

Women's Preference for Folk/Modern Media in Disseminating HIV/AIDS Information in a Selected Rural Community in Oyo State, Nigeria

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Abstract

This study investigated women's preference for folk/modern media in disseminating HIV/AIDS information in a rural community in Nigeria. Survey research design was employed in carrying out the study. A rural community was purposively selected in Oyo State, Nigeria. Snowball sampling technique was employed in selecting seven female key informants while convenience sampling was used to select 30 female respondents between ages 13 – 49 years. Four focus group discussions and seven key informant interviews were conducted. Findings from the study showed that most of the rural women preferred folk media in receiving HIV/AIDS information while few preferred the modern media. All the rural women reported one behaviour change or the other which included: abstinence, the use of condom during sexual intercourse, and not sharing sharp objects such as blade, syringe and needle. Government policy promoting the use of folk media for disseminating information on HIV/AIDS is recommended to support effort by non-governmental agencies.

Keywords: HIV/AIDS, Women, Modern media, Folk media, Rural community

Background to the Study

Human Immunodeficiency Virus (HIV) is a virus that targets the immune system and weakens it, making it susceptible to infections and diseases. As the virus destroys and impairs the function of immune cells, infected individuals gradually become immunodeficient. Immunodeficiency results in increased susceptibility to a wide range of infections and diseases that people with healthy immune systems can fight off. The most advanced stage of HIV infection is Acquired Immunodeficiency Syndrome (AIDS) (WHO, 2014). The term HIV/AIDS represents the entire range of diseases caused by the human immunodeficiency virus from early infection to late stage symptoms (Mgcini, 2008).

HIV/AIDS pandemic continues to pose a serious danger to the population of Sub-Saharan Africa, despite ongoing public health efforts by the government and non-governmental organisations to control the spread of the infection. In 2013, an estimated 35 million people globally were living with HIV/AIDS; 2.1 million people became newly infected with HIV and 1.5 million people died from AIDS-related illnesses (WHO, 2014). Sub-Saharan Africa has the highest rate of infection of HIV/AIDS among adults and children in the world. Approximately 70% of the people living with HIV/AIDS reside in Sub-Saharan Africa. Adolescent girls and young women account for one in four new HIV infections. (UNAIDS Gap Report on the Global AIDS Epidemic, 2014). According to UNICEF (2013), Nigeria has the second highest HIV burden in the world. The prevalence is 3.6 per cent among the general

population. Education is the only vaccine against AIDS in the early years of its control (Obono, 2011). Also, education and information were identified core components of the national AIDS programme, to be achieved through media output (Odotolu et. al. 2006).

According to Nwagwu (2008), information is power and has been recognised worldwide as being effective in changing behaviour and attitude essential in health situations such as HIV/AIDS where there is no known cure. The future trend of the HIV/AIDS pandemic to a large extent depends on the level of HIV/AIDS awareness and the knowledge possessed by the people. The media plays a vital role in HIV/AIDS awareness, educating and improving knowledge about how to combat the spread of the disease (Obono, 2011). Media is divided into two broad groups, namely, the modern or mass media and the traditional or folk media.

Aikat (2009) defined modern media as mass communication characteristic of recent times, or the contemporary communication relating to a recently developed or advanced technology, examples include television, radio, internet, mobile phones, VCDs/DVDs, billboards and handbill. This type of media are in a position to create greater public awareness of HIV and AIDS, which is necessary before individuals critically look at the challenges posed by the epidemic to be able to make informed decisions to help prevent infections, protect themselves, and ensure proper care and treatment. Also, news coverage through the modern media can reinforce information that people receive about the epidemic from other sources.

Folk media communication systems refer to all organised processes of production and exchange of information managed by rural communities. These include traditional theatre or drama, masks and puppet performances, tales, proverbs, riddles and songs (Daudu, 2009). According to Chiovoloni (1994), they are cultural and endogenous responses to different community needs for information, education, social protest and entertainment. The folk media has been known to be a communication vehicle for promoting and improving dialogue which the common people employ to deliver their messages (Zwaal, 2003), and it is always related to the people's past, present and future providing them with a

glimpse of reality that results in education and learning (Daudu, 2009). It is an interactive and participatory traditional communication medium, which ensures that rural people engage in dialogue. Studies have been conducted to show the preference of people for any of the two major media types.

In a study conducted in Fuzhou, China, 3,716 market workers participated in the face-to-face survey; it was found that multiple sources of HIV information where at least one source of mass medium was significantly related to HIV knowledge, less stigmatising attitude towards people living with HIV/AIDS (PLWHA) (Li et al, 2009). The authors reported that the television appeared to be the most cost-effective medium and yields the strongest impact in terms of HIV/AIDS awareness, transmission of knowledge, interpersonal communication and behavioural change, as opposed to campaigns using other channels, such as radio or print media because television broadcasts reached the majority of the population (Li et al, 2009). In an earlier study carried out by Nwagwu (2008) in a rural community in Imo State, Nigeria, on effectiveness of sources of HIV/AIDS awareness, the author considered 14 different sources of HIV/AIDS awareness available to women and adolescent girls dwelling in the community. The study reported that all the 434 women and 734 girls surveyed expressed awareness about HIV/AIDS. The percentage of awareness of AIDS by sources among the respondents however differed, as 35.0% of the women reported that they heard of AIDS from radio; 24.1% from television; 17.8% from friends and relatives, while 55.0%, 44.2% and 23.0% of the girls heard of AIDS from television, radio, friends and relatives respectively. It was concluded that although radio, television and friends and relatives constitute a great source of information about AIDS to the people, each of these sources served the various groups differently, even though they lived in the same community.

In a study carried out in Makurdi Local Government Area of Benue State, Nigeria, farmers showed a positive attitude towards obtaining HIV/AIDS information through the radio. Radio programmes packaged in Pidgin English or local language enhanced farmers' interest, listenership and positive change in behaviour (Oboh and Sani, 2009).

Obono (2011) also confirmed that radio campaigns have been successful in increasing HIV knowledge and changing behaviour. However, in a study among young people in developing countries, Bertrand and Anhang (2006) noted that while mass media interventions are effective in increasing knowledge of HIV transmission, improving self-efficacy in condom use, influencing some social norms, increasing the amount of interpersonal communication, increasing condom use and boosting awareness of health providers, the effect is not significant in improving self-efficacy in terms of abstinence, delaying the age of first sexual experience or decreasing the number of sexual partners. Folk media have however been recognised as an important tool and a new innovation to disseminate messages on HIV/AIDS mainly in rural and media dark areas (Panford et al, 2001). Singhal et. al. (2007), in an action-based folk media campaign and research project on HIV/AIDS in rural Bihar India, found that rural audiences in Bihar greatly appreciated the use of folk media interventions to promote messages about HIV/AIDS prevention, care and support. Those who attended the display easily recalled the names of characters in the folk drama, as well as the key educational messages conveyed through the folk media performances. Importantly, audience and community members widely shared and discussed what they learned from the folk performances with peers, family, and community members.

According to Wenje et al (2011), there could be a mismatch between the media used to disseminate HIV/AIDS information on one hand and the target audience on the other. In their study among the Luo of Western Kenya, it was reported that despite massive print, radio and television campaigns on HIV/AIDS, behavioural change was not really observed among the respondents. Behavioural change can only occur if the audience is able to process the information offered within its cultural context. Respondents who received the same information through the folk media responded to the call overwhelmingly. The power of folk media in changing behaviours in rural Africa results largely from the media's originality and the audience's belief and trust in the sources of the messages, which often come from people real to their audiences (Panford et. al. 2001). Also, folk media address local interests

and concerns in the language and idioms that the audience is familiar with and understands, they are appropriate communication channels for populations in rural areas.

Hence, on its own merit, education may not bring about intended behavioural change if teaching methods are not made appealing and relevant to receivers (Obono, 2011). Moreover, Obono (2011) noted that "little is thus known or documented about context and culture-specific media strategies utilised for easy availability, affordability, accessibility and comprehension of HIV messages in a pluralistic country like Nigeria." (Obono, 2011, p. 148). This study thus seeks to investigate the preference of women for the use of folk and modern media in disseminating HIV/AIDS information in a selected rural area of Oyo State, Nigeria.

The study would provide answers to the following research questions:

1. What is the level of awareness about HIV/AIDS in the selected community?
2. What are the types of media used for HIV/AIDS awareness in the selected community?
3. What behavioural changes have rural women implemented after obtaining the HIV/AIDS information?
4. Do rural women prefer folk/modern media to disseminate HIV/AIDS information in the selected rural community?
5. What are the problems encountered in using folk/modern media for HIV/AIDS awareness in the selected rural community.

Research Methodology

Survey research design method was employed in carrying out the study. Qualitative research method was used due to the need for an in-depth understanding of the reasons that govern the rural women's preferences. The location of this study is Akufo village in Ido Local Government Area (LGA) of Oyo State, Nigeria. Akufo is a small village with population less than 1,500 people. The basic occupation of the people is farming. They grow varieties of cash crops such as cassava, kola nut, palm oil, timber, and food crops such as maize and

rice. The village is headed by a village head called Baale of Akufo (Interview with women leader, 18th February, 2015). The study population consisted of mainly females in their reproductive age. Reproductive age group refers to the active reproductive years in women, starting with menarche around 12-14 years and ending with menopause around 45-49 years (Health System Fact Sheet, 2003).

The multi - stage sampling technique was used for the study. The first stage involved purposive selection of one senatorial district from the three senatorial districts in Oyo State. Oyo South senatorial district was selected. At the second stage, one local government was purposively selected from Oyo South senatorial district. Ido Local Government was selected and Akufo village was selected in the third stage of the sampling. These selections were based on recommendation by a non-governmental organization, Dorcas Foundation, which trains volunteers on dissemination of HIV/AIDS information. Snowball technique was applied in selecting the women leaders that participated in the study, as each leader referred the researcher to another leader. Convenience sampling was however used in selecting 30 female respondents. In all, 7 women leaders and 30 other female respondents participated in the study.

Data Collection and Analysis

Focus group discussions (FGD) and interviews were used in data collection. Qualitative data was collected through the FGD from 30 women from

age group 13-49 years. Four FGD sessions were held with the women divided into the following age groups: 13-19 years, 20-29 years, 30-39 years, and 40-49 years. Each group was made up of 7 members. Seven in-depth interviews were held with the women leaders. Both the interview schedule and FGD guide contained questions on demographic variables of the respondents, respondents' knowledge of HIV/AIDS and media used to access HIV/AIDS information, preference for the use of modern/folk media to obtain HIV/AIDS information, as well as challenges faced in accessing information on HIV/AIDS using the preferred media. The instrument was translated into Yoruba language. Data collected from the focus group discussions and interviews were transcribed and analysed thematically. The data were transcribed into texts, and the transcribed texts were searched to identify recurrent themes conveying similar meanings. Such recurrent themes were illustrated with some quotations from the original text in order to communicate their meanings better.

Results

Demographic Characteristics of Respondents

Table 1 shows the demographic characteristics of the respondents. Across the age groups, most of the respondents were Muslims except in age group 40-49 years. The frequency distribution also showed that all the respondents in age group 13-19 years were single, whereas all respondents between 40-49 years were married. None of the respondents were divorced or widowed. As might be expected, the highest level of education for respondents between 13-19 years was secondary education and all these respondents were students.

Table 1: Demographic Characteristics of the Respondents N=30

Characteristics	Age Group (Years)			
	13-19	20-29	30-39	40-49
Religion				
Christianity	28.6	14.3	28.6	55.6
Islam	71.4	85.7	71.4	44.4
Marital status				
Single	100.0	14.3	14.3	–
Married	–	85.7	85.7	100.0
Educational level				
No formal education	–	14.3	57.1	11.1
Primary	–	28.6	28.6	22.2
Secondary	100.0	57.1	14.3	66.7
Occupation				
Farming	–	–	28.6	22.2
Hairdressing	–	14.3	14.3	11.2
Student	100.0	–	–	–
Tailoring	–	–	–	33.3
Trading	–	85.7	57.1	33.3

Level of Awareness about HIV/AIDS in the Selected Communities

Generally, all the respondents had some knowledge of HIV/AIDS. Majority expressed their knowledge about the virus as shown from the following responses:

“It is an organism in the blood” (FGD participant, 13-19 and 20-29 years).

“It is a microscopic organism that cannot be seen with the naked eyes” (FGD participant, 20-29 years).

Respondents also expressed their views about how the virus can be transmitted. It was observed that most of the respondents reported sexual intercourse as a means of transmission. Only one respondent mentioned mother-to-child transmission, whereas no respondent mentioned that it can be transmitted through blood transfusion.

“It can be transmitted through sexual intercourse between a man and a woman if one of them is infected with HIV/

AIDS, through the use of toothbrush that belongs to HIV/AIDS patient, if syringe used for HIV/AIDS patient is used for someone that does not have it, from an infected pregnant woman to the unborn baby, by sharing blade and salon kit with an infected person.” (FGD participant, 20-29 years).

However, few respondents had a wrong view of how HIV/AIDS can be transmitted. Such wrong views expressed included eating with infected person, not covering food properly, dirty clothings, preparing food close to the toilet, breathing on each other, and urinating where an infected person have urinated.

“By eating with an infected person, by failing to wash your clothes and eating rotten food, if food is prepared very close to the toilet and wind blows germs on it” (FGD participant, 30-39 years).

“If a person isn't clean enough to keep food from different houseflies one could

easily have a blood disease which can lead to HIV/AIDS” (FGD participant, 20-29 years).

“If you urinate where the person that has it has just urinated, you can contact the disease” (FGD participant, 40-49 years).

To some extent, all the respondents were able to explain how HIV/AIDS can be prevented. They reported that the infection can be prevented through abstinence, use of condom, and using new syringes.

“We should ensure that the syringe used to inject us is new, we should also avoid using blade that belongs to someone else and we should use condom during sexual intercourse” (FGD participant, 13-19 years).

“Ah! Your question is a bit difficult, but I will try, for someone to be able to prevent HIV/AIDS, it starts with constant checkup of blood in the hospital, whether he or she is infected or not. One should also be careful of taking a bad step, especially married women who go around messing themselves up” (FGD participant, 20-29 years).

“You should not allow the nurses to inject you with a used syringe. Pregnant women should also buy hand gloves for use in the hospital, we should have enough at home so that we can make use of them anytime. Women who always cut their hair with blade should always buy a new blade. Going to hospital for blood check-up isn't ruled out as well, because if one's blood is infected we would know how to take good care of the body and if not infected we will be extremely careful so as to avoid being infected” (FGD participant, 30-39 years).

Generally, women in Akufo village had a high level of awareness about HIV/AIDS. This finding contradicts previous studies by Alike (2013) and Ornsaye and Oviasogie (2014) which reported low

level of awareness of HIV/AIDS among rural dwellers in Edo State, Nigeria. In each study, only 40% of the respondents were aware of HIV/AIDS. However, in a study carried out among rural farmers in Benue State, Nigeria, Oboh and Tsue (2010) reported that over 90 percent of respondents were aware of HIV/AIDS. A similar finding was reported by Etukumana, Thacher and Sagay (2011) among rural pregnant women in northern Nigeria. The high awareness level observed among women in Akufo village might not be unconnected with the activity of a non-governmental organization (NGO) in the community. This NGO organises different programmes aimed at providing useful information on HIV/AIDS to the dwellers to complement the efforts by the government. The observed wrong perception by few of the respondents on the causes of HIV/AIDS was also observed by Oboh and Tsue (2010). The authors reported that despite the high level of awareness about HIV/AIDS, a reasonable proportion of the respondents ignorantly attributed its cause to poison (35.6%), witchcraft (32.5%), mosquito bite (27.5%), and eating/bathing/sleeping with infected individuals (20%).

Types of Media Used in Receiving Information on HIV/AIDS

Majority of the respondents got to know about HIV/AIDS through the radio, television, health centres, community meeting and folk drama. All these sources can be classified as modern folk media. Their responses include:

“We heard it from the radio and they acted it in our school” (FGD participant, 13-19 years).

“We came across HIV/AIDS information through advertisement and we also heard it from the television and radio stations. Also, we heard it from people's discussion and from the Health Centre” (FGD participant, 20-29 years).

“We also heard it from the community and they acted a play on it. There are also groups or parties that are established for the sake of HIV/AIDS. There was a

time when the wife of the State Governor explained to us that women are mostly affected by this virus. She then told us to come for check-up so as to know our HIV status and if positive, there is a drug that can be administered at that level" (Key informant, 30-39 years).

"We hear a lot about it in the radio, television, we read it in the newspaper, and they also came to our association to give us lectures on it" (FGD participant, 30-39 years).

"We hear it all over the news on radio and television. They came to lecture us on it, they brought it to our place, at customary court, in form of drama" (FGD participant, 40-49 years).

"The wife of the Governor organised an enlightenment programme on it. I heard it in the local government council, health centre and the chairperson of National Union of Local Government Employees also enlightened us on it" (Key informant, 30-39 years).

Respondents however, reported that they did not receive information on HIV/AIDS regularly.

"They come once in a while. They ought to be coming every day, so that we can know how to prevent HIV/AIDS very well" (FGD participant, 13-19 years).

"They don't usually pass information on HIV/AIDS regularly" (FGD participant, 20-29 years).

"It has been a while I heard anything on HIV/AIDS" (FGD participant, 30-39 years).

Access to information on HIV/AIDS through both modern and folk media as revealed in Akufo community agrees with previous studies such as Nwagwu (2008) and Wenje et al (2011). Nwagwu (2008) reported that women in a rural community in Imo State, Nigeria have heard of HIV/AIDS from

radio (35.0%), television (24.1%) and friends and relatives (17.8%) while for the girls it was 55.0%, 44.2% and 23.0% from television, radio and friends and relatives respectively. Wenje et al (2011) also reported the use of folk media in disseminating HIV/AIDS information among the Luo of Western Kenya.

Behavioural Changes Implemented after Obtaining HIV/AIDS Information

Generally, all the respondents reported implementing some behavioural changes after obtaining information on HIV/AIDS. The women stopped sharing objects such as toothbrush, blade and needle, and made use of condom whenever they wanted to have sexual intercourse. The respondents also reportedly preferred getting new syringes for use and ensuring that the nurses remove the package in their presence. The women leaders also reported serving as change agents in their community, advising girls and women about protected sex.

"Well, we have stopped sharing one another's toothbrush, blade, needle syringe and we now make use of condom whenever we want to have sexual intercourse" (FGD participant, 13-19 years).

"We prefer to get our own syringe and tell them to remove the nylon in front of us. The second thing is that, we make sure we cover our food to show neatness" (FGD participant, 20-29 years).

"It brought a lot of changes in us, when we heard that we should not use blade that belongs to someone else, it makes us to get a new blade". (FGD participant, 30-39 years).

"It changed us in the sense that we make use of condom during sex. Also, we do not use a blade that has already been used by someone else to cut our nails, instead we get a new blade and we are careful in using things like blade, cloths, plates, spoons and cups. One should be clean in everything. Also, if we go to the salon,

we should take along our own wooden stick used for hairdo” (Key informant, 40-49 years).

“I now advise women and my sisters not to go around with men” (Key informant, 30-39 years).

Behavioural change communication moves people from awareness to action driven behaviours (Obono, 2011). Such behavioural change reported in Akufo village is similar to findings by Adeokun et al (2005) in a study among 1,373 women of reproductive age in Ibadan, Nigeria. Majority of the respondents reported sexual behavioural changes, which included restriction of sex partners, use of condoms, sexual abstinence and avoidance of casual sex. Many respondents also took some steps to reduce risk of infection by avoiding transfusion with unscreened blood and testing for HIV status after they were exposed to the HIV/AIDS prevention campaigns.

Preference of Women for Folk/Modern Media to Disseminate HIV/AIDS Information

Findings from this study revealed that majority of the respondents preferred the folk media. Reasons given for their preference included: they could see the communicators face to face; the communicators spent time with them and they understood the message passed across to them; and they could ask questions and have answers. However, in the modern media, they complained that they cannot ask questions and the programme runs for a limited time as each programme on radio has specific time allotted to it.

“We prefer the one that they acted in form of play for us in school because we were able to watch and see how HIV/AIDS is transmitted from one person to another.” (FGD participant, 13-19 years).

“The main reason I prefer the one they did in school is that, they explained it well enough in the play. That of the radio has a time limit as each programme on radio

has allotted time for it, but the one they did for us in school, they fixed a time for us and spent time with us and we understood it very well” (FGD participant, 13-19 years).

“I prefer that of the community. The reason is that one can see the speaker face to face but one can only see the speaker through the television. Also, the community programme is more explanatory and not difficult to understand. In addition, the radio programme is usually for 30 minutes but that of the community they will be here sometimes for 2 hours explaining to us” (FGD participant, 20-29 years).

“It is because we were allowed to ask questions after the play, for clarification on anything we did not understand” (FGD participant, 20-29 years).

“I prefer that of the community because there is a relationship between the actor and the audience. The audience will be many and can also see the actor face to face” (Key informant, 30-39 years).

“I like the folk drama because I always remember it. The acting is very real as if it happened to the actors in real life” (Key informant 30-39 years).

“We prefer the traditional media. Because we can see ourselves, we can ask questions. The main reason why we prefer it is that we both have the opportunity to see ourselves, we can ask any question, we will have a good conversation together, but that of the radio, we do not have the opportunity to do this” (FGD participant, 40-49 years).

Some respondents noted that they were usually given condoms, and infected persons are treated but with the modern media there was no opportunity to receive anything.

“They distributed condoms and this has ensured good health in Ido LGA. They also took care of those that have the disease by giving them drugs. I like this community programme” (Key informant, 30-39 years).

However, few respondents preferred the modern media, especially the radio and television. Reasons given included the fact that more people could be reached through this means and the programmes are handled by mature nurses.

“I love the modern media, television, the reason is that we can hear them talk about the virus and many people can be reached through the television. I also like the radio, they announce to everyone the cause of HIV/AIDS infection” (FGD participant, 20-29 years).

“I prefer the modern media, especially the radio. You know it is impossible for someone who doesn't know about it to get on the radio and start talking about it. Also, those that talk on the radio are mature nurses with experience who give full information” (FGD participant, 20-29 years).

It is not a surprise that most of the women in the community preferred the folk media. According to Panelist (2000), cited in Daudu (2009), drama as a traditional means of information allows different possible endings and encourages audience participation. A similar observation was made by Singhal et. al. (2007), an action-based folk media campaign and research project on HIV/AIDS in rural Bihar, India. The study noted that rural audiences in Bihar greatly appreciated the use of folk media interventions to promote messages about HIV/AIDS prevention, care and support. Moreover, according to Johri et al. (2012), the characteristics of being flexible, interactive, reiterative and the ability to arouse empathy make folk media special and effective.

Problems Encountered in Using Modern/Folk Media for HIV/AIDS Awareness

Some respondents noted that they did not face any challenge in using their preferred media while others expressed some challenges. Some believed that the time used for the modern media campaign is rather inadequate and if there is no light they will not be able to listen to the programme or watch the television.

“The challenge faced is that the time used for the programme on the television and radio station is not enough to give us adequate information on HIV/AIDS, but that of the community, they can use 1 or 2 hours with detailed explanation. Also, if there is no light we will not be able to listen or watch the program” (FGD participant, 20-29 years).

Some respondents reported that although the information increased their knowledge when they brought it to their school, the younger students were exposed to information they were not matured for. Furthermore, they acknowledged that the awareness is good but they should try and separate the adults from the secondary school students during drama presentations in the community. The women believed that the students see the use of the condom as an avenue to indulge in sexual activities. Moreover, when the used condoms are disposed, little children picked them up and use them as balloons, these children can contact the deadly disease out of ignorance.

“It educates us but the younger students are exposed to information they are not matured for. Only mature people should be opportuned to listen or watch the play” (FGD participant, 13-19 years).

“The publicity is alright, but we would prefer that the government should try and separate the adult from the secondary school students when teaching us. The reason is that, these students see it as an opportunity to indulge in sex especially the secondary school students. They should

teach them what they need to know at their level” (FGD participant, 30-39 years).

“The major challenge we face is about these students who mess themselves up, and they carelessly throw away the used condoms. These are the condoms children play with using them as balloons. I have collected condoms from children, these children can contact this deadly virus whenever they blow the condom out of ignorance. Maybe, there should be a programme to teach those that make use of condoms how to dispose it” (FGD participant, 30-39 years)

“As for those that use condoms, they should help us announce that they should dispose their condoms in the toilet and not everywhere” (FGD participant, 30-39 years).

Conclusion and Recommendation

This study has shown that the rural women in the selected community have high level of awareness about HIV/AIDS, and information is generally received through the radio, television, health centres, community meeting and folk drama. Behavioural changes such as not sharing objects (toothbrush, blade, needle, etc.) and use of condoms for sexual intercourse were reported by the women. Findings from this study have shown that the role of folk media in disseminating HIV/AIDS information cannot be overlooked, especially among the rural population in Nigeria. Most of the rural women in the selected community preferred the folk media as the means for receiving HIV/AIDS information. Folk media were largely preferred because of its interactive nature.

Findings from this study are therefore crucial to various individuals, groups of individuals, donor agencies, non-governmental organisations (NGOs) and government at the three tiers of governance in Nigeria that are trying to reduce the pandemic of HIV/AIDS. Government should especially introduce policies at the national, state and local levels of governance that will ensure that folk media are

integrated into rural communities as a way of disseminating information, especially those on HIV/AIDS.

A major limitation of this study is that it was carried out in a rural community in Oyo State, Nigeria. Information professionals can consider focusing on carrying out similar studies in different parts of the country. These studies would provide a holistic picture of the preferred medium for dissemination of information on HIV/AIDS, especially in the rural communities.

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