with regard to awareness of symptoms related to HIV. The data has shown that most of the respondents are aware of one or more symptoms related to HIV. It is shown that in general more than 23 percent of the respondents are aware that basic symptom is fever and aches, followed by diarrhea (20.8 percent) and other symptoms like rash and cough, sore throat and swollen lymph glands. Among gender, males have better awareness. Nearly 65 percent of males say that rash, cough and swollen lymph glands as primary symptoms and around 53 percent state sore throat, fever and diarrhea as signs of HIV. Among females, between 43 to 47 percent state that fever, sore throat and diarrhea are main symptoms followed by swollen lymph glands and rash as other signs of HIV. It can be stated that the general awareness on adolescents regarding symptoms is fairly good.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	4.854[a]	4	.303
Likelihood Ratio	4.881	4	.300
Linear-by-Linear Association	.820	1	.365
N of Valid Cases	475		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 33.55.

The table critical value for 4df – 9.49 @ 0.05 level

H_o – There is no significant difference between genders of the respondents with regards reasons for symptoms of killer AIDS disease.

H_a - There is a significant difference between genders of the respondents with regard to reasons for symptoms of killer AIDS disease.

As the calculated value is less than the table critical value, the null hypothesis shows that there is no significant difference between genders of the respondents with regards reasons for symptoms of killer AIDS disease cannot be rejected. It can be inferred that gender as a variable does not

influence the awareness regarding the possible symptoms of HIV.

Table 4.21: Sexual behaviour of adolescents in contracting HIV/AIDS

			Responses		Total
			Unsafe sexual contact	Blood products	
Gender	Male	Count	227	56	283
		% within SEX	80.2%	19.8%	100.0%
		% within SCQ1	61.7%	52.3%	59.6%
	Female	Count	141	51	192
		% within SEX	73.4%	26.6%	100.0%
		% within SCQ1	38.3%	47.7%	40.4%
Total		Count	368	107	475
		% within SEX	77.5%	22.5%	100.0%
		% within SCQ1	100.0%	100.0%	100.0%

To a question on the sexual behaviour on adolescents which responsible for contracting the killer disease like AIDS, 77.5 percent of the respondents said unsafe sex behaviour and 22.5 percent related it to blood related products such as injection, blood transfusion and blood testing. The awareness among males was 80.2 percent for unsafe sexual behaviour and 19.8 percent for blood related products. Among females, 73.4 percent said unsafe sex and the remaining 26.6 percent referred to blood related products. In general, the awareness of wrong sexual behaviour on adolescents was quite evident among both males and females.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	3.008[a]	1	.083
Continuity Correction[b]	2.633	1	.105
Likelihood Ratio	2.977	1	.084
Fisher's Exact Test			
Linear-by-Linear Association	3.002	1	.083
N of Valid Cases	475		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 43.25.

b. Computed only for a 2x2 table

The table critical value for 1df 3.84 - @ 0.05 levels

H_o – There is no significant difference between genders of the respondents with regard to adolescents' behaviour in contracting HIV/AIDS

H_a - There is a significant difference between genders of the respondents with regard adolescents' behaviour in contracting HIV/AIDS

The null hypothesis indicates that there is no significant difference between genders with regards to awareness of sexual behaviour on adolescents cannot be rejected as the calculated chi square value is less than that of table critical value. It can be inferred that gender as a variable does not influence the young adults. This clearly indicates that the awareness level among genders is more or less same and there is no difference between them.

Table 4.22: Role of families in prevention of HIV/AIDS

			Response			Total
			Yes	No	Can't say	
Gender	Male	Count	175	5	103	283
		% within SEX	61.8%	1.8%	36.4%	100.0%
		% within SCQ2	60.6%	29.4%	60.9%	59.6%
	Female	Count	114	12	66	192
		% within SEX	59.4%	6.3%	34.4%	100.0%
		% within SCQ2	39.4%	70.6%	39.1%	40.4%
Total		Count	289	17	169	475
		% within SEX	60.8%	3.6%	35.6%	100.0%
		% within SCQ2	100.0%	100.0%	100.0%	100.0%

A question was asked on the role of family and discussion about the dangers of contracting AIDS with adolescents. It was assumed that families do play a very important role in preventing AIDS

on adolescents by discussing and counselling them. To this question more than 60 percent were affirmative, some 35 percent were undecided and a small percentage (3.6) said no as an answer. Among genders, 61 percent of males said yes and 36 percent were undecided. Among females, 59 percent said yes, and the remaining 34 percent were undecided. This clearly indicates that though most do agree that family has an important role, but still large numbers of adolescents are not sure of it.

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	**6.669[a]**	**2**	**.036**
Likelihood Ratio	6.567	2	.037
Linear-by-Linear Association	.002	1	.960
N of Valid Cases	475		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 6.87.

The table critical value for 2df – 5.99 @ 0.05 level

H_o – There is no significant difference between genders of the respondents with regards to role of family discussion in preventing HIV/AIDS

H_a - There is a significant difference between genders of the respondents with regard to role of family discussion in preventing HIV/AIDS

The null hypothesis shows that there is no significant difference between genders of the respondents with regards to role of family discussion in preventing HIV/AIDS is rejected as the calculated value is more than the table critical value. It can infer that gender as a variable does not affect the assumption of that family has an important role in discussing and counselling adolescents in prevention of AIDS.

Table 4.23: Management of HIV/AIDS

			Responses					Total
			Partner status	Use of condom	Awareness campaigns	Regular counseling	Free ARV drugs	
Gender	Male	Count	67	96	38	36	46	283
		% within SEX	23.7%	33.9%	13.4%	12.7%	16.3%	100.0%
		% within SDQ1	63.8%	54.9%	61.3%	58.1%	64.8%	59.6%
	Female	Count	38	79	24	26	25	192
		% within SEX	19.8%	41.1%	12.5%	13.5%	13.0%	100.0%
		% within SDQ1	36.2%	45.1%	38.7%	41.9%	35.2%	40.4%
Total		Count	105	175	62	62	71	475
		% within SEX	22.1%	36.8%	13.1%	13.1%	14.9%	100.0%
		% within SDQ1	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

A question was asked regarding the possibility of managing or finding a remedy to the curse of killer disease like HIV/AIDS. Five options were given to the respondents to choose from as a possible strategy to manage AIDS. In general, majority (36.8 percent) of the respondents felt that use of condom is the most important aspect in prevention or management of AIDS, followed by 22.1 percent the partner status is important, 13.1 said there is need for creating awareness campaigns, 14.9 percent said there is need for free distribution for ARV drugs as a remedy and the remaining 13 percent regular counselling is needed to manage the AIDS risk. The respondents were clearly divided in their opinion on the strategy in managing the HIV disease.

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	3.335[a]	4	.503
Likelihood Ratio	3.341	4	.503
Linear-by-Linear Association	.162	1	.687
N of Valid Cases	475		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 25.06.

The table critical value for 4df – 9.49 @ 0.05 level

H_o – There is no significant difference between genders of the respondents with regards reasons in managing or remedying the killer AIDS disease.
H_a - There is a significant difference between genders of the respondents with regard to reasons in managing or remedying the killer AIDS disease.

The null hypothesis shows that there is no significant difference between genders of the respondents with regards reasons in managing or remedying the killer AIDS disease cannot be rejected as the calculated value is much lower than the table critical value. It can be inferred that gender as a variable does not influence the assumptions delineated which can help in management of HIV/AIDS disease. It can be observed that a similar condition was also observed in description of gender as a variable.

Table 4.24: Strategies for controlling transmission of HIV/AIDS in Katsina state.

			Responses					Total
			Social pressure	Condom use	Moral injunction	Knowledge of HIV	Unsafe sex	
Gender	Male	Count	60	51	58	48	66	283
		% within SEX	21.2%	18.0%	20.5%	17.0%	23.3%	100.0%
		% within SDQ2	57.7%	58.6%	59.2%	59.3%	62.9%	59.6%
	Female	Count	44	36	40	33	39	192
		% within SEX	22.9%	18.8%	20.8%	17.2%	20.3%	100.0%
		% within SDQ2	42.3%	41.4%	40.8%	40.7%	37.1%	40.4%
Total		Count	104	87	98	81	105	475
		% within SEX	21.9%	18.3%	20.6%	17.1%	22.1%	100.0%
		% within SDQ2	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

A very specific question relating to Katsina state was asked to the respondents. The question relates to the possible reasons in reducing the risk factor of HIV on adolescents. The data has shown five reasons like, social pressure, condom use, moral injunction, unsafe sex and awareness about HIV. The analysis has revealed that, in general most of the respondents agree to the reasons stated. However, among male and females, there is difference in their perception. More than 59 percent

of males agree to the stated reasons. Similarly, more than 35 percent of the females state the same reasons. There is a strong perception that if the adolescents are advised on the risk factors, the prevalence of HIV in Katsina state can be reduced to a large extent.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	.665[a]	4	.956
Likelihood Ratio	.669	4	.955
Linear-by-Linear Association	.535	1	.465
N of Valid Cases	475		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 32.74.

The table critical value for 4df – 9.49 @ 0.05 level

H_o – There is no significant difference between genders of the respondents with regards controlling transmission of the killer AIDS disease.

H_a - There is a significant difference between genders of the respondents with regard to controlling the transmission of the killer AIDS disease.

As the calculated value is less than the table critical value, the null hypothesis signifies that there is no significant difference between genders of the respondents with regards controlling transmission of the killer AIDS cannot be rejected. It can be inferred that gender as a variable does not influence the perception on controlling the AIDS.

Table 4.25: Nigerian governments' programmes are effective in stopping/preventing HIV/AIDS

			Responses			Total
			Yes	No	Can't say	
Gender	Male	Count	236	30	17	283

		% within SEX	83.4%	10.6%	6.0%	100.0%
		% within SEQ1	61.3%	55.6%	47.2%	59.6%
	Female	Count	149	24	19	192
		% within SEX	77.6%	12.5%	9.9%	100.0%
		% within SEQ1	38.7%	44.4%	52.8%	40.4%
Total		Count	385	54	36	475
		% within SEX	81.1%	11.4%	7.6%	100.0%
		% within SEQ1	100.0%	100.0%	100.0%	100.0%

A question was asked to the adolescent respondents with respect to their effectiveness of Nigerian governments' programmes in preventing the spread of AIDS in the country. To this 81 percent of the respondents replied in affirmative and a very small percent (11.4) said that the programmes are not effective. However, 7.6 percent of the respondents were undecided. Gender wise, 83.4 percent of the males said yes and 10.6 were negative in their opinion. About 6 percent of the males are neutral in their opinion on the government programmes. Among female respondents, 77.6 percent agreed, 12.5 percent said no and some 10 percent were neutral. In general majority of the respondents were with a view that Nigerian government programmes were effective in preventing the spread of AIDS in the country.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	3.118[a]	2	.210
Likelihood Ratio	3.068	2	.216
Linear-by-Linear Association	3.085	1	.079
N of Valid Cases	475		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 14.55.

The table critical value for 2df – 5.99 @ 0.05 level

H_o – There is no significant difference between genders of the respondents with regards to the effectiveness of Nigerian government programmes in controlling AIDS disease.

H_a - There is a significant difference between genders of the respondents with regard to the effectiveness of Nigerian government programmes in controlling AIDS disease.

The null hypothesis indicates that there is no significant difference between genders of the respondents with regards to the effectiveness of Nigerian government programmes in controlling AIDS disease cannot be rejected as the calculated value is less than the table critical value. It can be inferred that gender as a variable does not influence adolescents perception of effectiveness of government programmes on AIDS awareness in Nigeria.

Table 4.26: Sources of information on HIV/AIDS to reach the target audience

			Responses			Total
			Yes	No	Can't say	
Gender	Male	Count	233	28	22	283
		% within SEX	82.3%	9.9%	7.8%	100.0%
		% within SEQ2	57.8%	68.3%	71.0%	59.6%
	Female	Count	170	13	9	192
		% within SEX	88.5%	6.8%	4.7%	100.0%
		% within SEQ2	42.2%	31.7%	29.0%	40.4%
Total		Count	403	41	31	475
		% within SEX	84.8%	8.6%	6.5%	100.0%
		% within SEQ2	100.0%	100.0%	100.0%	100.0%

A question was asked to the respondents' weather the Government information on HIV reaches the target audience or not. Majority e of the respondent that is 84 percent agreed and said yes however a small percentage of 8.6 percent said no and the remaining 6.5 percent per undecided. Gender wise near 57.8 percent of males said yes while 68.3 percent set no and 7.8 percent undecided. Among females 85.5 percent of them said yes coma 6.8 percent said no and the remaining 4.7 percent being undecided. This reveals that females were more receptive to the information provided by the government when compared to males. The data analyzed reveals that the various sources used by the government reaching the target audience with regard to the information on dangers of HIV.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	3.482[a]	2	.175
Likelihood Ratio	3.588	2	.166
Linear-by-Linear Association	3.284	1	.070
N of Valid Cases	475		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 12.53.

The table critical value for 2df – 5.99 @ 0.05 level

H_o – There is no significant difference between genders of the respondents with regard to sources of information in reaching out to the target audience

H_a - There is a significant difference between genders of the respondents with regard to sources of information in reaching out to the target audience

As the calculated chi square value is less than the table critical value, the null hypothesis shows that there is no significant difference between gender of the respondents with regard to sources of information in reaching out to the target audience cannot be rejected. This indicates that gender as a variable has influence on audience perception of information sources.

Table 4.27: Strategies adopted by Katsina state in saving the lives of the victims

			Responses						Total
			Radio Programmes	TV Programmes	Stage drama	Campaigns	Sex education	Renouncing stigma	
Gender	Male	Count	45	44	43	51	54	46	283
		% within SEX	15.9%	15.5%	15.2%	18.0%	19.1%	16.3%	100.0%
		% within SEQ3	54.2%	55.0%	60.6%	62.2%	62.8%	63.0%	59.6%
	Female	Count	38	36	28	31	32	27	192
		% within SEX	19.8%	18.8%	14.6%	16.1%	16.7%	14.1%	100.0%
		% within SEQ3	45.8%	45.0%	39.4%	37.8%	37.2%	37.0%	40.4%
Total		Count	83	80	71	82	86	73	475

	% within SEX	17.5%	16.8%	14.9%	17.3%	18.1%	15.4%	100.0%
	% within SEQ3	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

A question was asked to the respondents' weather the Government information on HIV reaches the target audience or not. Majority of the respondent that is 84 percent agreed and said yes. However, a small percentage of 8.6 percent said no and the remaining 6.5 percent fall undecided. Gender wise near 57.8 percent of males said yes, 68.3 percent said no and 7.8percent were undecided. Among females 85.5 percent of them said yes, 6.8 percent said no and the remaining 4.7 percent were undecided. This reveals that females were more receptive to the information provided by the government when compared to males. The analyzed data reveals that the various sources used by the government in reaching the target audience with regard to information on dangers of HIV were effective.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.675[a]	5	.750
Likelihood Ratio	2.665	5	.752
Linear-by-Linear Association	2.302	1	.129
N of Valid Cases	475		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 28.70.

The table critical value for 5df – 11.07 @ 0.05 level

H_o – There is no significant difference between genders of the respondents with regards to the strategies adopted in saving the lives of the AIDS victims

H_a - There is a significant difference between genders of the respondents with regard to the strategies adopted in saving the lives of the AIDS victims

As the calculated value of chi square is below the table critical value the null hypothesis indicates that There is no significant difference between genders of the respondents with regards to the strategies adopted in saving the lives of the AIDS victims is not rejected. It can be inferred that gender as a variable does not influence audience opinion on the strategies adopted in saving the lives of AIDS victims.

Table 4.28: Effectiveness of Nigerian governments' awareness campaign

			Responses			Total
			Yes	No	Can't say	
Gender	Male	Count	145	67	71	283
		% within SEX	51.2%	23.7%	25.1%	100.0%
		% within SEQ4	57.5%	58.8%	65.1%	59.6%
	Female	Count	107	47	38	192
		% within SEX	55.7%	24.5%	19.8%	100.0%
		% within SEQ4	42.5%	41.2%	34.9%	40.4%
Total		Count	252	114	109	475
		% within SEX	53.1%	24.0%	22.9%	100.0%
		% within SEQ4	100.0%	100.0%	100.0%	100.0%

The Nigerian government conducts a number of campaigns in creating awareness among adolescence regarding the dangers danger of HIV. To this question 53 percent of the respondents said yes the campaigns are effective in creating awareness among young adults 22 percent said no and 24 percent for undecided. Gender wise among males 51 percent said yes 23 percent said no 25.1 percent were undecided. Among females 55 percent said yes 24.5 percent said no and the remaining 19 percent were undecided. The analyzed data reveals that it around 60 percent of the respondents said the campaigns in creating awareness were effective and the rest 40 percent were either undecided or said no.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.865[a]	2	.394
Likelihood Ratio	1.886	2	.389
Linear-by-Linear Association	1.634	1	.201
N of Valid Cases	475		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 44.06.

The table critical value for 2df – 5.99 @ 0.05 level

H_o – There is no significant difference between genders of the respondents with regards to the effectiveness of Nigerian government programmes in controlling AIDS disease.

H_a - There is a significant difference between genders of the respondents with regard to the effectiveness of Nigerian government programmes in controlling AIDS disease.

The Nigerian administrations, in association with local governments organize a number of campaigns to inform and educate the public on the dangers of contracting AIDS and on its prevention. The null hypothesis signifies that there is no significant difference between gender of the respondents with regards to the effectiveness of Nigerian government Programmes in controlling AIDS disease is not rejected. It can be inferred that gender as a variable does not influence public perception about the effectiveness of the government programmes.

Table 4.29: Opinion on measures for prevention of HIV/AIDS

			SEQ5							Total
			Law	Marriage certificate	Dress code	Condom use	Sex Edu.	Counselling	ARV drugs	
Gender	Male	Count	32	46	47	42	37	43	36	283
		% within SEX	11.3%	16.3%	16.6%	14.8%	13.1%	15.2%	12.7%	100.0%
		% within SEQ5	54.2%	66.7%	68.1%	53.2%	50.7%	63.2%	62.1%	59.6%
	Female	Count	27	23	22	37	36	25	22	192
		% within SEX	14.1%	12.0%	11.5%	19.3%	18.8%	13.0%	11.5%	100.0%
		% within SEQ5	45.8%	33.3%	31.9%	46.8%	49.3%	36.8%	37.9%	40.4%
Total		Count	59	69	69	79	73	68	58	475
		% within SEX	12.4%	14.5%	14.5%	16.6%	15.4%	14.3%	12.2%	100.0%
		% within SEQ5	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

The target audience per asked to give their opinion on different measures to be taken inter prevention of HIV in Katsina state. Seven options were given to the respondents. The options given were making law, providing marriage certificate, dress code, use of condom, sex education, regular counselling and providing free ARV drugs to the victims of AIDS. Majority of the respondents in general preferred use of condoms and sex education as a good measure in preventing AIDS. The rest agreed to counselling, free ARV drugs and dress code. Among males dress code, use of condom, counselling, legal restrictions was most preferred measures in prevention of HIV. A similar response was seen among females as well. Most of the females preferred use of condom, sex education and counselling followed by dress code and legal redressed.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	8.501[a]	6	.204
Likelihood Ratio	8.530	6	.202
Linear-by-Linear Association	.028	1	.868
N of Valid Cases	475		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 23.44.

The table critical value for 6df – 12.59 @ 0.05 level

H_o – There is no significant difference between gender of the respondents with regards to opinion on measures for prevention of HIV/AIDS

H_a - There is a significant difference between gender of the respondents with regard to opinion on measures for prevention of HIV/AIDS

As the calculated chi square value is less than the table critical value, the null hypothesis shows that there is no significant difference between gender of the respondents with regards to opinion on measures for prevention of HIV/AIDS cannot be rejected. It can be inferred that gender as a variable does not affect the opinion held by public on measures used in prevention of AIDS.

4.8.2 Education variable

Table 4.30: Major means of contracting HIV/AIDS

			Response			Total
			Unsafe sexual contact	Blood products	Mother to baby	
EDU	Secondary	Count	195	26	16	237
		% within EDUQUA	82.3%	11.0%	6.8%	100.0%
		% within SBQ1	49.5%	45.6%	66.7%	49.9%
	Higher Education	Count	152	26	7	185
		% within EDUQUA	82.2%	14.1%	3.8%	100.0%
		% within SBQ1	38.6%	45.6%	29.2%	38.9%

	Intermediate Education	Count	46	4	1	51
		% within EDUQUA	90.2%	7.8%	2.0%	100.0%
		% within SBQ1	11.7%	7.0%	4.2%	10.7%
	Non-formal education	Count	1	1	0	2
		% within EDUQUA	50.0%	50.0%	0.0%	100.0%
		% within SBQ1	0.3%	1.8%	0.0%	0.4%
Total		Count	394	57	24	475
		% within EDUQUA	82.9%	12.0%	5.1%	100.0%
		% within SBQ1	100.0%	100.0%	100.0%	100.0%

HIV as a disease has a number of means through which one can contract the disease. However among the various methods of contracting the disease, three major means are identified. They are unprotected sex, blood products like needles and blood transfusion and mother to baby transmission. A question was asked to the respondents to identify the means which they think are critically responsible for contracting in the disease. Respondent belonging to different age groups were asked this question and irrespective of education group 80 2.9 percent said that unsafe sex is very dangerous compared to12 percent of them stating blood and blood related products and a small percentage stating that it can be transmitted through mother to the child. The education groups identified were secondary level, education higher, intermediate education and non-formal education. Opinion expressed by different levels is as follows. Irrespective of education group more than 82 percent said unsafe sexual contract is a main reason followed by around 12 to 14 percent reporting blood and blood related products and a very small percentage of 5percent stating that HIV can be transmitted from mother to baby. However, those who have received non-formal education 50 percent of them said unsafe sexual contact and blood and blood related product. However, this group had no idea that HIV can be transmitted from mother to baby. Surprisingly it is the non-formal education group which did not have a fairly good idea of the dangers of unsafe sexual contact which is very critical in transmission of the disease.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	7.621[a]	6	.267
Likelihood Ratio	6.982	6	.323

Linear-by-Linear Association	1.540	1	.215
N of Valid Cases	475		

a. 4 cells (33.3%) have expected count less than 5. The minimum expected count is .10.

The table critical value for 5df – 11.07 @ 0.05 levels

H_o – There is no significant difference between educations of the respondents with regard to major means of contracting HIV/AIDS

H_a - There is a significant difference between educations of the respondents with regard to major means of contracting HIV/AIDS

To the question on the different means on contracting HIV/AIDS disease, the null hypothesis shows that, there is no significant difference among education groups cannot be rejected as the calculated value is more than the table critical value. It can be inferred that education does influence understanding of major means of contracting AIDS disease.

Table 4.31: Identifying the symptoms of HIV/AIDS

			SBQ2					Total
			Fever and aches	Sore throat	Swollen lymph glands	Rash and cough	Diarrhea	
EDU	Secondary	Count	53	44	47	46	47	237
		% within EDUQUA	22.4%	18.6%	19.8%	19.4%	19.8%	100.0%
		% within SBQ2	48.2%	53.0%	52.2%	49.5%	47.5%	49.9%
	Higher Education	Count	46	27	32	35	45	185
		% within EDUQUA	24.9%	14.6%	17.3%	18.9%	24.3%	100.0%
		% within SBQ2	41.8%	32.5%	35.6%	37.6%	45.5%	38.9%
	Intermediate Education	Count	10	12	11	12	6	51
		% within EDUQUA	19.6%	23.5%	21.6%	23.5%	11.8%	100.0%
		% within SBQ2	9.1%	14.5%	12.2%	12.9%	6.1%	10.7%
	Non-formal education	Count	1	0	0	0	1	2

		% within EDUQUA	50.0%	0.0%	0.0%	0.0%	50.0%	100.0%
		% within SBQ2	0.9%	0.0%	0.0%	0.0%	1.0%	0.4%
Total		Count	110	83	90	93	99	475
		% within EDUQUA	23.2%	17.5%	18.9%	19.6%	20.8%	100.0%
		% within SBQ2	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

A question was asked to the respondents to identify the major symptomof HIV disease. Identified symptoms work fever and body ache, sore throat, swollen lymph glands and diarrhea. Irrespective of their education group in general 23 percent of them set the main symptom is fever and body ache followed by diarrhea. About 19.6 percent of them set coughing is also one of the reasons followed by swollen lymph glands 18.9 percent sore throat 17.5 percent. Among those who have received only secondary level education 22 percent of them identified fever and body ache as a major symptom followed by swollen lymph glands coughing and diarrhea as other symptoms. Those are studied up to higher education also identified fever and body ache as major reason followed by diarrhea. Those who studied up to intermediate identified sore throat 23.5 percent coughing 23.2 percent fever and body ache 19.6 percent. Respondents with non-formal education could identify only two reasons that is fever and body ache followed by diarrhea. Analysis revealed that people with higher education have a fairly better idea of the symptoms of HIV when compared to those who have low education for non-formal education.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	9.451[a]	12	.664
Likelihood Ratio	10.438	12	.578
Linear-by-Linear Association	.014	1	.906
N of Valid Cases	475		

a. 5 cells (25.0%) have expected count less than 5. The minimum expected count is .35.

The table critical value for 12df – 21.03 @ 0.05 level

H_o – There is no significant difference between educations of the respondents with regards reasons for symptoms of killer AIDS disease.

H_a - There is a significant difference between educations of the respondents with regard to reasons for symptoms of killer AIDS disease.

As the calculated value is less than the table critical value, the null hypothesis clearly examine that there is no significant difference between educations of the respondents with regards reasons for symptoms of killer AIDS disease cannot be rejected. It can be inferred that education as a variable does not influence the awareness regarding the possible symptoms of HIV.

Table 4.32: Sexual behaviour of adolescents in contracting HIV/AIDS

			Response		Total
			Unsafe sexual contact	Blood products	
EDU	Secondary	Count	182	55	237
		% within EDUQUA	76.8%	23.2%	100.0%
		% within SCQ1	49.5%	51.4%	49.9%
	Higher Education	Count	144	41	185
		% within EDUQUA	77.8%	22.2%	100.0%
		% within SCQ1	39.1%	38.3%	38.9%
	Intermediate Education	Count	40	11	51
		% within EDUQUA	78.4%	21.6%	100.0%
		% within SCQ1	10.9%	10.3%	10.7%
	Non-formal education	Count	2	0	2
		% within EDUQUA	100.0%	0.0%	100.0%
		% within SCQ1	0.5%	0.0%	0.4%
Total		Count	368	107	475
		% within EDUQUA	77.5%	22.5%	100.0%
		% within SCQ1	100.0%	100.0%	100.0%

A question was asked to the respondents to identify the sexual behaviour on adolescents which is responsible for contracting HIV. In general 77.5 percent of the respondents said unsafe sexual

contact is the main reason followed by blood and blood related products. Among those were studied up to secondary level 76 percent of them said unsafe sex and the remaining 23.2 percent said blood and blood related products. Similarly 77 percent among the higher education group said it is due to unsafe sex and the remaining said it is due to blood products. Those who have studied after intermediate education level also said unsafe sex is the main reason followed by blood related products. Surprisingly almost all the respondents who had non-formal education said unsafe sexual contact is a main reason for contracting HIV. The data has shown that almost all the groups identify unsafe sexual behaviour as the main reason followed by blood and blood related products.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	.685[a]	3	.877
Likelihood Ratio	1.125	3	.771
Linear-by-Linear Association	.228	1	.633
N of Valid Cases	475		

a. 2 cells (25.0%) have expected count less than 5. The minimum expected count is .45.

The table critical value for 3df - 7.82 - @ 0.05 levels

H_o – There is no significant difference between educations of the respondents with regard to adolescents' behaviour in contracting HIV/AIDS

H_a - There is a significant difference between educations of the respondents with regard adolescents' behaviour in contracting HIV/AIDS

The null hypothesis indicates that there is no significant difference between educations with regards to aware of sexual behaviour on adolescents cannot be rejected as the calculated chi square value is less than that of table critical value. It can be inferred that education as a variable does not influence the young adults. This clearly indicates that the awareness level among educations is more or less same and there is no difference between them.

Table 4.33: Role of families in prevention of HIV/AIDS

			Response			Total
			Yes	No	Can't say	
EDU	Secondary	Count	147	7	83	237
		% within EDUQUA	62.0%	3.0%	35.0%	100.0%
		% within SCQ2	50.9%	41.2%	49.1%	49.9%
	Higher Education	Count	118	5	62	185
		% within EDUQUA	63.8%	2.7%	33.5%	100.0%
		% within SCQ2	40.8%	29.4%	36.7%	38.9%
	Intermediate Education	Count	23	5	23	51
		% within EDUQUA	45.1%	9.8%	45.1%	100.0%
		% within SCQ2	8.0%	29.4%	13.6%	10.7%
	Non-formal education	Count	1	0	1	2
		% within EDUQUA	50.0%	0.0%	50.0%	100.0%
		% within SCQ2	0.3%	0.0%	0.6%	0.4%
Total		Count	289	17	169	475
		% within EDUQUA	60.8%	3.6%	35.6%	100.0%
		% within SCQ2	100.0%	100.0%	100.0%	100.0%

The role of a family is very critical in counselling and advising the younger generation against the dreaded disease like HIV. A question was asked to the respondents to find out what according to them can be the role and how successful will be this role of the family in advising younger generation to prevent the spread of HIV. To this question 60.8 percent of the respondents agreed that family has a definite role to play followed by 35.6 percent being undecided and just about 4 percent saying no. Among different age groups a similar trend was seen with nearly 62 percent of the secondary school educated stating that family has a role to play followed by 35 percent undecided and the remaining 3 percent saying no. People with higher education 63 percent set family have a definite role 33.5 percent saying we are undecided followed by 2.7 percent stating no. Among those who had studied up to intermediate level only 45percent sad family has a role to play and 45percent were undecided the remaining 10percent said no. However the most surprising fact was nearly 50percent of the respondents who had non-formal education only said family has a role to play and the rest 50 percent were undecided. It can be observed here that nearly about 60 percent of the audience feel that family can play a role and the remaining 40 percent are either

undecided or they do not think the family has any role to play in preventing the spread of HIV.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	10.342[a]	6	.111
Likelihood Ratio	8.766	6	.187
Linear-by-Linear Association	1.591	1	.207
N of Valid Cases	475		

a. 4 cells (33.3%) have expected count less than 5. The minimum expected count is .07.

The table critical value for 6df – 12.59 @ 0.05 level

H_o – There is no significant difference between educations of the respondents with regards to role of family discussion in preventing HIV/AIDS

H_a - There is a significant difference between educations of the respondents with regard to role of family discussion in preventing HIV/AIDS

The null hypothesis signifies that there is no significant difference between educations of the respondents with regards to role of family discussion in preventing HIV/AIDS is not rejected as the calculated value is more than the table critical value. It can inferred that education as a variable does not affect the assumption of that family has an important role in discussing and counselling adolescents in prevention of AIDS.

Table 4.34: Management of HIV/AIDS

			Response					Total
			Partner status	Use of condom	Awareness campaigns	Regular counselling	Free ARV drugs	
EDU	Secondary	Count	56	86	34	26	35	237
		% within EDUQUA	23.6%	36.3%	14.3%	11.0%	14.8%	100.0%
		% within SDQ1	53.3%	49.1%	54.8%	41.9%	49.3%	49.9%

	Higher Education	Count	40	64	24	25	32	185
		% within EDUQUA	21.6%	34.6%	13.0%	13.5%	17.3%	100.0%
		% within SDQ1	38.1%	36.6%	38.7%	40.3%	45.1%	38.9%
	Intermediate Education	Count	8	25	3	11	4	51
		% within EDUQUA	15.7%	49.0%	5.9%	21.6%	7.8%	100.0%
		% within SDQ1	7.6%	14.3%	4.8%	17.7%	5.6%	10.7%
	Non-formal education	Count	1	0	1	0	0	2
		% within EDUQUA	50.0%	0.0%	50.0%	0.0%	0.0%	100.0%
		% within SDQ1	1.0%	0.0%	1.6%	0.0%	0.0%	0.4%
Total		Count	105	175	62	62	71	475
		% within EDUQUA	22.1%	36.8%	13.1%	13.1%	14.9%	100.0%
		% within SDQ1	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

A number of methods are been devised by the government both at the local and national level in preventing and managing HIV in Nigeria. The respondents were asked to give their opinion on the following 5 methods which can prevent HIV among young adults. The methods are are declaring partner status use of condom creating awareness campaigns regular counselling and distribution of HIV drug. To this 36.6 percent of the respondents said using condom is the best prevention followed by 22 percent telling that the family status should be declared about 13 to 14 percent of them telling awareness campaign regular counselling and providing HIV drugs are also good methods in preventing the spread of the disease. Among those who have studied upto secondary level 36 percent of them said use of condom is important followed by 23.6 percent telling partner status is also very important. Among those were studied up to higher education level 34.6percent set use of condom is very important followed by 20 1.6 percent saying firm partner status is very important bus stop those who had intermediate level education 49 percent of them set use of condom is very important followed by 21 percent saying regular counselling is critical in preventing spread of HIV. Among those who had non formal education 50 percent of them said revealing partner status is very important followed by 50 percent telling they should be e regular awareness campaign to prevent spread of HIV among younger generation. It can be observed that

it almost all the age groups stress on use of condoms partner status and regular counselling as the best strategy in preventing and controlling HIV disease in Nigeria.

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	16.013[a]	12	.191
Likelihood Ratio	16.572	12	.166
Linear-by-Linear Association	.106	1	.745
N of Valid Cases	475		

a. 5 cells (25.0%) have expected count less than 5. The minimum expected count is .26.

The table critical value for 12df – 21.03 @ 0.05 level

H_o – There is no significant difference between educations of the respondents with regards reasons in managing or remedying the killer AIDS disease.

H_a - There is a significant difference between educations of the respondents with regard to reasons in managing or remedying the killer AIDS disease.

The null hypothesis shows that there is no significant difference between educations of the respondents with regards reasons in managing or remedying the killer AIDS disease cannot be rejected as the calculated value is much lower than the table critical value. It can be inferred that education as a variable does not influence the assumptions delineated which can help in management of HIV/AIDS disease. It can be observed that a similar condition was also observed in description of education as a variable.

Table 4.35: Strategies for controlling transmission of HIV/AIDS

			Response					Total
			Social pressure	Condom use	Moral injunction	Knowledge of HIV	Unsafe sex	
EDU	Secondary	Count	47	40	54	37	59	237
		% within EDUQUA	19.8%	16.9%	22.8%	15.6%	24.9%	100.0%
		% within SDQ2	45.2%	46.0%	55.1%	45.7%	56.2%	49.9%

	Higher Education	Count	49	40	32	30	34	185
		% within EDUQUA	26.5%	21.6%	17.3%	16.2%	18.4%	100.0%
		% within SDQ2	47.1%	46.0%	32.7%	37.0%	32.4%	38.9%
	Intermediate Education	Count	8	7	11	14	11	51
		% within EDUQUA	15.7%	13.7%	21.6%	27.5%	21.6%	100.0%
		% within SDQ2	7.7%	8.0%	11.2%	17.3%	10.5%	10.7%
	Non-formal education	Count	0	0	1	0	1	2
		% within EDUQUA	0.0%	0.0%	50.0%	0.0%	50.0%	100.0%
		% within SDQ2	0.0%	0.0%	1.0%	0.0%	1.0%	0.4%
Total		Count	104	87	98	81	105	475
		% within EDUQUA	21.9%	18.3%	20.6%	17.1%	22.1%	100.0%
		% within SDQ2	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Specific strategies are developed for controlling the spread of HIV in Katsina state. These strategies are being developed by the state government to protect the younger generation. The strategies are bringing social pressure use of condoms moral injunction providing knowledge of HIV and educating them on safe sex. Respondents were asked to find out what is the best strategy. Irrespective of their education level 21.9 percent told social pressure is very important strategy followed by educating the masses on safe sex. However 20.6 percent said there should be a moral injunction and 18.3percent said use a condom should be promoted. Among those who have received education up to secondary level 24.9 percent said unsafe sex is the reason followed by 22.8 people telling moral injunction is very important and about 19.8 percent saying social pressure is important. People with higher education also said social pressure is very important followed by use of condom and educating on safe sex. Respondents with intermediate level education said knowledge of HIV is very important followed by sex education and moral injunction. Respondents who had non-formal education 50 percent of them said that morning junction is very important followed by 50 percent telling education on safe sex is critical.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	14.936[a]	12	.245
Likelihood Ratio	15.238	12	.229
Linear-by-Linear Association	.064	1	.800
N of Valid Cases	475		

a. 5 cells (25.0%) have expected count less than 5. The minimum expected count is .34.

The table critical value for 12df – 21.03 @ 0.05 level

H_o – There is no significant difference between educations of the respondents with regards controlling transmission of the killer AIDS disease.

H_a - There is a significant difference between educations of the respondents with regard to controlling the transmission of the killer AIDS disease.

As the calculated value is less than the table critical value, the null hypothesis shows that there is no significant difference between educations of the respondents with regards controlling transmission of the killer AIDS cannot be rejected. It can be inferred that education as a variable does not influence the perception on controlling the AIDS.

Table 4.36: Nigerian governments' programmes are effective in stopping/preventing HIV/AIDS

			Response			Total
			Yes	No	Can't say	
EDU	Secondary	Count	194	25	18	237
		% within EDUQUA	81.9%	10.5%	7.6%	100.0%
		% within SEQ1	50.4%	46.3%	50.0%	49.9%
	Higher Education	Count	146	25	14	185
		% within EDUQUA	78.9%	13.5%	7.6%	100.0%
		% within SEQ1	37.9%	46.3%	38.9%	38.9%
	Intermediate Education	Count	43	4	4	51
		% within EDUQUA	84.3%	7.8%	7.8%	100.0%
		% within SEQ1	11.2%	7.4%	11.1%	10.7%

	Non-formal education	Count	2	0	0	2
		% within EDUQUA	100.0%	0.0%	0.0%	100.0%
		% within SEQ1	0.5%	0.0%	0.0%	0.4%
Total		Count	385	54	36	475
		% within EDUQUA	81.1%	11.4%	7.6%	100.0%
		% within SEQ1	100.0%	100.0%	100.0%	100.0%

The Nigerian government has developed a number of Programmes with an effort to stop and control HIV nationwide. A question was asked whether the Programmes of the government are effective or not. To this question in general irrespective of the educational qualification 81.1 percent said yes 11.4 percent said no and the remaining 7.6 persons were undecided. Respondents with secondary level education also responded in a similar manner where in 80.9 percent said yes 10.5percent said no and about 7.6 percent undecided. Among those who had studied up to higher education 78.9 percent said yes, 13.5 percent said no and the remaining 7.8 percent were undecided. Among the respondents with intermediate level education 84.3 percent told yes, 7.8 percent said no and another 7.8 percent were undecided with regard to effectiveness of the Nigerian government Programmes. Those who had non-formal education all of them, which is 100 percent agreed that the government Programmes were effective in preventing the spread of HIV in Nigeria.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.109[a]	6	.909
Likelihood Ratio	2.510	6	.867
Linear-by-Linear Association	.007	1	.935
N of Valid Cases	475		

a. 4 cells (33.3%) have expected count less than 5. The minimum expected count is .15.

The table critical value for 6df – 12.59 @ 0.05 level

H_o – There is no significant difference between educations of the respondents with regards to the effectiveness of Nigerian government Programmemes in controlling AIDS disease.

H_a - There is a significant difference between educations of the respondents with regard to the effectiveness of Nigerian government Programmes in controlling AIDS disease.

The null hypothesis indicates that there is no significant difference between educations of the respondents with regards to the effectiveness of Nigerian government programmes in controlling AIDS disease cannot be rejected as the calculated value is less than the table critical value. It can be inferred that education as a variable does not influence adolescents perception of effectiveness of government programmes on AIDS awareness in Nigeria.

Table 4.37: Source of information on HIV/AIDS reach the target audience

			Response			Total
			Yes	No	Can't say	
EDU	Secondary	Count	200	21	16	237
		% within EDUQUA	84.4%	8.9%	6.8%	100.0%
		% within SEQ2	49.6%	51.2%	51.6%	49.9%
	Higher Education	Count	156	14	15	185
		% within EDUQUA	84.3%	7.6%	8.1%	100.0%
		% within SEQ2	38.7%	34.1%	48.4%	38.9%
	Intermediate Education	Count	45	6	0	51
		% within EDUQUA	88.2%	11.8%	0.0%	100.0%
		% within SEQ2	11.2%	14.6%	0.0%	10.7%
	Non-formal education	Count	2	0	0	2
		% within EDUQUA	100.0%	0.0%	0.0%	100.0%
		% within SEQ2	0.5%	0.0%	0.0%	0.4%
Total		Count	403	41	31	475
		% within EDUQUA	84.8%	8.6%	6.5%	100.0%
		% within SEQ2	100.0%	100.0%	100.0%	100.0%

In order to inform and educate the general public the Nigerian government has designed and developed information campaigns using different media resources. In order to find out effectiveness and reach of these sources of information, a question was asked to the target audience. Irrespective of their educational qualifications 84.8% said yes that is, the information sources are reaching the target audience 4.1 % said no and 3.1 % were undecided. Among those who had studied up to secondary level, a majority 84.4 person said yes 8.9 % said no 6.8 % were decided. Among the respondents with higher level education 84.3 % agreed, 7.6 % said disagreed

and 8.1 % were undecided. Among those with intermediate education 88.2 percent said yes that is the information sources are reaching the target audience, 11 percent said no. Among those who had non-formal education, the entire hundred percent agreed that the information sources used by the government to inform and educate the masses on preventing HIV is reaching the target audience. It may be concluded that more than 80% of the respondents agreed that the information sources used by the government are reaching the target audience. However a small percentage of the respondents were either undecided or disagreed.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	5.331[a]	6	.502
Likelihood Ratio	8.858	6	.182
Linear-by-Linear Association	.834	1	.361
N of Valid Cases	475		

a. 5 cells (41.7%) have expected count less than 5. The minimum expected count is .13.

The table critical value for 6df – 12.59 @ 0.05 level

H_o – There is no significant difference between educations of the respondents with regard to sources of information in reaching out to the target audience

H_a - There is a significant difference between educations of the respondents with regard to sources of information in reaching out to the target audience

As the calculated chi square value is less than the table critical value, the null hypothesis signifies that there is no significant difference between educations of the respondents with regard to sources of information in reaching out to the target audience cannot be rejected. This indicates that education as a variable has influence on audience perception of information sources.

Table 4.38: Strategies adopted by Katsina state in saving the lives of the victims

			Response						Total
			Radio Programme	TV Programme	Stage drama	Campaigns	Sex education	Renouncing stigma	
EDU	Secondary	Count	45	38	25	41	53	35	237
		% within EDUQUA	19.0%	16.0%	10.5%	17.3%	22.4%	14.8%	100.0%
		% within SEQ3	54.2%	47.5%	35.2%	50.0%	61.6%	47.9%	49.9%
	Higher Education	Count	34	34	32	30	27	28	185
		% within EDUQUA	18.4%	18.4%	17.3%	16.2%	14.6%	15.1%	100.0%
		% within SEQ3	41.0%	42.5%	45.1%	36.6%	31.4%	38.4%	38.9%
	Intermediate Education	Count	4	8	14	9	6	10	51
		% within EDUQUA	7.8%	15.7%	27.5%	17.6%	11.8%	19.6%	100.0%
		% within SEQ3	4.8%	10.0%	19.7%	11.0%	7.0%	13.7%	10.7%
	Non-formal education	Count	0	0	0	2	0	0	2
		% within EDUQUA	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
		% within SEQ3	0.0%	0.0%	0.0%	2.4%	0.0%	0.0%	0.4%
Total		Count	83	80	71	82	86	73	475
		% within EDUQUA	17.5%	16.8%	14.9%	17.3%	18.1%	15.4%	100.0%
		% within SEQ3	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

District government has created a number of strategies adopted in saving the lives of HIV victims. Among the strategies the government has designed are specific radio and television programs along with stage drama. Regular information campaign, sex education is also carried out by the government. A question was asked to the respondents on the effectiveness of these strategies in preventing the spread of the disease and saving the lives of HIV victims. Irrespective of the educational qualification 17.5 percent told radio Programmes are effective followed by 17.3 percent information campaign, 18.1 percent sex education and the remaining supported TV Programmes and renouncing the stigma attached to HIV. Among those who have studied up to secondary level 19. 2 percent supported radio Programmes; followed by 16 percent TV

Programmes 22.4 percent said sex education is a very important strategy. Target audience with higher educational level 18 percent supported radio and TV 17 percent agreed to stage drama, 16.2 percent supported regular campaign and the remaining supported sex education. Among those with intermediate education majority of them 27.5 percent told stage drama is effective, followed by 19.8 percent renouncing the stigma attach to HIV. Among those who had non-formal education 100 percent of them said stage drama is very effective informing and educating the masses about HIV and also in preventing the lives of the victims.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	**27.712[a]**	**15**	**.023**
Likelihood Ratio	25.140	15	.048
Linear-by-Linear Association	.006	1	.939
N of Valid Cases	475		

a. 6 cells (25.0%) have expected count less than 5. The minimum expected count is .30.

The table critical value for 15df – 25.00 @ 0.05 level

H_o – There is no significant difference between educations of the respondents with regards to the strategies adopted in saving the lives of the AIDS victims

H_a - There is a significant difference between educations of the respondents with regard to the strategies adopted in saving the lives of the AIDS victims

As the calculated value of chi square is below the table critical value the null hypothesis indicates that There is no significant difference between educations of the respondents with regards to the strategies adopted in saving the lives of the AIDS victims is not rejected. It can be inferred that education as a variable does not influence audience opinion on the strategies adopted in saving the lives of AIDS victims.

Table 4.39: Effectiveness of Nigerian governments' awareness campaign

			Response			Total
			Yes	No	Can't say	
EDU	Secondary	Count	129	57	51	237
		% within EDUQUA	54.4%	24.1%	21.5%	100.0%
		% within SEQ4	51.2%	50.0%	46.8%	49.9%
	Higher Education	Count	94	44	47	185
		% within EDUQUA	50.8%	23.8%	25.4%	100.0%
		% within SEQ4	37.3%	38.6%	43.1%	38.9%
	Intermediate Education	Count	28	13	10	51
		% within EDUQUA	54.9%	25.5%	19.6%	100.0%
		% within SEQ4	11.1%	11.4%	9.2%	10.7%
	Non-formal education	Count	1	0	1	2
		% within EDUQUA	50.0%	0.0%	50.0%	100.0%
		% within SEQ4	0.4%	0.0%	0.9%	0.4%
Total		Count	252	114	109	475
		% within EDUQUA	53.1%	24.0%	22.9%	100.0%
		% within SEQ4	100.0%	100.0%	100.0%	100.0%

The Nigerian government regularly conducts information campaign in order to create awareness about the dangers of HIV and to educate the masses in preventing the disease. To a question on the effectiveness of these awareness Programmes for campaigns 53.1 percent of the respondents said they are very effective 24percent said not effective and 22percent were undecided. Among those who had secondary level education, 54.4 percent agreed, 24 percent disagreed and 21.5 percent were undecided with regard to the effectiveness of awareness campaigns. Among those with higher educational levels 54.8 percent said yes 23.8 percent said no 25.5 percent undecided. Target audience with intermediate level of education 54.9 percent agreed, 25.5 percent disagreed 19 percent were undecided about the effectiveness of awareness campaign. Those with non-formal education 50 percent agreed and 50 percent were undecided with regard to the effectiveness of awareness campaigns reaching out to the target audience.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.411[a]	6	.878
Likelihood Ratio	2.730	6	.842
Linear-by-Linear Association	.179	1	.672
N of Valid Cases	475		

a. 3 cells (25.0%) have expected count less than 5. The minimum expected count is .46.

The table critical value for 6df – 12.59 @ 0.05 level

H_o – There is no significant difference between educations of the respondents with regards to the effectiveness of Nigerian government programmes in controlling AIDS disease.

H_a - There is a significant difference between educations of the respondents with regard to the effectiveness of Nigerian government programmes in controlling AIDS disease.

The Nigerian administrations, in association with local governments organize a number of campaigns to inform and educate the public on the dangers of contracting AIDS and on its prevention. The null hypothesis shows that there is no significant difference between education of the respondents with regards to the effectiveness of Nigerian government programmes in controlling AIDS disease is not rejected. It can be inferred that education as a variable does not influence public perception about the effectiveness of the government programmes.

Table 4.40: Opinion of measures for prevention of HIV/AIDS

			Response							Total
			Law	Marriage certificate	Dress code	Condom use	Sex education	Counselling	Free ARV drugs	
EDU	Secondary	Count	26	30	36	39	40	41	25	237
		% within EDUQUA	11.0%	12.7%	15.2%	16.5%	16.9%	17.3%	10.5%	100.0%
		% within SEQ5	44.1%	43.5%	52.2%	49.4%	54.8%	60.3%	43.1%	49.9%
	Higher Education	Count	23	30	28	31	28	18	27	185
		% within EDUQUA	12.4%	16.2%	15.1%	16.8%	15.1%	9.7%	14.6%	100.0%
		% within SEQ5	39.0%	43.5%	40.6%	39.2%	38.4%	26.5%	46.6%	38.9%

	Intermediate Education	Count	9	9	4	9	5	9	6	51
		% within EDUQUA	17.6%	17.6%	7.8%	17.6%	9.8%	17.6%	11.8%	100.0%
		% within SEQ5	15.3%	13.0%	5.8%	11.4%	6.8%	13.2%	10.3%	10.7%
	Non-formal education	Count	1	0	1	0	0	0	0	2
		% within EDUQUA	50.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	100.0%
		% within SEQ5	1.7%	0.0%	1.4%	0.0%	0.0%	0.0%	0.0%	0.4%
Total		Count	59	69	69	79	73	68	58	475
		% within EDUQUA	12.4%	14.5%	14.5%	16.6%	15.4%	14.3%	12.2%	100.0%
		% within SEQ5	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

A question was asked to the public that is the target audience on their opinion regarding measures taken by the state and the national government in preventing HIV among younger generation. Irrespective of the educational qualification response given by the respondent was almost equally distributed among the six measures undertaken by the government. The measures are legal action, providing marriage certificate, dress code, promoting use of condom, providing sex education, regular counselling and distribution of drugs to HIV patients. Similar responses were seen in among those with Secondary Education, higher level education and intermediate education. However those with non-formal education 50 percent of them said the strategy of dress code and legal action are very effective in preventing HIV among younger generation.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	17.368[a]	18	.498
Likelihood Ratio	17.695	18	.476
Linear-by-Linear Association	1.864	1	.172
N of Valid Cases	475		

a. 7 cells (25.0%) have expected count less than 5. The minimum expected count is .24.

The table critical value for 18df – 28.87 @ 0.05 level

H_o – There is no significant difference between educations of the respondents with regards to opinion on measures for prevention of HIV/AIDS

H_a - There is a significant difference between educations of the respondents with regard to opinion on measures for prevention of HIV/AIDS

As the calculated chi square value is less than the table critical value, the null hypothesis indicates that there is no significant difference between educations of the respondents with regards to opinion on measures for prevention of HIV/AIDS cannot be rejected. It can be inferred that education as a variable does not affect the opinion held by public on measures used in prevention of AIDS.

4.8.3 Marital status variable

Table 4.41: Major means of contracting HIV/AIDS

			Response			Total
			Unsafe sexual contact	Blood products	Mother to baby	
Marital status	Single	Count	382	55	20	457
		% within MRGSTS	83.6%	12.0%	4.4%	100.0%
		% within SBQ1	97.0%	96.5%	83.3%	96.2%
	Married	Count	12	2	4	18
		% within MRGSTS	66.7%	11.1%	22.2%	100.0%
		% within SBQ1	3.0%	3.5%	16.7%	3.8%
Total		Count	394	57	24	475
		% within MRGSTS	82.9%	12.0%	5.1%	100.0%
		% within SBQ1	100.0%	100.0%	100.0%	100.0%

A question was asked to find out the Awareness of the target audience with regard to the major means of contracting AIDS. To this response based on the marital status is as follows. Majority of the respondents about 82 percent said that unsafe sexual contact is a primary reason followed by 12 percent stating that blood products are responsible and another 5percent stating that mother to baby transmission is also responsible. In terms of single and married status 97 percent off single

said unsafe sexual behaviour is responsible followed by 12 percent saying that blood products are responsible and only 4.4 percent saying that it can be transmitted from mother to baby. Among the married more than 66 percent set unsafe sexual behaviour is responsible and 11 percent of them said blood products is the reason followed by 22 percent telling that it AIDS can be transmitted through mother to baby. The data reveals that married public have a better awareness that AIDS can be transmitted from mother to baby.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	**11.526[a]**	**2**	**.003**
Likelihood Ratio	6.754	2	.034
Linear-by-Linear Association	7.645	1	.006
N of Valid Cases	475		

a. 2 cells (33.3%) have expected count less than 5. The minimum expected count is .91.

The table critical value for 2df – 5.99 @ 0.05 levels

H_o – There is no significant difference between marital status of the respondents with regard to major means of contracting HIV/AIDS

H_a - There is a significant difference between marital status of the respondents with regard to major means of contracting HIV/AIDS

To the question on the different means on contracting HIV/AIDS disease, the null hypothesis signifies that there is no significant difference among marital status is rejected as the calculated value is more than the table critical value. It can be inferred that marital status does influence and there is difference in perception among males and females.

Table 4.42: Identifying the symptoms of HIV/AIDS

			SBQ2					Total
			Fever and aches	Sore throat	Swollen lymph glands	Rash and cough	Diarrhea	
Marital status	Single	Count	107	79	84	90	97	457
		% within MRGSTS	23.4%	17.3%	18.4%	19.7%	21.2%	100.0%
		% within SBQ2	97.3%	95.2%	93.3%	96.8%	98.0%	96.2%
	Married	Count	3	4	6	3	2	18
		% within MRGSTS	16.7%	22.2%	33.3%	16.7%	11.1%	100.0%
		% within SBQ2	2.7%	4.8%	6.7%	3.2%	2.0%	3.8%
Total		Count	110	83	90	93	99	475
		% within MRGSTS	23.2%	17.5%	18.9%	19.6%	20.8%	100.0%
		% within SBQ2	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

AIDS is a disease exhibits a number of symptoms. The basic symptoms are fever and body ache, sore throat, swollen lymph glands and rash and cough followed by diarrhea. A question was asked to the respondents to identify the symptoms associated with HIV. Majority of the respondents said fever and body ache, is a major symptom followed by sore throat 17.5 percent swollen lymph glands 18.9 percent rash 19.6 percent and diarrhea 20.8 percent. Among the married 23 percent said fever and body ache is the reason followed by 21 percent referring to diarrhea 19.7 percent saying it is rashes 18.5percent telling swollen lymph glands and the remaining stating that sore throat it is also another symptom. Among the married 33 percent said it is swollen lymph glands,22 percent said sore throat 16.7 percent said fever and body ache and lastly the 11 percent are saying that diarrhea is a major symptom. It can be inferred that majority of the married and unmarried public were aware of the symptoms associated with HIV disease.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	3.556[a]	4	.469
Likelihood Ratio	3.381	4	.496
Linear-by-Linear Association	.175	1	.675
N of Valid Cases	475		

a. 5 cells (50.0%) have expected count less than 5. The minimum expected count is 3.15.

The table critical value for 4df – 9.49 @ 0.05 level

H_o – There is no significant difference between marital statuss of the respondents with regards reasons for symptoms of killer AIDS disease.

H_a - There is a significant difference between marital statuss of the respondents with regard to reasons for symptoms of killer AIDS disease.

As the calculated value is less than the table critical value, the null hypothesis shows that there is no significant difference between marital status of the respondents with regards reasons for symptoms of killer AIDS disease cannot be rejected. It can be inferred that marital status as a variable does not influence the awareness regarding the possible symptoms of HIV.

Table 4.43: Sexual behaviour of adolescents in contracting HIV/AIDS

			Response		Total
			Unsafe sexual contact	Blood products	
Marital status	Single	Count	360	97	457
		% within MRGSTS	78.8%	21.2%	100.0%
		% within SCQ1	97.8%	90.7%	96.2%
	Married	Count	8	10	18
		% within MRGSTS	44.4%	55.6%	100.0%
		% within SCQ1	2.2%	9.3%	3.8%
Total		Count	368	107	475
		% within MRGSTS	77.5%	22.5%	100.0%
		% within SCQ1	100.0%	100.0%	100.0%

Generally young adults are more susceptible to HIV virus. A question was asked to find out what are the sexual behaviour of adolescence that are responsible for contracting HIV. About 77.5 percent of the respondents said unsafe sexual behaviour is a major cause followed by 22.5 percent telling blood and blood related products are responsible. According to the marital status among single individuals 78 percent related unsafe sexual behaviour as a major cause and the rest 21 percent said it is due to the blood products. Among the married 44 percent said it is due to unsafe sexual behaviour followed by 55 percent telling it is due to blood related products. It can be observed that among the married unsafe sexual behaviour was not a major concern; however blood related products were considered as a major reason for contracting HIV disease.

Chi square

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	**11.695[a]**	**1**	**.001**
Continuity Correction[b]	9.811	1	.002
Likelihood Ratio	9.612	1	.002
Fisher's Exact Test			
Linear-by-Linear Association	11.670	1	.001
N of Valid Cases	475		

The table critical value for 1df 3.84 - @ 0.05 levels

H_o – There is no significant difference between marital statuss of the respondents with regard to adolescents' behaviour in contracting HIV/AIDS

H_a - There is a significant difference between marital status of the respondents with regard adolescents' behaviour in contracting HIV/AIDS

The null hypothesis shows that there is no significant difference between marital status with regards to aware of sexual behaviour on adolescents can be rejected as the calculated chi square value is less than that of table critical value. It can be inferred that marital status as a variable does influence the young adults. This clearly indicates that the awareness level among marital status is more or less same and there is no difference between them

Table 4.44: Role of families in prevention of HIV/AIDS

			Response			Total
			Yes	No	Can't say	
Marital status	Single	Count	281	13	163	457
		% within MRGSTS	61.5%	2.8%	35.7%	100.0%
		% within SCQ2	97.2%	76.5%	96.4%	96.2%
	Married	Count	8	4	6	18
		% within MRGSTS	44.4%	22.2%	33.3%	100.0%
		% within SCQ2	2.8%	23.5%	3.6%	3.8%
Total		Count	289	17	169	475
		% within MRGSTS	60.8%	3.6%	35.6%	100.0%
		% within SCQ2	100.0%	100.0%	100.0%	100.0%

The adolescents of Katsina state were asked whether a discussion in the family can help in preventing HIV disease. To this 60% of them said it is possible through discussion in the family 35% of them were undecided and the remaining 3.6% said no. According to the marital status 61.5 percent of the unmarried said yes followed by 35.7 percent being undecided and the remaining 2.8% said no. Among the married 44% said a discussion in the family is useful in preventing HIV among young adults, followed by 33 percent being undecided and the remaining 22% saying no. The analyzed data reveals that there is no single understanding among the Nigerian that discussion in the family can help resolve and prevent the spreading of HIV.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	**19.023[a]**	**2**	**.000**
Likelihood Ratio	9.575	2	.008
Linear-by-Linear Association	.415	1	.519
N of Valid Cases	475		

a. 1 cells (16.7%) have expected count less than 5. The minimum expected count is .64.

The table critical value for 2df – 5.99 @ 0.05 level

H_o – There is no significant difference between marital status of the respondents with regards to role of family

discussion in preventing HIV/AIDS

H_a - There is a significant difference between marital status of the respondents with regard to role of family discussion in preventing HIV/AIDS

The null hypothesis shows that there is no significant difference between marital status of the respondents with regards to role of family discussion in preventing HIV/AIDS is rejected as the calculated value is more than the table critical value. It can be inferred that marital status as a variable does not affect the assumption of that family has an important role in discussing and counselling adolescents in prevention of AIDS.

Table 4.45: Management of HIV/AIDS

			Response					Total
			Partner status	Use of condom	Awareness campaigns	Regular counselling	Free ARV drugs	
Marital status	Single	Count	104	166	61	59	67	457
		% within MRGSTS	22.8%	36.3%	13.3%	12.9%	14.7%	100.0%
		% within SDQ1	99.0%	94.9%	98.4%	95.2%	94.4%	96.2%
	Married	Count	1	9	1	3	4	18
		% within MRGSTS	5.6%	50.0%	5.6%	16.7%	22.2%	100.0%
		% within SDQ1	1.0%	5.1%	1.6%	4.8%	5.6%	3.8%
Total		Count	105	175	62	62	71	475
		% within MRGSTS	22.1%	36.8%	13.1%	13.1%	14.9%	100.0%
		% within SDQ1	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

To a question on the possible strategies to manage HIV AIDS majority of the respondents 36.6 said that the basic requirement is use of condom this was followed by 22 percent telling that partner status is very important strategy. About 13 percent of the respondents said awareness campaigns regular counselling and free ARV drugs are very important strategies to control the spread of HIV. Marital status analysis reveals that nearly 36 percent off of the single individuals said use of condom is very important factor followed by party status 22 percent awareness campaigns 13.3 percent regular counselling 12 point 9percent and free ARV drugs 14.4 percent . Among the

married 50 percent of them recommend use of condom followed by free ARV drug 22 percent regular counselling 16.7 percent and 5.6 percent as partner status. It can be observed that the perception of married is completely different with respect to unmarried or single.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	4.853[a]	4	.303
Likelihood Ratio	5.849	4	.211
Linear-by-Linear Association	1.477	1	.224
N of Valid Cases	475		

a. 4 cells (40.0%) have expected count less than 5. The minimum expected count is 2.35.

The table critical value for 4df – 9.49 @ 0.05 level

H_o – There is no significant difference between marital status of the respondents with regards reasons in managing or remedying the killer AIDS disease.

H_a - There is a significant difference between marital status of the respondents with regard to reasons in managing or remedying the killer AIDS disease.

The null hypothesis shows that there is no significant difference between marital status of the respondents with regards reasons in managing or remedying the killer AIDS disease cannot be rejected as the calculated value is much lower than the table critical value. It can be inferred that marital status as a variable does not influence the assumptions delineated which can help in management of HIV/AIDS disease. It can be observed that a similar condition was also observed in description of marital status as a variable.

Table 4.46: Strategies for controlling transmission of HIV/AIDS

			Response					Total
			Social pressure	Condom use	Moral injunction	Knowledge of HIV	Unsafe sex	
Marital status	Single	Count	102	77	97	77	104	457
		% within MRGSTS	22.3%	16.8%	21.2%	16.8%	22.8%	100.0%

		% within SDQ2	98.1%	88.5%	99.0%	95.1%	99.0%	96.2%
	Married	Count	2	10	1	4	1	18
		% within MRGSTS	11.1%	55.6%	5.6%	22.2%	5.6%	100.0%
		% within SDQ2	1.9%	11.5%	1.0%	4.9%	1.0%	3.8%
Total		Count	104	87	98	81	105	475
		% within MRGSTS	21.9%	18.3%	20.6%	17.1%	22.1%	100.0%
		% within SDQ2	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

A question was asked to the respondents regarding the possible methods of reducing transmission of HIV in Katsina state. The data analysis revealed five strategies like social pressure, use of condom, moral injunction, knowledge of HIV and unsafe sex. Further Analysis of data has shown that 21 percent of the respondents referred to social pressure followed by 22 percent on unsafe sex, 20 percent on moral injunction and the rest said use of condom is very important. Marital status wise 23 percent of the single said social pressure 22 percent said use of condom and knowledge of HIV is very important. Among the married 55.6 percent of the respondents said use of condom is very important followed by knowledge about HIV. Once again it can be observed that the perception of strategies between married and unmarried is distinctively different.

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	19.832[a]	4	.001
Likelihood Ratio	16.976	4	.002
Linear-by-Linear Association	1.679	1	.195
N of Valid Cases	475		

a. 5 cells (50.0%) have expected count less than 5. The minimum expected count is 3.07.

The table critical value for 4df – 9.49 @ 0.05 level

H_o – There is no significant difference between marital statuses of the respondents with regards controlling transmission of the killer AIDS disease.

H_a - There is a significant difference between marital statuses of the respondents with regard to controlling the transmission of the killer AIDS disease.

As the calculated value is less than the table critical value, the null hypothesis clearly justified that there is no significant difference between marital status of the respondents with regards controlling transmission of the killer AIDS can be rejected. It can be inferred that marital status as a variable does influence the perception on controlling the AIDS.

Table 4.47: Nigerian governments' programmes are effective in stopping/preventing HIV/AIDS

			Response			Total
			Yes	No	Can't say	
Marital status	Single	Count	371	50	36	457
		% within MRGSTS	81.2%	10.9%	7.9%	100.0%
		% within SEQ1	96.4%	92.6%	100.0%	96.2%
	Married	Count	14	4	0	18
		% within MRGSTS	77.8%	22.2%	0.0%	100.0%
		% within SEQ1	3.6%	7.4%	0.0%	3.8%
Total		Count	385	54	36	475
		% within MRGSTS	81.1%	11.4%	7.6%	100.0%
		% within SEQ1	100.0%	100.0%	100.0%	100.0%

A question was asked to find out the response of the target audience to the Nigerian government Programmes in preventing and effectively finding a remedy to HIV. To this question in general 81 percent of the target audience said yes followed by 11.4 percent saying no and 7.6 percent being undecided. In terms of marital status 81percent of the single individual said yes 10 percent said no and 7.9 percent was undecided. Among the married individual 77.8 percent said yes 22 percent said no and there was no one in this group who were undecided. The analyzed data clearly indicates that irrespective of the marital status majority of the respondents agree that the Government sponsored Programmes are effective in preventing the spread of AIDS in Nigeria.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	3.381[a]	2	.184
Likelihood Ratio	4.336	2	.114
Linear-by-Linear Association	.100	1	.752
N of Valid Cases	475		

a. 2 cells (33.3%) have expected count less than 5. The minimum expected count is 1.36.

The table critical value for 2df – 5.99 @ 0.05 level

H_o – There is no significant difference between marital statuss of the respondents with regards to the effectiveness of Nigerian government programmes in controlling AIDS disease.

H_a - There is a significant difference between marital statuss of the respondents with regard to the effectiveness of Nigerian government programmes in controlling AIDS disease.

The null hypothesis indicates that there is no significant difference between marital status of the respondents with regards to the effectiveness of Nigerian government programmes in controlling AIDS disease cannot be rejected as the calculated value is less than the table critical value. It can be inferred that marital status as a variable does not influence adolescent's perception of effectiveness of government programmes on AIDS awareness in Nigeria.

Table 4.48: Source of information on HIV/AIDS reach the target audience

			Response			Total
			Yes	No	Can't say	
Marital status	Single	Count	388	39	30	457
		% within MRGSTS	84.9%	8.5%	6.6%	100.0%
		% within SEQ2	96.3%	95.1%	96.8%	96.2%
	Married	Count	15	2	1	18
		% within MRGSTS	83.3%	11.1%	5.6%	100.0%
		% within SEQ2	3.7%	4.9%	3.2%	3.8%
Total		Count	403	41	31	475
		% within MRGSTS	84.8%	8.6%	6.5%	100.0%
		% within SEQ2	100.0%	100.0%	100.0%	100.0%

Today target audience consisting of adolescents, a question was asked about the reach of different sources of information used by the government in order to inform and educate them about HIV. The data analyzed reveals that in terms of marital status single individuals of nearly 84.9 percent said the information was reaching the target audience 8.5percent said no 6.6 percent were undecided. Among the married individual 83 percent said yes 11.1 percent said no 5.6 percent were undecided. In general 84.8 percent said yes 8.6 percent said no and 6.5 percent were undecided. It can be concluded that by and large the target audience work satisfied that the information provided by the government in different sources was reaching them.

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	.165[a]	2	.921
Likelihood Ratio	.156	2	.925
Linear-by-Linear Association	.002	1	.966
N of Valid Cases	475		

a. 2 cells (33.3%) have expected count less than 5. The minimum expected count is 1.17.

The table critical value for 2df – 5.99 @ 0.05 level

H_o – There is no significant difference between marital statuss of the respondents with regard to sources of information in reaching out to the target audience

H_a - There is a significant difference between marital statuss of the respondents with regard to sources of information in reaching out to the target audience

As the calculated chi square value is less than the table critical value, the null hypothesis justified that there is no significant difference between marital status of the respondents with regard to sources of information in reaching out to the target audience cannot be rejected. This indicates that marital status as a variable has influence on audience perception of information sources.

Table 4.49: Strategies adopted by Katsina state in saving the lives of the victims

			Response						Total
			Radio Programme	TV Programme	Stage drama	Condom use	Sex Education	Renouncing stigma	
Marital status	Single	Count	81	76	70	81	82	67	457
		% within MRGSTS	17.7%	16.6%	15.3%	17.7%	17.9%	14.7%	100.0%
		% within SEQ3	97.6%	95.0%	98.6%	98.8%	95.3%	91.8%	96.2%
	Married	Count	2	4	1	1	4	6	18
		% within MRGSTS	11.1%	22.2%	5.6%	5.6%	22.2%	33.3%	100.0%
		% within SEQ3	2.4%	5.0%	1.4%	1.2%	4.7%	8.2%	3.8%
Total		Count	83	80	71	82	86	73	475
		% within MRGSTS	17.5%	16.8%	14.9%	17.3%	18.1%	15.4%	100.0%
		% within SEQ3	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Katsina state in Nigeria has adopted a number of strategies with the aim of saving the lives of HIV victims. The strategies adopted to inform and educate the masses are radio program, television Programme, stage drama, sex education, renouncing the stigma of HIV and propagating the use of condom to protect individual. In general more than 80percent of the target audience said radio Programmes, television Programmes and information on use of condom along with sex education are very effective. However around 70 percent of the audience said stage drama and Programme on renouncing the stigma attached to HIV are also very effective. In terms of marital status 97.6 percent of individuals preferred radio Programmes followed by 95 percent television. For more than 98 percent of the target audience stage drama, information on use of condoms, sex education was also important strategies. Among the married more than 97 percent of them preferred radio followed by television, stage drama and information on use of condoms. More than 95 percent of them reported that education on sex and renouncing the stigma attached to HIV are also effective measures in controlling and eradicating the disease. By and large majority of the respondents appreciated the strategies used by Katsina state in saving the lives of HIV victims.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	7.449[a]	5	.189
Likelihood Ratio	7.373	5	.194
Linear-by-Linear Association	2.134	1	.144
N of Valid Cases	475		

a. 6 cells (50.0%) have expected count less than 5. The minimum expected count is 2.69.

The table critical value for 5df – 11.07 @ 0.05 level

H_o – There is no significant difference between marital statuss of the respondents with regards to the strategies adopted in saving the lives of the AIDS victims

H_a - There is a significant difference between marital statuss of the respondents with regard to the strategies adopted in saving the lives of the AIDS victims

As the calculated value of chi square is below the table critical value of the null hypothesis shows that of There is no significant difference between marital status of the respondents with regards to the strategies adopted in saving the lives of the AIDS victims is not rejected. It can be inferred that marital status as a variable does not influence audience opinion on the strategies adopted in saving the lives of AIDS victims.

Table 4.50: Effectiveness of Nigerian governments' awareness campaign

			Response			Total
			Yes	No	Can't say	
Marital status	Single	Count	247	105	105	457
		% within MRGSTS	54.0%	23.0%	23.0%	100.0%
		% within SEQ4	98.0%	92.1%	96.3%	96.2%
	Married	Count	5	9	4	18
		% within MRGSTS	27.8%	50.0%	22.2%	100.0%
		% within SEQ4	2.0%	7.9%	3.7%	3.8%
Total		Count	252	114	109	475
		% within MRGSTS	53.1%	24.0%	22.9%	100.0%
		% within SEQ4	100.0%	100.0%	100.0%	100.0%

The Nigerian government conducts a number of campaigns to prevent the spreading of HIV and controlling the suffering of the victims. A question was asked to find out whether these awareness Programmes are effective and reaching the target audience. To this in general 53 percent said yes followed by 24 percent no and 22 percent were undecided. In terms of marital status 54percent of individuals agreed 23percent said no and another 23 percent for undecided with regard to whether the awareness Programmes of the government for effective or not. Among the married a very small percentage of 27.8 said yes followed by 50 percent saying no and the remaining 22 percent undecided. The data has revealed that single individuals were more satisfied with the Government information Programme and the married were not so much satisfied.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	**7.527[a]**	**2**	**.023**
Likelihood Ratio	6.772	2	.034
Linear-by-Linear Association	1.681	1	.195
N of Valid Cases	475		

a. 2 cells (33.3%) have expected count less than 5. The minimum expected count is 4.13.

The table critical value for 2df – 5.99 @ 0.05 level

H_o – There is no significant difference between marital statuss of the respondents with regards to the effectiveness of Nigerian government programmes in controlling AIDS disease.

H_a - There is a significant difference between marital statuss of the respondents with regard to the effectiveness of Nigerian government programmes in controlling AIDS disease.

The Nigerian administrations, in association with local governments organize a number of campaigns to inform and educate the public on the dangers of contracting AIDS and on its prevention. The null hypothesis signifies that there is no significant difference between marital status of the respondents with regards to the effectiveness of Nigerian government programmes in controlling AIDS disease is rejected. It can be inferred that marital status as a variable does influence public perception about the effectiveness of the government programmes.

Table 4.51: Opinion of measures for prevention of HIV/AIDS

			Response							Total
			Law	Marriage certificate	Dress code	Condom use	Sex education	Counselling	Free ARV drugs	
Marital status	Single	Count	59	65	67	78	67	65	56	457
		% within MRGSTS	12.9%	14.2%	14.7%	17.1%	14.7%	14.2%	12.3%	100.0%
		% within SEQ5	100.0%	94.2%	97.1%	98.7%	91.8%	95.6%	96.6%	96.2%
	Married	Count	0	4	2	1	6	3	2	18
		% within MRGSTS	0.0%	22.2%	11.1%	5.6%	33.3%	16.7%	11.1%	100.0%
		% within SEQ5	0.0%	5.8%	2.9%	1.3%	8.2%	4.4%	3.4%	3.8%
Total		Count	59	69	69	79	73	68	58	475
		% within MRGSTS	12.4%	14.5%	14.5%	16.6%	15.4%	14.3%	12.2%	100.0%
		% within SEQ5	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

The target audience was asked to give their opinion on the measures taken by the government in prevention of HIV among population. The measures taken are law pertaining to HIV, providing marriage certificate, promoting use of condom. Sex education. Counselling and providing free ARV drugs. In general the opinion of the target audience was as follows. Around 15 percent in all the respondents said promotion of use of condom was a good measure followed by legal restrictions, counselling, provision of HIV drugs and sex education. In terms of marital status, individuals preferred use of condom as a good measure in controlling. Married individuals preferred provision of marriage certificates 22.2 percent and some 33.3 percent said that sex education is a better option.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	8.637[a]	6	.195
Likelihood Ratio	10.290	6	.113
Linear-by-Linear Association	1.015	1	.314
N of Valid Cases	475		

a. 7 cells (50.0%) have expected count less than 5. The minimum expected count is 2.20.

The table critical value for 6df – 12.59 @ 0.05 level

H_o – There is no significant difference between marital status of the respondents with regards to opinion on measures for prevention of HIV/AIDS

H_a - There is a significant difference between marital status of the respondents with regard to opinion on measures for prevention of HIV/AIDS

As the calculated chi square value is less than the table critical value, the null hypothesis shows that there is no significant difference between marital status of the respondents with regards to opinion on measures for prevention of HIV/AIDS cannot be rejected. It can be inferred that marital status as a variable does not affect the opinion held by public on measures used in prevention of AIDS.

4.8.4 Local government area variable

Table 4.52: Major means of contracting HIV/AIDS

			Responses			Total
			Unsafe sexual contact	Blood products	Mother to baby	
LGA	Katsina	Count	53	9	5	67
		% within LGA	79.1%	13.4%	7.5%	100.0%
		% within SBQ1	13.5%	15.8%	20.8%	14.1%
	Batagarawa	Count	45	10	3	58
		% within LGA	77.6%	17.2%	5.2%	100.0%
		% within SBQ1	11.4%	17.5%	12.5%	12.2%
	Charanchi	Count	36	4	2	42
		% within LGA	85.7%	9.5%	4.8%	100.0%
		% within SBQ1	9.1%	7.0%	8.3%	8.8%
	Funtua	Count	65	9	0	74
		% within LGA	87.8%	12.2%	0.0%	100.0%
		% within SBQ1	16.5%	15.8%	0.0%	15.6%
	Bakori	Count	50	6	4	60
		% within LGA	83.3%	10.0%	6.7%	100.0%
		% within SBQ1	12.7%	10.5%	16.7%	12.6%
	Malunfashi	Count	53	7	3	63
		% within LGA	84.1%	11.1%	4.8%	100.0%
		% within SBQ1	13.5%	12.3%	12.5%	13.3%
	Daura	Count	39	6	3	48
		% within LGA	81.3%	12.5%	6.3%	100.0%
		% within SBQ1	9.9%	10.5%	12.5%	10.1%
	Mai'aduwa	Count	28	4	1	33
		% within LGA	84.8%	12.1%	3.0%	100.0%
		% within SBQ1	7.1%	7.0%	4.2%	6.9%
	Zango	Count	25	2	3	30
		% within LGA	83.3%	6.7%	10.0%	100.0%
		% within SBQ1	6.3%	3.5%	12.5%	6.3%
Total		Count	394	57	24	475
		% within LGA	82.9%	12.0%	5.1%	100.0%
		% within SBQ1	100.0%	100.0%	100.0%	100.0%

HIV as a disease has several means through which one can contract the disease. However, among the various methods of contracting the disease, three major means are identified. They are unprotected sex, blood products like needles and blood transfusion and mother to baby transmission. A question was asked to the respondents to identify the means which they think are critically responsible for contracting in the disease. Irrespective of the local government area the respondents belong to, 82.9 percent said unsafe sexual contact is the primary reason for getting AIDS, followed by 12 percent relating it to blood and blood related products and the rest 5.1 percent said, HIV can be transmitted from mother to baby. Similar response was observed from different local government areas.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	9.932[a]	16	.870
Likelihood Ratio	13.258	16	.654
Linear-by-Linear Association	.221	1	.638
N of Valid Cases	475		

a. 11 cells (40.7%) have expected count less than 5. The minimum expected count is 1.52.

The table critical value for 2df – 5.99 @ 0.05 levels

H_o – There is no significant difference between LGAs of the respondents with regard to major means of contracting HIV/AIDS

H_a - There is a significant difference between LGAs of the respondents with regard to major means of contracting HIV/AIDS

To the question on the different means on contracting HIV/AIDS disease, the null hypothesis justified that there is no significant difference among LGA is rejected as the calculated value is more than the table critical value. It can be inferred that LGA does influence and there is difference in perception among local government authority.

Table 4.53: Identifying the symptoms of HIV/AIDS

			SBQ2					Total
			Fever and aches	Sore throat	Swollen lymph glands	Rash and cough	Diarrhea	
LGA	Katsina	Count	11	14	14	14	14	67
		% within LGA	16.4%	20.9%	20.9%	20.9%	20.9%	100.0%
		% within SBQ2	10.0%	16.9%	15.6%	15.1%	14.1%	14.1%
	Batagarawa	Count	16	10	12	12	8	58
		% within LGA	27.6%	17.2%	20.7%	20.7%	13.8%	100.0%
		% within SBQ2	14.5%	12.0%	13.3%	12.9%	8.1%	12.2%
	Charanchi	Count	7	2	14	7	12	42
		% within LGA	16.7%	4.8%	33.3%	16.7%	28.6%	100.0%
		% within SBQ2	6.4%	2.4%	15.6%	7.5%	12.1%	8.8%
	Funtua	Count	21	17	14	9	13	74
		% within LGA	28.4%	23.0%	18.9%	12.2%	17.6%	100.0%
		% within SBQ2	19.1%	20.5%	15.6%	9.7%	13.1%	15.6%
	Bakori	Count	16	5	10	13	16	60
		% within LGA	26.7%	8.3%	16.7%	21.7%	26.7%	100.0%
		% within SBQ2	14.5%	6.0%	11.1%	14.0%	16.2%	12.6%
	Malunfashi	Count	18	9	8	13	15	63
		% within LGA	28.6%	14.3%	12.7%	20.6%	23.8%	100.0%
		% within SBQ2	16.4%	10.8%	8.9%	14.0%	15.2%	13.3%
	Daura	Count	9	9	8	9	13	48
		% within LGA	18.8%	18.8%	16.7%	18.8%	27.1%	100.0%
		% within SBQ2	8.2%	10.8%	8.9%	9.7%	13.1%	10.1%
	Mai'aduwa	Count	7	7	6	9	4	33
		% within LGA	21.2%	21.2%	18.2%	27.3%	12.1%	100.0%
		% within SBQ2	6.4%	8.4%	6.7%	9.7%	4.0%	6.9%
	Zango	Count	5	10	4	7	4	30
		% within LGA	16.7%	33.3%	13.3%	23.3%	13.3%	100.0%
		% within SBQ2	4.5%	12.0%	4.4%	7.5%	4.0%	6.3%
Total		Count	110	83	90	93	99	475
		% within LGA	23.2%	17.5%	18.9%	19.6%	20.8%	100.0%
		% within SBQ2	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

A question was asked to the respondents to identify the major symptoms of HIV disease. Identified symptoms work fever and body ache, sore throat, swollen lymph glands and diarrhea. Based on the analysis, irrespective of the local government area people belong to, 23.2 percent told that fever and body aches are primary symptoms, followed by about 19 percent of them telling swollen lymph glands and cough is another symptom of HIV. Some 20.8 percent said diarrhea is a cause of concern, followed by 17.5 percent telling sore throat. Similar responses are observed in all most all local government area.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	36.836[a]	32	.255
Likelihood Ratio	38.076	32	.212
Linear-by-Linear Association	.023	1	.880
N of Valid Cases	475		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.24.

The table critical value for 4df – 9.49 @ 0.05 level

H_o – There is no significant difference between LGAs of the respondents with regards reasons for symptoms of killer AIDS disease.

H_a - There is a significant difference between LGAs of the respondents with regard to reasons for symptoms of killer AIDS disease.

As the calculated value is less than the table critical value, the null hypothesis indicates that there is no significant difference between LGAs of the respondents with regards reasons for symptoms of killer AIDS disease cannot be rejected. It can be inferred that LGA as a variable does not influence the awareness regarding the possible symptoms of HIV.

Table 4.54: Sexual behaviour of adolescents in contracting HIV/AIDS

			Responses		Total
			Unsafe sexual contact	Blood products	
LGA	Katsina	Count	49	18	67
		% within LGA	73.1%	26.9%	100.0%
		% within SCQ1	13.3%	16.8%	14.1%
	Batagarawa	Count	48	10	58
		% within LGA	82.8%	17.2%	100.0%
		% within SCQ1	13.0%	9.3%	12.2%
	Charanchi	Count	33	9	42
		% within LGA	78.6%	21.4%	100.0%
		% within SCQ1	9.0%	8.4%	8.8%
	Funtua	Count	55	19	74
		% within LGA	74.3%	25.7%	100.0%
		% within SCQ1	14.9%	17.8%	15.6%
	Bakori	Count	48	12	60
		% within LGA	80.0%	20.0%	100.0%
		% within SCQ1	13.0%	11.2%	12.6%
	Malunfashi	Count	46	17	63
		% within LGA	73.0%	27.0%	100.0%
		% within SCQ1	12.5%	15.9%	13.3%
	Daura	Count	39	9	48
		% within LGA	81.3%	18.8%	100.0%
		% within SCQ1	10.6%	8.4%	10.1%
	Mai'aduwa	Count	24	9	33
		% within LGA	72.7%	27.3%	100.0%
		% within SCQ1	6.5%	8.4%	6.9%
	Zango	Count	26	4	30
		% within LGA	86.7%	13.3%	100.0%
		% within SCQ1	7.1%	3.7%	6.3%
Total		Count	368	107	475
		% within LGA	77.5%	22.5%	100.0%
		% within SCQ1	100.0%	100.0%	100.0%

A question was asked to the respondents to identify the sexual behaviour on adolescents which is responsible for contracting HIV. As per the analyzed data, 77.5 percent said unsafe sexual behaviour is of primary concern, followed by 22.5 telling using blood related products like needles, syringes and blood transfusion. Almost all local government areas expressed similar concern with regard to sexual behaviour of adolescents in contracting HIV/AIDS.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	5.308[a]	8	.724
Likelihood Ratio	5.482	8	.705
Linear-by-Linear Association	.250	1	.617
N of Valid Cases	475		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 6.76.

The table critical value for 1df 3.84 - @ 0.05 levels

H_o – There is no significant difference between LGAs of the respondents with regard to adolescents' behaviour in contracting HIV/AIDS

H_a - There is a significant difference between LGAs of the respondents with regard adolescents' behaviour in contracting HIV/AIDS

The null hypothesis shows that there is no significant difference between LGAs with regards to aware of sexual behaviour on adolescents cannot be rejected as the calculated chi square value is less than that of table critical value. It can be inferred that LGA as a variable does not influence the young adults. This clearly indicates that the awareness level among LGAs is more or less same and there is no difference between them.

Table 4.55: Role of families in prevention of HIV/AIDS

			Responses			Total
			Yes	No	Can't say	
LGA	Katsina	Count	38	9	20	67
		% within LGA	56.7%	13.4%	29.9%	100.0%
		% within SCQ2	13.1%	52.9%	11.8%	14.1%
	Batagarawa	Count	39	3	16	58
		% within LGA	67.2%	5.2%	27.6%	100.0%
		% within SCQ2	13.5%	17.6%	9.5%	12.2%
	Charanchi	Count	28	0	14	42
		% within LGA	66.7%	0.0%	33.3%	100.0%
		% within SCQ2	9.7%	0.0%	8.3%	8.8%
	Funtua	Count	42	3	29	74
		% within LGA	56.8%	4.1%	39.2%	100.0%
		% within SCQ2	14.5%	17.6%	17.2%	15.6%
	Bakori	Count	34	2	24	60
		% within LGA	56.7%	3.3%	40.0%	100.0%
		% within SCQ2	11.8%	11.8%	14.2%	12.6%
	Malunfashi	Count	38	0	25	63
		% within LGA	60.3%	0.0%	39.7%	100.0%
		% within SCQ2	13.1%	0.0%	14.8%	13.3%
	Daura	Count	30	0	18	48
		% within LGA	62.5%	0.0%	37.5%	100.0%
		% within SCQ2	10.4%	0.0%	10.7%	10.1%
	Mai'aduwa	Count	19	0	14	33
		% within LGA	57.6%	0.0%	42.4%	100.0%
		% within SCQ2	6.6%	0.0%	8.3%	6.9%
	Zango	Count	21	0	9	30
		% within LGA	70.0%	0.0%	30.0%	100.0%
		% within SCQ2	7.3%	0.0%	5.3%	6.3%
Total		Count	289	17	169	475
		% within LGA	60.8%	3.6%	35.6%	100.0%
		% within SCQ2	100.0%	100.0%	100.0%	100.0%

The role of a family is very critical in counselling and advising the younger generation against the

dreaded disease like HIV. A question was asked to the respondents to find out what according to them can be the role and how successful will be this role of the family in advising younger generation to prevent the spread of HIV. The data has revealed that 60.8 percent of the respondents agreed that the role of family is very important and 35.5 percent were undecided and about 3.6 percent disagreed.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	**31.424[a]**	**16**	**.012**
Likelihood Ratio	31.584	16	.011
Linear-by-Linear Association	.269	1	.604
N of Valid Cases	475		

a. 9 cells (33.3%) have expected count less than 5. The minimum expected count is 1.07.

The table critical value for 2df – 5.99 @ 0.05 level

H_o – There is no significant difference between LGAs of the respondents with regards to role of family discussion in preventing HIV/AIDS

H_a - There is a significant difference between LGAs of the respondents with regard to role of family discussion in preventing HIV/AIDS

The null hypothesis shows that there is no significant difference between LGAs of the respondents with regards to role of family discussion in preventing HIV/AIDS is rejected as the calculated value is more than the table critical value. It can infer that LGA as a variable does not affect the assumption of that family has an important role in discussing and counselling adolescents in prevention of AIDS.

Table 4.56: Management of HIV/AIDS

			Responses					Total
			Partner status	Use of condom	Awareness campaigns	Regular counselling	Free ARV drugs	
LGA	Katsina	Count	11	22	8	12	14	67
		% within LGA	16.4%	32.8%	11.9%	17.9%	20.9%	100.0%
		% within SDQ1	10.5%	12.6%	12.9%	19.4%	19.7%	14.1%
	Batagarawa	Count	14	22	6	10	6	58
		% within LGA	24.1%	37.9%	10.3%	17.2%	10.3%	100.0%
		% within SDQ1	13.3%	12.6%	9.7%	16.1%	8.5%	12.2%
	Charanchi	Count	11	15	7	3	6	42
		% within LGA	26.2%	35.7%	16.7%	7.1%	14.3%	100.0%
		% within SDQ1	10.5%	8.6%	11.3%	4.8%	8.5%	8.8%
	Funtua	Count	20	29	6	10	9	74
		% within LGA	27.0%	39.2%	8.1%	13.5%	12.2%	100.0%
		% within SDQ1	19.0%	16.6%	9.7%	16.1%	12.7%	15.6%
	Bakori	Count	11	26	10	5	8	60
		% within LGA	18.3%	43.3%	16.7%	8.3%	13.3%	100.0%
		% within SDQ1	10.5%	14.9%	16.1%	8.1%	11.3%	12.6%
	Malunfashi	Count	13	24	9	8	9	63
		% within LGA	20.6%	38.1%	14.3%	12.7%	14.3%	100.0%
		% within SDQ1	12.4%	13.7%	14.5%	12.9%	12.7%	13.3%
	Daura	Count	10	17	7	7	7	48
		% within LGA	20.8%	35.4%	14.6%	14.6%	14.6%	100.0%
		% within SDQ1	9.5%	9.7%	11.3%	11.3%	9.9%	10.1%
	Mai'aduwa	Count	6	12	4	4	7	33
		% within LGA	18.2%	36.4%	12.1%	12.1%	21.2%	100.0%
		% within SDQ1	5.7%	6.9%	6.5%	6.5%	9.9%	6.9%
	Zango	Count	9	8	5	3	5	30
		% within LGA	30.0%	26.7%	16.7%	10.0%	16.7%	100.0%
		% within SDQ1	8.6%	4.6%	8.1%	4.8%	7.0%	6.3%
Total		Count	105	175	62	62	71	475
		% within LGA	22.1%	36.8%	13.1%	13.1%	14.9%	100.0%
		% within SDQ1	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

A number of methods are been devised by the government both at the local and national level in preventing and managing HIV in Nigeria. The respondents were asked to give their opinion on the following 5 methods which can prevent HIV among young adults. The methods are declaring partner status use of condom creating awareness campaigns regular counselling and distribution of HIV drug. According to data analysis, 22.1 percent said declaration of partner status is very important strategy, followed by 36.8 percent recommending use of condoms and the rest agreed that, awareness campaigns, regular counselling and free distribution of ARV drugs are also important strategies.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	17.410[a]	32	.983
Likelihood Ratio	17.626	32	.981
Linear-by-Linear Association	.129	1	.720
N of Valid Cases	475		

a. 6 cells (13.3%) have expected count less than 5. The minimum expected count is 3.92.

The table critical value for 4df – 9.49 @ 0.05 level

H_o – There is no significant difference between genders of the respondents with regards reasons in managing or remedying the killer AIDS disease.

H_a - There is a significant difference between genders of the respondents with regard to reasons in managing or remedying the killer AIDS disease.

The null hypothesis shows that there is no significant difference between genders of the respondents with regards to reasons in managing or remedying the killer AIDS disease which cannot be rejected as the calculated value is much lower than the table critical value. It can be inferred that gender as a variable does not influence the assumptions delineated which can help in management of HIV/AIDS disease. It can be observed that a similar condition was also observed in description of gender as a variable.

Table 4.57: Strategies for controlling transmission of HIV/AIDS

			Responses					Total
			Social pressure	Condom use	Moral injunction	Knowledge of HIV	Unsafe sex	
LGA	Katsina	Count	14	11	12	10	20	67
		% within LGA	20.9%	16.4%	17.9%	14.9%	29.9%	100.0%
		% within SDQ2	13.5%	12.6%	12.2%	12.3%	19.0%	14.1%
	Batagarawa	Count	13	10	11	9	15	58
		% within LGA	22.4%	17.2%	19.0%	15.5%	25.9%	100.0%
		% within SDQ2	12.5%	11.5%	11.2%	11.1%	14.3%	12.2%
	Charanchi	Count	9	9	8	7	9	42
		% within LGA	21.4%	21.4%	19.0%	16.7%	21.4%	100.0%
		% within SDQ2	8.7%	10.3%	8.2%	8.6%	8.6%	8.8%
	Funtua	Count	19	13	14	13	15	74
		% within LGA	25.7%	17.6%	18.9%	17.6%	20.3%	100.0%
		% within SDQ2	18.3%	14.9%	14.3%	16.0%	14.3%	15.6%
	Bakori	Count	11	11	11	14	13	60
		% within LGA	18.3%	18.3%	18.3%	23.3%	21.7%	100.0%
		% within SDQ2	10.6%	12.6%	11.2%	17.3%	12.4%	12.6%
	Malunfashi	Count	13	13	16	9	12	63
		% within LGA	20.6%	20.6%	25.4%	14.3%	19.0%	100.0%
		% within SDQ2	12.5%	14.9%	16.3%	11.1%	11.4%	13.3%
	Daura	Count	12	9	10	8	9	48
		% within LGA	25.0%	18.8%	20.8%	16.7%	18.8%	100.0%
		% within SDQ2	11.5%	10.3%	10.2%	9.9%	8.6%	10.1%
	Mai'aduwa	Count	7	5	9	6	6	33
		% within LGA	21.2%	15.2%	27.3%	18.2%	18.2%	100.0%
		% within SDQ2	6.7%	5.7%	9.2%	7.4%	5.7%	6.9%
	Zango	Count	6	6	7	5	6	30
		% within LGA	20.0%	20.0%	23.3%	16.7%	20.0%	100.0%
		% within SDQ2	5.8%	6.9%	7.1%	6.2%	5.7%	6.3%
Total		Count	104	87	98	81	105	475
		% within LGA	21.9%	18.3%	20.6%	17.1%	22.1%	100.0%
		% within SDQ2	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Specific strategies are developed for controlling the spread of HIV in Katsina state. These

strategies are being developed by the state government to protect the younger generation. The strategies are bringing social pressure use of condoms moral injunction providing knowledge of HIV and educating them on safe sex. Irrespective of the local government area, a majority of 22.1 percent of the respondents said safe sex promotions is a critical strategy, followed by 21.9 percent telling putting social pressure, 20.6 percent supporting moral injunction. The rest of the respondents said use of condom and providing knowledge are also important strategies in preventing and controlling AIDS.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	9.242[a]	32	1.000
Likelihood Ratio	8.861	32	1.000
Linear-by-Linear Association	.834	1	.361
N of Valid Cases	475		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.12.

The table critical value for 5df – 11.07 @ 0.05 level

H_o – There is no significant difference between LGAs of the respondents with regards to the strategies adopted in saving the lives of the AIDS victims

H_a - There is a significant difference between LGAs of the respondents with regard to the strategies adopted in saving the lives of the AIDS victims

As the calculated value of chi square is below the table critical value the null hypothesis justified thatThere is no significant difference between LGAs of the respondents with regards to the strategies adopted in saving the lives of the AIDS victims is not rejected. It can be inferred that LGA as a variable does not influence audience opinion on the strategies adopted in saving the lives of AIDS victims.

Table 4.58: Nigerian governments' programmes are effective in stopping/preventing HIV/AIDS

			Responses			Total
			Yes	No	Can't say	
LGA	Katsina	Count	54	6	7	67
		% within LGA	80.6%	9.0%	10.4%	100.0%
		% within SEQ1	14.0%	11.1%	19.4%	14.1%
	Batagarawa	Count	48	7	3	58
		% within LGA	82.8%	12.1%	5.2%	100.0%
		% within SEQ1	12.5%	13.0%	8.3%	12.2%
	Charanchi	Count	35	3	4	42
		% within LGA	83.3%	7.1%	9.5%	100.0%
		% within SEQ1	9.1%	5.6%	11.1%	8.8%
	Funtua	Count	59	8	7	74
		% within LGA	79.7%	10.8%	9.5%	100.0%
		% within SEQ1	15.3%	14.8%	19.4%	15.6%
	Bakori	Count	46	9	5	60
		% within LGA	76.7%	15.0%	8.3%	100.0%
		% within SEQ1	11.9%	16.7%	13.9%	12.6%
	Malunfashi	Count	51	6	6	63
		% within LGA	81.0%	9.5%	9.5%	100.0%
		% within SEQ1	13.2%	11.1%	16.7%	13.3%
	Daura	Count	38	8	2	48
		% within LGA	79.2%	16.7%	4.2%	100.0%
		% within SEQ1	9.9%	14.8%	5.6%	10.1%
	Mai'aduwa	Count	29	3	1	33
		% within LGA	87.9%	9.1%	3.0%	100.0%
		% within SEQ1	7.5%	5.6%	2.8%	6.9%
	Zango	Count	25	4	1	30
		% within LGA	83.3%	13.3%	3.3%	100.0%
		% within SEQ1	6.5%	7.4%	2.8%	6.3%
Total		Count	385	54	36	475
		% within LGA	81.1%	11.4%	7.6%	100.0%
		% within SEQ1	100.0%	100.0%	100.0%	100.0%

The Nigerian government has developed a number of Programmes with an effort to stop and control HIV nationwide. A question was asked whether the Programmes of the government are effective or not. To this question in general irrespective of the local government area, 81.1 percent agreed that Nigerian governments' programmes are effective in stopping/preventing HIV/AIDS, followed by 11.4 percent disagreeing and the remaining 7.6 percent being undecided.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	8.245[a]	16	.941
Likelihood Ratio	8.690	16	.926
Linear-by-Linear Association	.557	1	.456
N of Valid Cases	475		

a. 10 cells (37.0%) have expected count less than 5. The minimum expected count is 2.27.

The table critical value for 2df – 5.99 @ 0.05 level

H_o – There is no significant difference between LGA of the respondents with regards to the effectiveness of Nigerian government programmes in controlling AIDS disease.

H_a - There is a significant difference between LGA of the respondents with regard to the effectiveness of Nigerian government programmes in controlling AIDS disease.

The null hypothesis shows that there is no significant difference between LGAs of the respondents with regards to the effectiveness of Nigerian government programmes in controlling AIDS diseases and cannot be rejected as the calculated value is less than the table critical value. It can be inferred that LGA as a variable does not influence adolescents perception of effectiveness of government programmes on AIDS awareness in Nigeria.

Table 4.59: Source of information on HIV/AIDS reach the target audience

			Responses			Total
			Yes	No	Can't say	
LGA	Katsina	Count	57	6	4	67
		% within LGA	85.1%	9.0%	6.0%	100.0%

		% within SEQ2	14.1%	14.6%	12.9%	14.1%
	Batagarawa	Count	48	6	4	58
		% within LGA	82.8%	10.3%	6.9%	100.0%
		% within SEQ2	11.9%	14.6%	12.9%	12.2%
	Charanchi	Count	32	8	2	42
		% within LGA	76.2%	19.0%	4.8%	100.0%
		% within SEQ2	7.9%	19.5%	6.5%	8.8%
	Funtua	Count	66	6	2	74
		% within LGA	89.2%	8.1%	2.7%	100.0%
		% within SEQ2	16.4%	14.6%	6.5%	15.6%
	Bakori	Count	49	4	7	60
		% within LGA	81.7%	6.7%	11.7%	100.0%
		% within SEQ2	12.2%	9.8%	22.6%	12.6%
	Malunfashi	Count	58	3	2	63
		% within LGA	92.1%	4.8%	3.2%	100.0%
		% within SEQ2	14.4%	7.3%	6.5%	13.3%
	Daura	Count	40	2	6	48
		% within LGA	83.3%	4.2%	12.5%	100.0%
		% within SEQ2	9.9%	4.9%	19.4%	10.1%
	Mai'aduwa	Count	28	3	2	33
		% within LGA	84.8%	9.1%	6.1%	100.0%
		% within SEQ2	6.9%	7.3%	6.5%	6.9%
	Zango	Count	25	3	2	30
		% within LGA	83.3%	10.0%	6.7%	100.0%
		% within SEQ2	6.2%	7.3%	6.5%	6.3%
Total		Count	403	41	31	475
		% within LGA	84.8%	8.6%	6.5%	100.0%
		% within SEQ2	100.0%	100.0%	100.0%	100.0%

In order to inform and educate the general public the Nigerian government has designed and developed information campaigns using different media resources. In order to find out effectiveness and reach of these sources of information, a question was asked to the target audience. The analysed data has revealed that irrespective of the local government areas, 84.8 percent of the respondents were affirmative about effective reach of different sources of

information used by the Nigerian government. A small percentage of 8.6 percent said that the sources used are not effective in reaching the target audience and the rest 6.5 percent were undecided.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	17.148[a]	16	.376
Likelihood Ratio	15.999	16	.453
Linear-by-Linear Association	.000	1	.996
N of Valid Cases	475		

a. 13 cells (48.1%) have expected count less than 5. The minimum expected count is 1.96.

The table critical value for 2df – 5.99 @ 0.05 level

H_o – There is no significant difference between LGAs of the respondents with regard to sources of information in reaching out to the target audience

H_a - There is a significant difference between LGAs of the respondents with regard to sources of information in reaching out to the target audience

As the calculated chi square value is less than the table critical value, the null hypothesis indicates that there is no significant difference between LGA of the respondents with regard to sources of information in reaching out to the target audience cannot be rejected. This indicates that LGA as a variable has influence on audience perception of information sources.

Table 4.60: Strategies adopted by Katsina state in saving the lives of the victims

			Responses						Total
			Radio Programme	TV Programme	Stage drama	Condom use	Sex Education	Renouncing stigma	
LGA	Katsina	Count	10	13	9	13	12	10	67
		% within LGA	14.9%	19.4%	13.4%	19.4%	17.9%	14.9%	100.0%
		% within SEQ3	12.0%	16.3%	12.7%	15.9%	14.0%	13.7%	14.1%
	Batagarawa	Count	13	10	9	9	8	9	58
		% within LGA	22.4%	17.2%	15.5%	15.5%	13.8%	15.5%	100.0%

		% within SEQ3	15.7%	12.5%	12.7%	11.0%	9.3%	12.3%	12.2%
	Charanchi	Count	7	7	7	7	8	6	42
		% within LGA	16.7%	16.7%	16.7%	16.7%	19.0%	14.3%	100.0%
		% within SEQ3	8.4%	8.8%	9.9%	8.5%	9.3%	8.2%	8.8%
	Funtua	Count	11	14	11	14	17	7	74
		% within LGA	14.9%	18.9%	14.9%	18.9%	23.0%	9.5%	100.0%
		% within SEQ3	13.3%	17.5%	15.5%	17.1%	19.8%	9.6%	15.6%
	Bakori	Count	8	10	8	10	16	8	60
		% within LGA	13.3%	16.7%	13.3%	16.7%	26.7%	13.3%	100.0%
		% within SEQ3	9.6%	12.5%	11.3%	12.2%	18.6%	11.0%	12.6%
	Malunfashi	Count	11	10	11	13	8	10	63
		% within LGA	17.5%	15.9%	17.5%	20.6%	12.7%	15.9%	100.0%
		% within SEQ3	13.3%	12.5%	15.5%	15.9%	9.3%	13.7%	13.3%
	Daura	Count	10	8	7	6	7	10	48
		% within LGA	20.8%	16.7%	14.6%	12.5%	14.6%	20.8%	100.0%
		% within SEQ3	12.0%	10.0%	9.9%	7.3%	8.1%	13.7%	10.1%
	Mai'aduwa	Count	7	5	4	5	5	7	33
		% within LGA	21.2%	15.2%	12.1%	15.2%	15.2%	21.2%	100.0%
		% within SEQ3	8.4%	6.3%	5.6%	6.1%	5.8%	9.6%	6.9%
	Zango	Count	6	3	5	5	5	6	30
		% within LGA	20.0%	10.0%	16.7%	16.7%	16.7%	20.0%	100.0%
		% within SEQ3	7.2%	3.8%	7.0%	6.1%	5.8%	8.2%	6.3%
Total		Count	83	80	71	82	86	73	475
		% within LGA	17.5%	16.8%	14.9%	17.3%	18.1%	15.4%	100.0%
		% within SEQ3	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

District government has created a number of strategies adopted in saving the lives of HIV victims. Among the strategies the government has designed are specific radio and television Programmes along with stage drama. Regular information campaign, sex education is also carried out by the government. A question was asked to the respondents on the effectiveness of these strategies in preventing the spread of the disease and saving the lives of HIV victims. To the question on the effectiveness of strategies adopted by Katsina state in saving the lives of the victims there was

more or less equal division of responses. It can be observed that media used were not that effective according to the respondents. However, other strategies like, sex education, use of condom and renouncing the stigma attached to the HIV victims were important.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	15.918[a]	40	1.000
Likelihood Ratio	15.948	40	1.000
Linear-by-Linear Association	.230	1	.632
N of Valid Cases	475		

a. 3 cells (5.6%) have expected count less than 5. The minimum expected count is 4.48.

The table critical value for 5df – 11.07 @ 0.05 level

H_o – There is no significant difference between LGAs of the respondents with regards to the strategies adopted in saving the lives of the AIDS victims

H_a - There is a significant difference between LGAs of the respondents with regard to the strategies adopted in saving the lives of the AIDS victims

As the calculated value of chi square is below the table critical value, the null hypothesis shows that there is no significant difference between LGAs of the respondents with regards to the strategies adopted in saving the lives of the AIDS victims is not rejected. It can be inferred that LGA as a variable does not influence audience opinion on the strategies adopted in saving the lives of AIDS victims.

Table 4.61: Effectiveness of Nigerian governments' awareness campaign

			Responses			Total
			Yes	No	Can't say	
LGA	Katsina	Count	35	16	16	67
		% within LGA	52.2%	23.9%	23.9%	100.0%
		% within SEQ4	13.9%	14.0%	14.7%	14.1%
	Batagarawa	Count	31	14	13	58

		% within LGA	53.4%	24.1%	22.4%	100.0%
		% within SEQ4	12.3%	12.3%	11.9%	12.2%
	Charanchi	Count	21	11	10	42
		% within LGA	50.0%	26.2%	23.8%	100.0%
		% within SEQ4	8.3%	9.6%	9.2%	8.8%
	Funtua	Count	43	15	16	74
		% within LGA	58.1%	20.3%	21.6%	100.0%
		% within SEQ4	17.1%	13.2%	14.7%	15.6%
	Bakori	Count	35	14	11	60
		% within LGA	58.3%	23.3%	18.3%	100.0%
		% within SEQ4	13.9%	12.3%	10.1%	12.6%
	Malunfashi	Count	30	17	16	63
		% within LGA	47.6%	27.0%	25.4%	100.0%
		% within SEQ4	11.9%	14.9%	14.7%	13.3%
	Daura	Count	25	12	11	48
		% within LGA	52.1%	25.0%	22.9%	100.0%
		% within SEQ4	9.9%	10.5%	10.1%	10.1%
	Mai'aduwa	Count	17	8	8	33
		% within LGA	51.5%	24.2%	24.2%	100.0%
		% within SEQ4	6.7%	7.0%	7.3%	6.9%
	Zango	Count	15	7	8	30
		% within LGA	50.0%	23.3%	26.7%	100.0%
		% within SEQ4	6.0%	6.1%	7.3%	6.3%
Total		Count	252	114	109	475
		% within LGA	53.1%	24.0%	22.9%	100.0%
		% within SEQ4	100.0%	100.0%	100.0%	100.0%

The Nigerian government regularly conducts information campaign in order to create awareness about the dangers of HIV and to educate the masses in preventing the disease. To a question on the effectiveness of these awareness Programmes for campaigns, 53.1 percent of the respondents agreed, 24 percent disagreed and the remaining 22.9 percent were undecided.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.996[a]	16	1.000
Likelihood Ratio	3.031	16	1.000

Linear-by-Linear Association	.124	1	.725
N of Valid Cases	475		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 6.88.

The table critical value for 2df – 5.99 @ 0.05 level

H_o – There is no significant difference between LGAs of the respondents with regards to the effectiveness of Nigerian government programmes in controlling AIDS disease.

H_a - There is a significant difference between LGAs of the respondents with regard to the effectiveness of Nigerian government programmes in controlling AIDS disease.

The Nigerian administrations, in association with local governments organize a number of campaigns to inform and educate the public on the dangers of contracting AIDS and on its prevention. The null hypothesis of there is no significant difference between LGA of the respondents with regards to the effectiveness of Nigerian government programmes in controlling AIDS disease is not rejected. It can be inferred that LGA as a variable does not influence public perception about the effectiveness of the government programmes.

Table 4.62: Opinion of measures for prevention of HIV/AIDS

			Responses							Total
			Law	Marriage certificate	Dress code	Condom use	Sex education	Counselling	Free ARV drugs	
LGA	Katsina	Count	9	10	9	8	10	11	10	67
		% within LGA	13.4%	14.9%	13.4%	11.9%	14.9%	16.4%	14.9%	100.0%
		% within SEQ5	15.3%	14.5%	13.0%	10.1%	13.7%	16.2%	17.2%	14.1%
	Batagarawa	Count	4	6	2	6	11	15	14	58
		% within LGA	6.9%	10.3%	3.4%	10.3%	19.0%	25.9%	24.1%	100.0%
		% within SEQ5	6.8%	8.7%	2.9%	7.6%	15.1%	22.1%	24.1%	12.2%
	Charanchi	Count	5	8	5	6	5	8	5	42
		% within LGA	11.9%	19.0%	11.9%	14.3%	11.9%	19.0%	11.9%	100.0%

		% within SEQ5	8.5%	11.6%	7.2%	7.6%	6.8%	11.8%	8.6%	8.8%
	Funtua	Count	11	10	15	15	11	7	5	74
		% within LGA	14.9%	13.5%	20.3%	20.3%	14.9%	9.5%	6.8%	100.0%
		% within SEQ5	18.6%	14.5%	21.7%	19.0%	15.1%	10.3%	8.6%	15.6%
	Bakori	Count	5	10	7	16	10	6	6	60
		% within LGA	8.3%	16.7%	11.7%	26.7%	16.7%	10.0%	10.0%	100.0%
		% within SEQ5	8.5%	14.5%	10.1%	20.3%	13.7%	8.8%	10.3%	12.6%
	Malunfashi	Count	10	11	13	9	8	7	5	63
		% within LGA	15.9%	17.5%	20.6%	14.3%	12.7%	11.1%	7.9%	100.0%
		% within SEQ5	16.9%	15.9%	18.8%	11.4%	11.0%	10.3%	8.6%	13.3%
	Daura	Count	6	6	6	8	8	7	7	48
		% within LGA	12.5%	12.5%	12.5%	16.7%	16.7%	14.6%	14.6%	100.0%
		% within SEQ5	10.2%	8.7%	8.7%	10.1%	11.0%	10.3%	12.1%	10.1%
	Mai'aduwa	Count	6	4	7	7	4	3	2	33
		% within LGA	18.2%	12.1%	21.2%	21.2%	12.1%	9.1%	6.1%	100.0%
		% within SEQ5	10.2%	5.8%	10.1%	8.9%	5.5%	4.4%	3.4%	6.9%
	Zango	Count	3	4	5	4	6	4	4	30
		% within LGA	10.0%	13.3%	16.7%	13.3%	20.0%	13.3%	13.3%	100.0%
		% within SEQ5	5.1%	5.8%	7.2%	5.1%	8.2%	5.9%	6.9%	6.3%
Total		Count	59	69	69	79	73	68	58	475
		% within LGA	12.4%	14.5%	14.5%	16.6%	15.4%	14.3%	12.2%	100.0%
		% within SEQ5	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

A question was asked to the public that is the target audience on their opinion regarding measures taken by the state and the national government in preventing HIV among younger generation. Irrespective of the educational qualification response given by the respondent was almost equally distributed among the six measures undertaken by the government. The measures are legal action, providing marriage certificate, dress code, promoting use of condom, providing sex education,

regular counselling and distribution of drugs to HIV patients.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	46.658[a]	48	.528
Likelihood Ratio	46.766	48	.523
Linear-by-Linear Association	4.610	1	.032
N of Valid Cases	475		

a. 12 cells (19.0%) have expected count less than 5. The minimum expected count is 3.66.

The table critical value for 6df – 12.59 @ 0.05 level

H_o – There is no significant difference between LGA of the respondents with regards to opinion on measures for prevention of HIV/AIDS

H_a - There is a significant difference between LGA of the respondents with regard to opinion on measures for prevention of HIV/AIDS

As the calculated chi square value is less than the table critical value, the null hypothesis shows that there is no significant difference between LGA of the respondents with regards to opinion on measures for prevention of HIV/AIDS cannot be rejected. It can be inferred that LGA as a variable does not affect the opinion held by public on measures used in prevention of AIDS.

4.9 Summary of the chapter

In summary, the section reported the results of interview and FGD which enabled the researcher to answer the five research questions and achieve five objectives of the study. With respect to the question one, analysis of the interview result revealed that Katsina state created seven Programmes/schemes to curtail the spread of HIV/AIDS in the state, and interestingly there is wider and closely equal knowledge of the existence of these schemes and Programmes in the state. For question two, it was found that Katsina state governments have five communication strategies it used in **c**reating awareness regarding to adolescents on HIV/AIDS in Katsina State, and adolescents have closely same view on the existence of these communication strategies. For research question number three, it was found that awareness level of information on HIV/AIDS prevention on adolescents was enhanced through the use of six mediums of communication, and

the knowledge of these mediums is closely equal among the adolescents. For question four, the study found four ways through which communication has greater influence in reducing the spread of HIV/AIDS through social and cultural perspectives. Lastly, with respect to FGD was held with eight different groups about the challenges in implementing awareness Programmes with respect to HIV/AIDS, several challenges have been identified with each group highlighting at least one challenge.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter contain theoretical, methodological and practical contributions of the study. It also contains recommendations for government and policy makers and limitation of the study/suggestions for further research. The theoretical contribution made by the study and methodological implications were highlighted.

5.2 Summary

This subheading contains the summary of each chapter in the project work. Chapter one entails the introductory aspects of the research work. It contains definitions of communication strategies and health communication taken from different scholars for comparison. Meaning of HIV, its method of transmission statistics, origin in Nigeria, its prevalence in Katsina State and introduction of the communication strategies were highlighted. The study area was also described in this chapter as well as the objectives of the study, significance, limitation and operational definition of key terms. In chapter two, relevant literature related to the study were reviewed. The need for health communication in disease prevention and control was presented. Similarly, factors influencing success of health communication and strategies was explained. This chapter also contain the theoretical framework that guide the study and the research gap.

Furthermore, the methodology used for carrying out research and analyzing data were presented in chapter three. The researcher adopted Focus Group Discussion and In-depth tools for data collection. The basis for adopting these tools were given in the chapter. The description of the population of the study, units of analysis, sampling techniques and instruments of data collection were also highlighted.

Additionally, the results of the analysis carried out on gathered data and discussion were presented in chapter four. The researcher was able to identify the creation of numerous guidance & counselling sites for victims, use of condoms and other contraceptives, sex education campaigns and provision of more free anti-retroviral drugs for victims as the most dominant Programmes/schemes created by Katsina State government in curtailing the spread of HIV/AIDS. Moreover, the researcher was not only able to understand that communication strategies had impact in curtailing the deadly disease but also the type of strategies that had impact in particular

enlightenment/awareness campaigns, regular counselling, awareness on free ARV drugs and the need to be aware of partner status. The level of awareness on HIV/AIDS prevention on adolescents was better understood through analysis of the data. It was gathered that Katsina State government used radio Programmes, open stage drama, organizing awareness campaigns to create HIV/AIDS awareness on adolescents in the state. However, the lack of access to radio and television devices particularly among rural dwellers, the flagrantly disregard for ARV usage guidelines, timing of radio awareness Programmes amongst were identified as the challenges of curtailing HIV/AIDS in the study area.

Lastly, chapter five contain the summary, theoretical, methodological and practical contributions of the study. Recommendations for government, policy makers and further research were given.

5.3 Theoretical, Methodological, and Practical Contributions

5.3.1 Theoretical Implication

In general terms, a scientific research should be guided by theories and or models which guide its processes. This research adopts as its theoretical framework, perception theory, diffusion of innovation theory, Framing theories and Health Belief model. The perception theory is particularly relevant to this study because HIV/AIDS information/messages are transmitted to the people via several means (with particular reference to the media in this case). These messages are received and processed: desired information perceived, retained and recalled for action in form of behaviour change or adoption. The practicality of this theory was further testified as most of the respondents claim to felt the impact of the awareness campaign and drives them towards the desired behavioural change in HIV/AIDS prevention.

Similarly, the diffusion theory was relevant to this research because health communication messages contain some new ideas and other behaviours that are promoted to be perceived and adopted by the target audience with a view to influencing attitudinal change in relation to HIV/AIDS prevention. Again, the categorization of persons according to their speed in message receptivity and stages through which change occurs are relevant in designing, packaging and disseminating health communication messages for efficient change in behaviour. These theory informed the researcher's decision of targeting adolescents as the category of individuals for the research. The reason is largely because adolescents constitutes a greater percent of the population.

Lastly, framing and health belief were also adopted for this research. These theories helped in understanding the government communication strategies that had impact and ones that did not. The researcher was able to understand enlightenment/awareness campaigns, awareness on free ARV drugs and regular counselling seems to be working communication strategies. The framing theory which involves how something is presented to the audience (the frame) influences the choices people make about how to process that information. Framing defines how news media coverage shapes mass opinion. Framing effects concerns how behavioural or attitudinal strategies/outcomes that are due to how information is being framed in public discourse. Frame building involves journalists' norms, political actors and cultural contexts. This theory is relevant to this work because health messages from the media might be framed before dissemination and cultural norms may play some role in the way parents understand those messages and also how they are subsequently relied to their adolescent wards. While the health belief model was also relevant as it portrays the likely conditions which health communication messages could be efficient.

5.3.2 Methodological Implications

The findings of the study have further justify the efficacy of Focus Group Discussion (FGD) and In-depth interviews as tools for data collection. Both methods played significant role in the success of this study. FGD allows the researcher to have a group discussion that gathered respondents with similar background and experience to talk about impact of health communication in curtailing the spread of HIV/AIDS on adolescents in Katsina State. Two FGD sessions were conducted in each three senatorial districts of Katsina State. This approach helped in discussing on the topic in a peaceful and free manner moderated by the researcher while In-depth Interview provided the researcher an avenue to gather significant information from respondents by inviting them for interviews. The complimentary nature of both methods yielded positive responses.

5.3.3 Practical Implications

The study was able to identify the most effective and efficient Programme/schemes created by government based on the responses gathered from the participants in the study. Despite the fact that most of the them (respondents) applauded government created programmes, the majority however emphasized the need for policy makers to create numerous guidance and counselling sites

for victims, promote the use of condoms and other contraceptive devices, sex education campaigns and provision of more free anti-retroviral drugs for victims.

Furthermore, the findings of the study revealed the need for policy makers to create more enlightenment and awareness campaigns on the need to partner's status. Even though majority of the respondents acknowledged the impact of communication strategies on awareness campaign, the respondents however reiterated the previously mentioned strategies as the best communication strategies.

Additionally, media practitioners are encouraged to promote awareness on adolescents particularly through radio programmes. This media campaign is guaranteed to reach the nook and cronies of the study area, as majority of the study area posited awareness on adolescent are widely reached through radio.

There is also need to introduce sex education by policy makers on adolescents, organizing awareness campaigns and reducing stigmatization of patients. Non-Governmental organizations should create more awareness campaigns particularly on adolescents in remote and hard-to-reach villages.

5.4 Limitations of the Study and Suggestion for Future Research

The major limitation of the study is that it covers only adolescents in Katsina State, Nigeria. All other groups are not considered for the research. The findings is therefore restricted to Katsina state and cannot be generalized or applicable to other states in the country. Future research work can focus on other groups of the society as well as other states in Nigeria.

5.5 Conclusion

The role of communication in all aspects of our lives cannot be overemphasized. It is in this interest the study investigated the impact of health communication strategies in curtailing the spread of HIV/AIDS on adolescents in Katsina State, It was revealed the government engaged in several programmes for creating awareness on the prevention of the disease such as promoting sex education, encouraging the use of condoms and contraceptives, and provision free anti-retroviral drugs of victims. This awareness is largely created through radio & television Programmes, open stage drama, organizing awareness campaigns, and discouraging patients' stigmatization. Despite the successes recorded, there is need for the government to provide more free anti-retroviral drugs,

engage more media practitioners for awareness creation, create programmes that inculcate HIV/AIDS prevention techniques on adolescents in Katsina State.

Qualitative analysis conclusion

Quantitative data analysis was conducted for all the questions. For the purpose of analysis, the variables like gender, age, educational qualifications, marital status and local government area was considered. The data was analyzed using cross tabulation with the independent variables stated above and equations as the dependent variables.

Tour question on what are the different it means of contracting HIV, three different methods were identified such as unsafe sexual contact, True Blood products and transmission from mother to baby. The data analyzed clearly indicated that irrespective of the educational qualification, age gender and marital status majority of the respondents stated that unsafe sexual contact is a primary reason for contracting HIV disease. Small percentage of them identify that HIV can be transmitted through blood related products like use of syringe blood transfusion etc. A very small of the respondents identified that HIV can be transmitted from mother to baby. Chi-square analysis also revealed that the independent variables do not influence the understanding of the respondents with regard to 2 different methods through which HIV can be contracted.

The respondents were also asked about their ability to identify major symptoms of HIV disease. Irrespective of the independent variable like age, gender, educational qualification and marital status including people belonging to different local government areas majority of them for able to identify almost all the symptoms associated with HIV disease. The symptoms identified were fever and body ache, sore throat, swollen lymph glands, coughing and diarrhea. Square test revealed that independent variables largely do not affect the People's understanding of the major symptoms associated with HIV. In other words it can be stated that independent variables have no role to play in the understanding of HIV symptoms.

HIV a dreaded disease has been a curse to mankind. Basically HIV is spread because of immoral or unacceptable sexual behaviour among public in general and adolescence in particular. A question was asked to the respondents to identify the sexual behaviour among young adults which is responsible for spreading of HIV. Respondent belonging to different age groups, gender, marital status, educational qualifications or living in different local administered areas were able to identify three major reasons for contracting HIV true wrong sexual behaviour. Identified sexual behaviour are unsafe sexual contact and use of blood related products. Chi square analysis has

shown that it age and gender does influence the understanding of wrong sexual behaviour among adults. However the educational qualification marital status does not influence understanding of sexual behaviour among adult.

The national governments make every effort to find out possible solution in preventing and finding a remedy for or HIV. Among many strategies identified one of the most important is the role of family in preventing HIV. The general assumption is that families can discuss about the dangers of HIV among adolescence and advise them on preventing from contracting the disease. In response to a question on the role of family as an intermediary in in preventing HIV irrespective of the independent variable majority of them agreed that family does have a role to play in advising young adults about the dangers of the disease. A very small percentage of the respondents said family has little or no role to play. Chi square analysis has revealed that age, gender, educational qualifications and marital status to influence the sponsors given by the respondents. In other words the opinion expressed by the respondents is dependent on their age gender education qualification and marital status.

One of the biggest challenges for the society and the government is management of HIV. A number of strategies were developed from time to time to manage the spread of HIV. As identified that declaring of their partner status like issuing of marriage certificate, use of condoms, conducting awareness campaign, regular counselling and distribution of HIV drugs to the victims. Respondent belonging to different age groups, gender, educational qualification and marital status largely A grade with which all the strategies that can be used for controlling and preventing HIV.

Besides role of families and other strategies the government also has plan to control the transmission of HIV by bringing in social pressure, use of condom, moral injunction, providing more knowledge on HIV and cautioning younger generation of indulging in in a unsafe sex. To this question the respondents belonging to different age group, gender, educational qualification and marital status said that the strategies of building social pressure promoting use of condom moral injunction are very critical in preventing the spread of HIV. However a small percentage of respondents also agreed that spreading knowledge about the dangers of HIV and cautioning the younger generation on the dangers of sexual behaviour are also important. Independent variables used in the analysis of Chi square indicates that de do not influence their opinion given by respondents. In other words the opinions expressed by the respondents are not influenced by the variables in question.

The Nigerian government has designed and developed a number of Programmes for effectively preventing HIV disease among young adults. To this question, most of the respondents irrespective of the age gender marital status and educational qualifications set the government Programmes are very effective in informing and educating the masses and supporting prevention of HIV. The chi-square analysis has revealed that independent variables by and large do not influence the opinion expressed by the respondents.

A number of communication strategies are used by both the national and local government in Nigeria to inform the masses about the dangers of HIV. The question was asked to the respondent to give their opinion on whether the different sources used by the government are effective in reaching the target audience. To this almost all the respondents irrespective of age gender educational qualification and marital status told that the sources used by the government are very effective in reaching out to the audience.

Resources used by the local government and the national government radio Programmes television stage drama information campaigns sex education and pronouncing the stigma attached to HIV victims. To this question majority of the respondents in Nigeria set stage drama information campaigns and sex education are effective strategies in HIV and saving the lives of victims. However, the majority of the respondents did not attach importance to the role played by the media in creating awareness about HIV. It can be observed that majority of the respondents also attached importance to the strategy of renouncing the stigma attached to HIV victims.

A question was designed to elicit information and opinion from the public on the possible strategies that can be used as a measure to control and prevent HIV. To this question the public opined legal action, providing marriage certificate, implementing dress code, promoting use of condoms, sex education, regular counselling and distribution of HIV drugs can be used as critical measures in preventing the spread of HIV. Besides, these strategies can be used to inform the masses about how to prevent HIV. Irrespective of the age group, gender, marital status and educational qualification almost all the respondents agreed to the strategies that can be used for preventing and controlling of HIV. Chi square analysis has revealed that age gender educational qualification and the marital status do influence your opinion given by the respondents.

5.6 Recommendations

1. Government should employ the use of jingles and stage drama in less educationally developed and remote areas.
2. Government should also engage the use of social media platforms such as Twitter, Instagram, Facebook in creating awareness for HIV/AIDS. This become imperative as many adolescents interviewed requested free access to information where privacy is guaranteed without parental interventions.
3. Government should consider development of books and other written documents to aid sex education. Government, traditional and religious leaders form a synergy in ensuring strict adherence to blood testing before marriage policy.
4. Government should provide adequate finance support for its HIV/AIDS awareness campaign.
5. Religious Programmes on TV/radio preaching against all forms of sexual immorality go a long way in supporting the fight against HIV/AIDS. Government should encourage and support such Programmes to create more awareness on the prevention of the deadly disease.
6. Awareness campaign on radio Programmes especially at peak hours or at the middle of some popular Programmes should be supported and encouraged.
7. Communities should be encouraged to reduce the stigmatization of patients. They should be made to understand more hatred towards patients upends government fight against the disease and discourage patients from attending guidance/counselling session and keep away from taking ARV drugs.

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APPENDIX A

PROPOSED INTERVIEW SCHEDULE FOR Ph.D. RESEARCH TOPIC.

THE ROLE OF COMMUNICATION STRATEGIES REGARDING HIV/AIDS PREVENTION ON ADOLESCENTS IN KATSINA STATE

BY

SAGIR LAWAN ISYAKU

REGD NO. 11800481

DISCIPLINE

JOURNALISM AND MASS COMMUNICATION

SUPERVISOR

DR. AKASH DEEP MUNI

Organizing tool for data collection as one of the basis for conducting reliable research, as such the present study "**The Role of Communication Strategies Regarding HIV/AIDS Prevention on Adolescents in Katsina State, Nigeria".** Aimed to be achieved using schedule group Interview and in-depth interview. This is to solicit your esteem cooperation to validate schedule interview questions in order to determine wording arrangements and sequence of questions.

Objectives of the study

This study is aimed at investigating the impact of health communication in curtailing the spread of HIV/AIDS on adolescents in the state. The followings are the objectives of the study:

6. To study the schemes/Programmes on prevention of HIV/AIDS on adolescents in Katsina State
7. To examine the various communication strategies adopted by Katsina State Government regarding HIV/AIDS
8. To find out the awareness level of HIV/AIDS prevention on adolescents in Katsina State
9. To analyze the socio-cultural factors that influence communication in prevention of HIV/AIDS on adolescents in Katsina State
10. To evaluate the challenges faced by government to implement the awareness Programme

Research Questions

6. What are the Programmes/schemes created by Katsina State Government in curtailing the spread of HIV/AIDS in Katsina State?
7. To what extent does commination strategies created by Katsina State brings responsiveness regarding prevention of HIV/AIDS on adolescents in Katsina State?
8. What is the level of awareness in preventing HIV/AIDS on adolescents in Katsina State?
9. How does the socio-cultural factors reduce the spread of HIV/AIDS in Katsina State?
10. What are the challenges being faced by Katsina State Government in implementing awareness Programmes on HIV/AIDS?

Focus group discussion interview schedule for the selected local government areas to be used for the research in Katsina State, Nigeria; comprises of

Katsina Senatorial Zone

- Katsina municipal
- Batagarawa local government
- Chiranchi local government

Daura Senatorial Zone

- Daura local government
- Maiaduwa local government
- Zango local government

Funtua Senatorial Zone

- Funtua local government
- Bakori local government
- Malunfashi local government

1. Opening

A. My name is Sagir Lawan Isyaku, a research scholar from Lovely Professional University (LPU) India with Reg. No. 11800481 from Jigawa state, Nigeria and Hausa by tribe. It will be a good idea to interview you in your language so as to get the best information about my research from you.

B. I will like to ask you some questions regarding to the causes, effects, perception, impact of family discussion, level of awareness as well as government intervention on HIV/AIDS prevention on adolescents in Katsina State and Nigeria as a whole.

C.I hope to use this information to help your state and federal government to make more effort in enhancing and creating awareness through different channels so as to reach the adolescents being the high risk group victims and be prevented from the menace of these killer disease.

D. The interaction will not take more than 15 minutes if you will not mind sir, hope you have ample time to respond to these few questions at this time?

11. Body

A. Causes of HIV/AIDS

i. What are major/ minor ways of contracting HIV/AIDS?

ii. How can you clearly identify the symptoms of HIV/AIDS?

B. Effects and Preventive measures of HIV/AIDS

i. What are the sexual risk behaviour of an adolescents contracted with HIH/AIDS?

ii. What are the impacts of family discussion in prevention of HIV/AIDS on adolescents?

C. Negative implications

i.HIV/AIDS kills thousands of people in Katsina State including adolescents and children and many more are falling victims every day, how can the situation be rescued?

ii.What do you think will reduce the transmission rate of HIV/AIDS and reduce frequent death of victims in Katsina State?

D. Government effort.

i.Does the Nigerian government effort in organizing schemes /Programmes good enough to stop the menace of HIV/AIDS in Katsina State?

ii.Does the government source of information reach the target audience on HIV/AIDS prevention on adolescents in Katsina State?

iii.What other strategies Katsina State adopted in securing the lives of HIV/AIDS victims in the state?

iv. In your own opinion the Nigerian government awareness Programmes on HIV/AIDS prevention on adolescent enough to stop the menace of this epidemic disease?

v. In your own opinion how can these issue of HIV/AIDS massive killing be addressed or arrested and how?

111. Closing.

A. You are from _____. Are you a victim or you know the victim of _____. Your call to Nigerian government and Katsina State is _____

B. I appreciate the time you took for this interview. Is there anything a part from what I asked you that you think will be helpful for me to know in conducting this research?

C. I should have all the information I need. Hope you will not mind to contact you if I have more questions to ask.

D. Once again thank you.

In-depth Interview for stake holders from Katsina State Agency for Control of AIDS (KASACA), Katsina state Television authority (KSTA), Katsina State Radio Cooperation (KSRC) and Katsina State Companion FM (KSC FM).

1. **Opening**

A. My name is Sagir Lawan Isyaku, a PhD student of Lovely Professional University(LPU) India with Reg No. 11800481 want interview you in English language being the official language and you are an elite and a civil servant so that I can get the information iam seeking from you.

B. I would like to ask you some questions about HIV/AIDS prevention awareness on adolescents in Katsina State, which includes: the strategies, Programmes, schemes and the challenges being executed and the effort put in place by the Nigerian government and Katsina State.

C. I hope to use this information to help your State and Nigerian government in shading more light on the danger and the menace of these killer diseases that is not curable, for it to improve and put more effort in its strategies, diversify more channels of information and create more awareness campaign to prevent not only our adolescents but adults and children from being victims of HIV/AIDS in Katsina State and Nigeria in general.

D. The interaction will not take more than 15 minutes, Sir, are you free and available to respond to these questions at this time?

Let me begin by asking you some questions about the causes/effects, strategies/schemes, Programmes, challenges and the impact of government intervention and the family /society discussion in creating awareness on HIV/AIDS prevention on adolescents in Katsina State.

11. Body

A. Causes/effects of HIV/AIDS

i. What are the causes of these diseases and what are the effective measures to take in preventing the contraction of these diseases?

ii. What are the precautions to put in place when the adolescent fall a victim of the killer diseases?

B. Schemes/Programmes and campaign

i. Does the schemes and strategies on HIV/AIDS prevention on adolescents is making impact and being achieved in Katsina State?

ii. Does the Programmes and campaigns awareness on HIV/AIDS prevention on adolescents reach the target audience?

iii. What do you think are the challenges and problems the government is facing in trying to create awareness in the State?

C. Socio-Cultural influence

i. How does Culture as a total way of life help in preventing the spread of this menace of HIV/AIDS on adolescents?

ii. What is the role of the social aspect influence in attacking HIV/AIDS prevention on adolescents?

D. Past effort by government

i. In few words, how can you rate the effort of the government in regards to tackling the issue of HIV/AIDS prevention on adolescents in Katsina State?

ii. What do you think is the future of Nigerian adolescents if this issue of HIV/AIDS is not being given optimum attention?

iii. In your opinion, is Nigerian government and Katsina State playing the vital role in tackling the prevalence death rate of HIV/AIDS?

iv. In your own opinion, which other ways can government follow to change the sexual behaviour of the adolescents so as to be free of being victim of this evil circumstance?

v. Do you have anticipation that government will provide drugs for the cure of HIV/AIDS in the future or the victims will rely on anti-retroviral regimens (ARVs) drugs to sustain them for the rest of their lives?

111. Closing

A. You are from ----------. You know any victim of----------. Your call to Nigerian and Katsina State government is ----------

B. I really appreciate the time you took for this interview, is there anything else you think would be helpful for me to know that can be beneficial for the success of this research?

C. I should have all the information I need. Would it be alright to call you at any moment if i have any mare questions to ask?

D. Once again thank you.

Comment

Name and Signature (with date)

APPENDIX B

LIST OF PUBLICATIONS

Sno.	Title of paper with author names	Name of journal / conference	Published date	ISSN No/ Vol No, issue no	Indexing in Scopus/ Web of Science/UGC-CARE list
1.	Impact of Health Communication on Prevention of Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome in Katsina State, Nigeria by Afaq Ahmad and Sagir Lawan Isyaku	Communicator, Journal of Indian Institute of Mass Communication	January-June, 2020	Vol. LV, Issue 1 and 2, 19-34	UGC-CARE
2.	Health Communication and Its Impact on HIV/AIDS Prevention in Katsina State, Nigeria – Sagir Lawan Isyaku	National E-Conference in Education and Development: Post Covid-19	20th September, 2020	-	School of Education Lovely Professional University.
3.	The Impact of Community Radio, ABU 101FM Zaria, Kaduna State, Nigeria in Creating Awareness for Tackling	6th International Virtual Conference on "Managing Business in a COVID-19 Era:	23rd March, 2021	-	Skyline University College, Sharjah, UAE

	the Epidemics in Samaru Community	Opportunities and Challenges			
4.	The Modelling Effect of Technological Turbulence on the Relationship between Social Media Marketing and Performance of Small and Medium Enterprises in Nigeria: A Research Framework	International Conference on Rethinking Business, Designing Strategies in the Age of Disruption	19th December, 2020	-	Mittal School of Business, LPU, India