

STATUS OF HIV/AIDS IN NIGERIA: COMMUNICATION ISSUES, TRENDS AND CHALLENGES

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Abstract

*Decades after HIV/AIDS appeared on global public health arena, it has remained a major public health issue that has social, political and cultural implications. Considering that there is no vaccine and cure for HIV/AIDS, globally countries (including Nigeria) have continued to deploy the tools of communication in providing its citizenry with key information about the disease and how and where to access available treatment opportunities. This paper examined the current status of HIV/AIDS in Nigeria, communication issues, trends and the challenges. Although Nigerian government and relevant stakeholders have deployed mass media tools in the fight against HIV/AIDS, the prevalence in the country appears not to be abating. The paper identified some barriers to communication efforts that need to be addressed in order to contain the disease. The paper also argues that communication effort should not only be stepped up and the tempo maintained, but it should also target the most vulnerable groups in the society (the youths, men who have sex with men, those who inject drugs). Furthermore, the paper identified the potentials inherent in the social media that could be tapped into in reaching the youth population. The success of any communication efforts depends on the extent to which those who plan the communication campaigns identify and address the needs of the target population, with a view to effecting a behavioural change and achieving the desired health outcomes. It is important to note that **education and communication remain the only viable weapons in the fight against HIV/AIDS pandemic.***

Key words: HIV/AIDS, Nigeria, Communication, Mass Media, Health Campaign

Introduction

Three decades after the human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) were first reported among gay people in the United States of America, there is hardly any country of the world, including Nigeria, that has not been impacted by the disease. Globally, HIV/AIDS has remained a major public health issue that has social, political and cultural implications. Sadly, developing countries more than their developed counterparts tend to be more adversely impacted. For instance, Nigeria has the second largest HIV epidemic in the world and has one of the highest rates of new infections in sub-Saharan Africa (AVERT, 2020).

Presently, there is no effective vaccine for HIV and no known cure for AIDS (Obono & Onyechi, 2015). Hence, globally, efforts have been on adopting the right strategy to deal with the burden of the disease. Randolph and Viswanath cited in Jung, Arya and Viswanath (2013) opined that routine exposure to, and strategic use of mass media play a significant role in promoting awareness, increasing knowledge and changing health behaviours. The role of communication (especially through the mass media) as a veritable tool in the fight against the scourge, therefore, cannot be overemphasized.

In Nigeria, a lot of efforts have been galvanized towards fighting the scourge. The Nigeria government and other key stakeholders have been involved in series of media campaigns to raise awareness, increase knowledge and encourage health behaviours that would address HIV/AIDS pandemic. This paper, therefore, revisits the status of HIV/AIDS in Nigeria, with respect to communication issues, trends and challenges.

Global Picture of HIV/AIDS Pandemic

The emergence of HIV/AIDS on the global scene has posed a great challenge to the health, progress, development and existence of the world population. Leraand cited in Onyechi (2014, p.84) described the pandemic as possibly “the greatest worldwide medical and health care challenge of immense magnitude”. Frank, Carter, Jahagirdar and Sisay (2019) have warned that with a growing population of people living with HIV, it will continue to be a major threat to public health for years to come. The World Health Organization (WHO, 2020) estimate showed that 75.7million people have become infected with HIV, while 32.7million people have died from AIDS-related illnesses.

The world had pledged within the Sustainable Development Goals to end the AIDS epidemic by 2030 (Pérez et al., 2016). This requires stopping new HIV infections and ensuring that everyone with HIV has access to HIV treatment (HIV.gov, 2020). With increasing access to effective HIV prevention, diagnosis, treatment and care, including for opportunistic infections, HIV infection has become a manageable chronic health condition, enabling people living with HIV to lead long and healthy lives (The Joint United Nations Programme on HIV/AIDS [UNAIDS], 2020)). Some countries have adopted and determined political leadership on AIDS, strong community engagement, rights-based and multisectoral approaches, to guide concerted action in containment of the pandemic (UNAIDS, 2020).

But variations in the level of commitment towards achieving these objectives have been observed in different countries. “Despite progress in reducing HIV-related mortality over the past decade, slow decreases in incidence, combined with the current context of stagnated funding for related interventions, mean that many countries are not on track to reach the 2020 and 2030 global targets for reduction in incidence and mortality” (Frank et al., 2019). The implication is that success stories recorded in some countries are neutralized by failures in other countries.

Beyond contending with the burden of HIV/AIDS, the emergence of COVID-19 on the world health map has proved to be another health daunting task to deal with globally. There appears to be a growing concern of the impact of COVID-19 on the HIV/AIDS efforts. According to UNAIDS (2020) prediction, response could be set back further, by 10 years or more, if the COVID-19 pandemic results in severe disruptions to HIV services.

Tracking The Trends of HIV/AIDS Pandemic in Nigeria

Nigeria recorded its first case of HIV/AIDS in Lagos when a young female sex worker aged 13 years was diagnosed (Nasidi & Harry cited in Awofala & Ogundele, 2018). Although HIV/AIDS prevalence continues to fluctuate, from 1.8% in 1991, 3.8% in 1993, 4.5% in 1996, 5.4% in 1999 and 5.8% in 2001 (NACA reports cited in Aliyu, Varkey, Salihu, Iliyasu & Abubakar, 2010), current estimate showed prevalence of 1.4% (Badru, et al., 2020). Despite the reduction, of all people living with HIV globally, 9% of them live in Nigeria, second to South Africa (Dahlui et al., 2015).

There are variations in the HIV/AIDS prevalence across states in Nigeria (FMOH report cited in Bashorun et al., 2014; Nigeria Country Operational Plan, 2020). The highest prevalence in Nigeria is in the South-South (5.5%), while the lowest (1.8%) is in the North West (NACA cited in Saleh & Adamu, 2015; AVERT,2020). These variations are critical in adopting strategies in prioritizing response to the pandemic. UNAIDS cited in Mahy et al. (2014) noted that sub-national (states) perspective is of particular importance in Nigeria, given the country's high HIV prevalence, large population and hence large numbers of people living with HIV (second largest in the world), among other factors. According to the authors, there is, therefore, an immediate need to prioritize the country's HIV response to maximize the impact, given the limited resources allocated to HIV in the country and in the face of dwindling external resources for the HIV response.

Socio-demographic factors are also HIV key drivers across various states in the country. Awofala and Ogundele (2018) identified the marked differences in the prevalence rates among the states to a number of factors including but not limited to cultural differences, varying levels of education, religion and differing socio-economic structures. For instance, HIV prevalence was higher among the wealthier (3.7%) than the poorer (2.9%); higher among females (3.5%) than males (3.3%) and slightly higher in the rural areas (3.6%) compared with the urban (3.2%) (NACA cited in Saleh & Adamu, 2015).

While HIV/AIDS prevalence cuts across the entire population in the country, **men who have sex with men (MSM), sex workers, people who inject drugs (PWID), young people, women, children and orphans** are most vulnerable to the disease (AVERT, 2020). However, sex workers, men who have sex with men, and people who inject drugs make up only 3.4% of the Nigerian population, yet account for around 32% of new HIV infections in the country because of their lifestyle (AVERT, 2020).

In its drive to contain the pandemic, the Federal Government had created National Expert Advisory Committee on AIDS (NEACA) in 1987, National AIDS and STI Control Program (NASCP) in 1988, Presidential Committee on AIDS (PCA) and the National Action Committee on AIDS (NACA) both established in 2001(NACA, 2014). NACA was later transformed into the National Agency for the Control of AIDS (NACA) to further strengthen its coordinating role and ensure that a multi-sectoral response to the epidemic is established and sustained (NACA, 2014).

Overview of Mass Media HIV/AIDS Campaigns in Nigeria

Globally, the tools of communication, especially the mass media, have continued to play a significant role in the fight against the scourge. The ignorant disposition among media editors in Nigeria at the onset of the

disease appear to be over; it is not uncommon for HIV/AIDS stories to make the front page or be the lead on radio and television news (Population Council, 2012). Many media organisations are rising to the challenge by promoting awareness of HIV/AIDS and educating listeners and viewers about the facts of the epidemic and how to stop it (Oyesomi, 2010). Such improvement in media reportage may have prompted some scholars' (Keating, Meekers & Adewuyi, 2006; Obono, 2011) assertions that the mass media have been at the forefront in the fight against pandemic.

Mass media campaigns have employed single or multiple media outlets as stand-alone strategies or as a part of multi-component programmes. Although campaign efforts in the past basically involved the use of television, radio and the print media, Elegbe (2017) observed that the new (digital) media such as Internet websites are increasingly being incorporated into recent interventions. Mass media campaigns come in different programme genres such as news, documentaries, public service announcements, advertisements, editorials, feature articles, dramas, soap operas, text messages, music, celebrity endorsements, etc. For instance, the U.S. Agency for International Development (USAID) initiated the VISION Project, a three-year project designed to maximize the use of family planning services, HIV/AIDS services, and child survival services in Nigeria (Vision Project cited in Keating et al., 2006). The project used different media programmes to achieve its aim.

Another mass media HIV/AIDS campaign project (titled “I Need to Know”) was sponsored by United Nations Population Fund (UNFPA) and initially restricted to television series in 1999. It was aimed at bridging the communication gap between parent and child while encouraging open dialogue on adolescent sexual health issues (United Nations Population Fund, 2002).

Other drama series like “Wetin Dey” also ran on television stations in the country but targeted the general population and not just adolescents and youths. It was produced by BBC Media Action (formerly known as the BBC World Service Trust) to transmit messages on HIV/AIDS, sexuality, and reproductive health. Furthermore, BBC Media Action also implemented two radio shows that focused on educating young people aged 15-24 on HIV and AIDS, Flava (broadcast in Pidgin English) and Ya Take Ne (the Hausa-language sister) (Population Council, 2012).

Another radio serial programme captioned “Future Dreams”, which was broadcast in nine languages on 42 radio channels in the country, was introduced to encourage consistent condom use and condom negotiation in single men and women aged 18 to 34 (WHO, 2010 cited in Paradies et al., 2017). A popular radio programme tagged “FLAVOUR” was introduced and it focused on HIV/AIDS prevention, anti-stigmatisation and safe-sex habits in the society. Similarly, radio campaigns by the Society for Family Health (SFH) aimed at creating and increasing awareness on the dangers of HIV as well as promoting positive behaviour towards people living with HIV was introduced (Paradies et al., 2017). Interestingly, the emergence of media-based NGOs, such as Journalists against AIDS and Development Communications Network, have added impetus to media-based initiatives against HIV/AIDS.

In 2005, a social marketing campaign was launched in Nigeria to raise more public awareness of HIV/AIDS in a bid to increase prevention. The BBC News Report cited in Odigbo, Ugwu and Ekemezie (2017) observed that the campaign sent text messages with information about HIV/AIDS to 9 million mobile telephone users.

Telecommunications giants such as Etisalat (now 9Mobile) in early 2015 sent SMS messages to its subscribers about prevention of mother-to-child transmission (PMTCT) of HIV and where to access HIV services (Avert, 2020). Other media campaigns include the billboard publicity that featured Femi Kuti. The campaign slogan “AIDS no dey show for face (AIDS cannot be detected on a person's face) was its central message (Reuters cited in Paradies et al., 2017).

The multi-sectoral approach adopted in addressing HIV/AIDS pandemic appear not to be yielding the desired result since AVERT (2020) report showed that Nigeria has the second largest HIV epidemic in the world and one of the highest rates of new infection in sub-Saharan Africa. The implication, therefore, is that there may be other challenges militating against the efforts at containment of HIV/AIDS. These challenges will be discussed subsequently.

Communicating HIV/AIDS Among the Youths: Leveraging on Potentials of Social Media

The youths since the beginning of the pandemic have been at the centre of discussion considering that they are largely infected. The report by NACA (2016-2020) revealed HIV prevalence among adolescents aged 15–19 was 2.9% and 3.2% among young people aged 20–24. Since there is no vaccine and cure for HIV/AIDS, there is, therefore, an urgent need to promote HIV/AIDS prevention strategies among Nigerian youths using the media that appeal to them. For instance, Taggart, Grewe, Conserve, Gliwa and Isler (2015) expressed the opinion that as the globalization of HIV and its presence in more geographically distant and underserved communities increases, social media provide an opportunity to extend the reach of HIV

prevention and treatment efforts.

The social media platforms are deemed appropriate because youths more than any other cohort dominate social media platform. Research findings showed that 99% of youths aged 16 to 25 years have social media accounts (Mbanaso, Dandaura, Ezeh & Iwuchukwu, 2015). Onyechi and Obono (2018) believe that social media have the potential for effective HIV/AIDS campaigns among young people who are the most vulnerable to HIV/AIDS infections in Nigeria and Sub-Saharan Africa.

Social media provide the opportunity to generate, share, and receive information through bi and multidirectional exchanges, which may transcend geographic borders and provide an opportunity for anonymity (Kaplan & Haenlein cited by Taggart et al., 2015). Dealing with stigmatization and discrimination has always remained an issue since the beginning of the pandemic. Although stigma and cultural context may prevent people living with HIV/AIDS and at-risk populations from accessing in-person HIV prevention and treatment initiatives (Mahajan et al. cited in Taggart et al., 2015), social media can offer a neutral platform for engagement (Blackstock et al. cited in Taggart et al., 2015). Social media platforms have the potential of offering people infected and affected, including youths, some level of privacy that would engender open and frank conversation on HIV/AIDS related issues. This is very important in dealing with the problem of stigmatization and discrimination that have been fuelling the spread of the disease.

Indeed, social media platforms enable users to enter into meaningful interaction irrespective of distance in communication encounters. Communities are formed on these platforms and can afford those affected and infected with HIV/AIDS a good avenue to interact with one another, sharing experiences, drawing needed support and encouraging one another (Onyechi & Obono, 2018).

It is evident that social media have a lot of potentials that could be harnessed in communicating HIV/AIDS information targeted at youths. Social media platforms, therefore, could be leveraged upon in the preventive strategies towards the containment of HIV/AIDS among the youth cohort in the country.

Challenges of HIV/AIDS Campaign Programmes in Nigeria

Globally, countries put programmes in place in their drive to tackle the menace of HIV/AIDS. Despite the many programmes organized to inform people about the problem of HIV/AIDS, the rate of infection continues to be on the increase (Omoniyi & Tayo-Olajubu cited in Irene & Aikhole, 2016). Some scholars have called attention to some issues that have continued to pose serious challenges in HIV/AIDS communication in Nigeria and by implication militating against the efforts to curb the spread of the virus. These challenges include social, cultural and religious inhibitions (Odigbo et al., 2017); denial, stigma, discrimination, poor healthcare and cultural behaviours (Oyesomi, 2010). These challenges have been grouped under cultural/religious, stigmatization/discrimination and political/legal barriers.

Cultural/Religious Barrier

Culture is the way of a people and it defines the totality of such people. Cultural and religious barrier is intertwined and pose a great barrier to efforts at communicating HIV/AIDS to the populace. In Nigerian context, issues around sex and sexuality are not discussed freely, especially with young people. Odigbo et al. (2017) asserted that sex is traditionally a very private subject in most Nigerian cultures and discussion of sex with teenagers is often seen as inappropriate.

Nigeria is a deeply religious country and this tendency has in a way impacted more negatively in the fight against the spread of the virus. Okunna and Duru cited in Oluduro (2010) argue that religion has blindly and steadfastly continued to refuse to fully accept the reality of preventing the spread of the virus through openness, advocacy and awareness. Restrictions on HIV communication efforts arising largely from religious intolerance which include marketing products that include condoms have been reported from time to time. For example, in 2001, a radio advertisement was suspended by the Advertising Practitioners Council of Nigeria (APCON), for promoting messages suggesting that engaging in premarital sex is acceptable provided a condom is used (Paradies et al., 2017).

There are cultural practices that encourage bloodletting without necessarily taking the requisite precautionary measures against contracting HIV. Such practices according to Irene and Aikhole (2016) include female circumcision, rituals that establish blood brotherhood and other rituals involving ritual scarification, female genital tattooing/mutilation, injection of local herbs/medicine using local sharp objects, group circumcision, etc.

Stigmatization and Discrimination Barrier

Stigmatization and discrimination of PLWHA have been a recurring issue in the fight against the HIV/AIDS pandemic. Stigmatization and discrimination of PLWHA represent one of the hallmarks of the global

HIV/AIDs pandemic (Famoroti, Fernandes & Chima, 2013) that need to be tackled in order to create an effective and sustained response for HIV prevention, care, treatment and impact mitigation (Morrison cited in Orija & Oyekale, 2012). These acts are different sides to the same coin with overarching consequences in wading war against the pandemic. They may contribute towards continuous spread of the disease within the community, adversely impact on healthcare services in general and derail the curtailment of the global HIV-AIDS pandemic (Chesney and Smith cited on Famoroti et al., 2013); could lead to denial of rights to health, education, and employment (USAID cited in Famoroti et al., 2013); impact negatively on health outcomes, including non-optimal medication adherence, lower visit adherence, higher depression, and overall lower quality of life (Blake et al. cited in Turan et al., 2017).

Political and Legal Barriers

Political and legal frameworks of any country are part of key issues that could impact positively or negatively on the war against the HIV/AIDS pandemic. Although government is at the fore front of the war against the pandemic, some laws and policies in the country appear to hamper the HIV preventive efforts. For instance, the same sex marriage (prohibition) act which was signed into law in January, 2014 by the former President of Nigeria, President Jonathan criminalizes same-sex relations and can be punished with 14 years imprisonment. This not only limits access to HIV prevention programming for this community, but also encourages nationwide stigma and discrimination against people based on their sexual orientation (Schwartz et al., cite in Odimegwu et al., 2017; UNAIDS cited in AVERT, 2019). Although President Jonathan in 2015 signed a new antidiscrimination bill into law which secures the rights of people living with HIV, protecting HIV-positive employees from unfair dismissal and from mandatory HIV testing (NACA cited by AVERT, 2019), these laws appear to be contracting one another.

Conclusion

HIV/AIDS is not just a public health issue; it has socio-economic and cultural connotations. Considering that there is no vaccine for HIV and no cure for AIDS, globally countries have continued to deploy the tools of communication in providing its citizenry with key information about the disease and how and where to access available treatment opportunities. This realization may have informed **Mann's assertion cited in Gautam (2015) that education and communication are the only weapons in the fight against HIV/AIDS.** Although the Nigerian government and relevant stakeholders have deployed mass media tools in the fight against the disease, the HIV/AIDS prevalence appears not to be abating. There is, therefore, the need to step up and maintain the tempo of media campaigns in an effort to contain the pandemic. The potentials of social media should also be harnessed in reaching out to the youth population since they bear the greatest brunt of the pandemic.

It is cogent that campaign efforts should target the most vulnerable groups in the society (the youths, men who have sex with men, those who inject drugs) since evidence has shown that there is high rate of transmission among these members of the population. The success of any communication efforts depends on the extent to which those who plan the communication campaigns identify and address the needs of the target population, with a view to effecting a behavioural change. It is pertinent that attention be focused on those identified challenges that have continued to pose great challenges in communicating key information on HIV.

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