

SOCIAL MARKETING CAMPAIGN AS A TOOL FOR REDUCING FINANCIAL COST OF HIV/AIDS PANDEMIC IN NIGERIA

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ABSTRACT: *In this study the impact of social marketing campaign as a tool for reducing the financial costs of HIV/AIDS on people in Nigeria is explored. This was motivated by the excruciating financial, social ostracization and psychological burdens of stigmatization (costs), people living with HIV (PLIs) and their families are saddled with in the country. The study objectives were to: ascertain the effect of social marketing campaign messages of abstinence for reducing the financial costs of HIV/AIDS on people in Nigeria; determine the impact of social marketing campaign tools of counselling for reducing the social ostracization of people living with HIV (PLIs) by their families in Nigeria; and assess the effect of social marketing campaign tools of Africa traditional media (oramedia) for reducing the stigmatization of people living with HIV (PLIs) in Nigeria. The area of study was three big cities in Nigeria: Calabar, PortHarcourt and Enugu, reputed as having very high students and youths' population, considered as endemic group. A sample size of 300 was purposively determined and proportionately allocated to the 3 cluster cities. The instrument for data collection was structured questionnaire in Likert's 4-points scale, which was also used in analysing the data. Results obtained indicate that: Social marketing campaign messages of abstinence was significantly effective for reducing the financial costs of HIV/AIDS on people in Nigeria; social marketing campaign tool of counselling was significantly effective for reducing the social ostracization of people living with HIV (PLIs) by their families in Nigeria; social marketing campaign tools of Africa traditional media (oramedia) were significantly effective for reducing the stigmatization of people living with HIV (PLIs) in Nigeria. Based on these results, governmental agencies, health marketers and behaviour-change agents in the country were advised to emphasize the use of these tools in other to reduce the costs of the HIV/AIDS burdens on the PLIs.*

KEYWORDS: HIV/AIDS, Financial Costs, Social Marketing, Abstinence, Stigmatization.

INTRODUCTION

Background to the study

Going by a 2014 statistics, reported cases of HIV prevalence in Nigeria was 3.6%, which is about 6million people in a country of over 180million people according to the country's National Bureau of Statistics (NBS, 2014; CIA.gov, 2009). That is to say, the country is among the list of 20 countries with worst cases of problem in the world and the 3rd largest in terms of population figures. In a study by Macro International, it was discovered that in spite of the campaigns in Nigeria, only about 10% - 16% of Nigerian girls between ages 15 – 24 use condom, while 46%-55% of their male counterparts do (Macro Internationally, 2009). That puts the female population in the country at a greater risk of contracting the infection.

Meanwhile the greatest challenge facing people living with HIV/AIDS (PLWHA) in Nigeria continues to be problem of stigmatisation. This was pointed out by Dahlui, Azahar, Bulgiba, Zaki, Oche, & Adekunjo (2015), that one of the most significant challenges for the success in controlling HIV/AIDS infection in Nigeria is stigma and discrimination. Existences of prejudice and discrimination against people with specific diseases have been well established. Stigma and discrimination tend to isolate PLWHA from the community and give negative impact on their quality of life. Even though the prognosis of PLWHA could be improved with anti-retroviral treatment, they still have to face condemnation and isolation from colleagues, family and community because people around them are conscious about their HIV status. This causes a number of social, psychological and health problems to the HIV/AIDS patients, such as loneliness, isolation, low self-esteem, identity crises and lack of interest towards prevention of HIV/AIDS. It also compel the patients to either lack motivation or lose interest in practicing preventive measures (Dahlui, Azahar, Bulgiba, Zaki, Oche, & Adekunjo, 2015).

Worse still, in most situations, in order to prevent social rejection, PLWHA will not disclose their HIV status to avoid being isolated from participating in socio-cultural events (Okoror, Airhihenbuwa, Zungu, Makofani, Brown & Iwelunmor, 2007). Hence, the stigma will worsen the prevalence of HIV/AIDS by inhibiting the delivery of effective social and medical support, since majority of the PLWHAs are not able to interact with their families and communities which is supposed to make them feel complete, secured and be a part of the society (Mbonu, van der Borne & De Vries, 2009). Studies also reveal that some of the PLWHAs in most African communities experience a number of undesirable conditions in their life such as: hostility, denial of gainful employment, forced resignation or forced early retirement, delivery of poor quality treatment and segregation in hospital wards (UNAIDS, 2000; Ehiri, Anyanwu, Donath, Kanu & Jolly, 2005). All these, necessitated this study on a critical appraisal of social marketing campaign as a tool for reducing financial cost of HIV/AIDS stigmatisation on the PLWHAs in Nigeria.

Statement of the Problem

In spite of measures by the government, health marketer and communicators and other behaviour-change agents in Nigeria, stigmatisation against HIV patients is still widespread in the population. Ebenezar (2014) reports that in Nigeria, HIV/AIDS is considered a disease for people whose lifestyles are considered “perverted” and “sinful,” hence, discrimination stigmatization, and denial are the expected outcomes of such values, affecting life in families, communities, workplaces, schools, and health care settings. People living with HIV are often seen as self-blaming and convinced that they deserve it because the transmission of the virus is linked to stigmatized behavior, which allows people to understand HIV/AIDS in terms of the concept of blame. Fear of stigma impedes prevention efforts, including discussions of safer sex and preventing mother-to-child transmission. It also hinders people from adopting preventive behaviors (POLICY Project, 2003).

Apart from these, it has been reported that even health care workers also discriminate against the PLWHAs. According to Ebenezar (2014), service providers in healthcare institutions who are expected to provide social and psychological support to persons living with HIV/AIDS in order to help them cope with stress and to reduce the stigma directed against them, have

Rather been extensively discriminated against by healthcare providers in some communities. Such shabby treatments might include: HIV testing without consent, breaches of confidentiality, labeling, gossip, verbal harassment, differential treatment and even denial of

treatment (Nyblade & Macquarrie 2006; Banteyerga, Kidanu & Abebe, 2005). This hinders them from going for HIV test and accessing healthcare services for either prevention or cure. Thus, fear of stigma impedes prevention efforts, including discussions of safer sex (Sayles, Wong, Kinsler, Martins & Cunningham, 2009; Gari, Habte & Markos, 2010; Ayene 2010 ; Calin, Green, Hetherston & Brook, 2007).

In traditional African societies, debates are rife on whether social marketing messages of abstinence and social marketing tools of counselling and Africa traditional media (oramedia) could be used for effectively reducing the stigmatization of people living with HIV/AIDS (PLWHA) in Nigeria, hence, the motivation for this study.

Study Objectives

The study objectives were to:

- i. Ascertain the effect of social marketing campaign messages of abstinence for reducing the financial costs of HIV/AIDS on people in Nigeria;
- ii. Determine the impact of social marketing campaign tools of counselling for reducing the social ostracizing of people living with HIV (PLWHA) by their families in Nigeria; and,
- iii. Assess the effect of social marketing campaign tools of Africa traditional media (oramedia) for reducing the stigmatization of people living with HIV (PLWHA) in Nigeria.

Research Questions

The following research questions guided the study:

- i. Do social marketing campaign messages of abstinence have significant effect for reducing the financial costs of HIV/AIDS on people in Nigeria?
- ii. Will the social marketing campaign tools of counselling impact significantly for reducing the social ostracizing of people living with HIV (PLWHA) by their families in Nigeria?
- iii. Do social marketing campaign tools of Africa traditional media (oramedia) have significant effect for reducing the stigmatization of people living with HIV (PLWHA) in Nigeria?

Research Hypotheses

The following null-hypotheses were tested in the study:

- i. Social marketing campaign messages of abstinence have no significant effect for reducing the financial costs of HIV/AIDS on people in Nigeria.
- ii. Social marketing campaign tools of counselling do not impact significantly for reducing the social ostracizing of people living with HIV (PLWHA) by their families in Nigeria.

- iii. Social marketing campaign tools of Africa traditional media (oramedia) have no significant effect for reducing the stigmatization of people living with HIV (PLWHA) in Nigeria.

REVIEW OF RELATED LITERATURE

Theoretical Framework

A number of theories and models would help our understanding of factors that influence health behaviour changes. A highlight of some of them now follows:

The transtheoretical Model of Behaviour Change.

As a theoretical model of behavior change, the transtheoretical model of behaviour change has been used to develop effective interventions to promote health behavior changes. Propounded by Prochaska and DiClemente in 1983, the transtheoretical model of behaviour change describes how people modify wrong health behaviour or acquire a positive health behaviour. The central notion of the model is the Stages of Change. The model focuses on the decision making of the individual and the emotions, cognitions, and behaviour. It involves a reliance on self-report (Velicer, DiClemente, Prochaska & Brandenburg, 1985). They also document that the model has previously been applied to a wide variety of health behaviors. These include smoking cessation, exercise, low fat diet, random testing, alcohol abuse, weight control, condom use for HIV protection, organizational change, use of sunscreens to prevent skin cancer, drug abuse, medical compliance, mamography screening, and stress management.

The model also holds that individuals weigh the pros and cons of accepting any health offering or changing their previous health habits (self-efficacy and temptation: the role of negative affect or emotional distress, positive social situations and craving). According to Prochaska (1992), this behaviour-change model offers an explanation of the stages through which an individual will progress during a change in health behaviour. This model is particularly associated with notions of 'relapse' behaviour, and has been used widely in HIV/AIDS studies and campaigns. It divides behaviour change into the following stages:

- pre-contemplation – lack of awareness of risk, or no intention to change risk behaviour
- contemplation – beginning to consider behaviour change without commitment to do anything immediately
- preparation – a definite intention to take preventive action in the near future
- action – modification of behaviour, environment or cognitive experience to overcome the problem
- maintenance – the stabilisation of the new behaviour and avoidance of relapse.

This model was used as the basis for the US AIDS Community Demonstration Projects, which targeted five at-risk populations in five US cities. Messages were developed from the experiences of community members to model behaviour-change steps, and messages were developed to target people considered to be at each of these five stages (AIDSmap.com, 2012). It imply that although behavioural-skills training is generally a necessary part of an effective HIV-prevention programme, the provision of information, although it does not

effect change in itself, can prompt people to *think* about changing and can help them maintain safer behaviour when they have made changes.

On the other hand, the theory of reasoned action and the theory of planned behaviour hold strongly that adopting a health protection behaviour is usually contingent on: the perceived desirability of the behavior (i.e., positive attitudes and expectancies about the behavior) and the normative pressure to engage in the behavior (i.e., social norms). The theory of planned behavior also adds that perceptions that the behavior is easy also help the individual to adopt it (i.e., perceived behavioral control). Supporting this viewpoint, social-cognitive theory (Bandura, 1989) assumes that people will engage in protective behaviour when they perceive that they are capable of doing so, because self-efficacy is central to implementing behaviour. Bandura (1989) posits that people are more likely to perform a behaviour once they acquire relevant knowledge and behavioural skills for it.

Fishbein, Martin and Ajzen (1995), observed that all of these theories imply that a number of different intervention strategies must be used to change negative health behaviour to the positive side. Each strategy requires different marketing communications techniques.)

HIV/AIDS

Wikipedia (2011), tells us that Human immunodeficiency virus (HIV) is a lentivirus (slowly-replicating retrovirus) that causes acquired immunodeficiency syndrome (AIDS). It is a condition in humans in which progressive failure of the immune system allows life-threatening opportunistic infections and cancers to thrive. Infection with HIV occurs by the transfer of blood, semen, vaginal fluid, pre-ejaculate, or breast milk. Within these bodily fluids, HIV is present as both free virus particles and virus within infected immune cells (Sepkowitz, 2001).

On the other hand, acquired immunodeficiency syndrome (AIDS) is a disease of the human immune system caused by infection with human immunodeficiency virus (HIV). During the initial infection, a person may experience a brief period of influenza-like illness. This is typically followed by a prolonged period without symptoms. As the illness progresses, it interferes more and more with the immune system, making the person much more likely to get infections, including opportunistic infections and tumors that do not usually affect people who have working immune systems (Wikipedia, 2011; Brookins, 2012).

HIV is transmitted primarily via unprotected sexual intercourse (including anal and even oral sex), contaminated blood transfusions, hypodermic needles, and from mother to child during pregnancy, delivery, or breastfeeding. Some bodily fluids, such as saliva and tears, do not transmit HIV. Prevention of HIV infection, primarily through safe sex and needle-exchange programs, is a key strategy to control the spread of the disease (Wikipedia, 2011; Sepkowitz, 2001).

There is no cure or vaccine; however, antiretroviral treatment can slow the course of the disease and may lead to a near-normal life expectancy. While antiretroviral treatment reduces the risk of death and complications from the disease, these medications are expensive and may be associated with side effects (Sepkowitz, 2001).

AIDS was first discovered by the US Centers for Disease Control and Prevention (CDC) in 1981 and its cause—HIV infection—was identified in the early part of the decade. Since its discovery, AIDS has caused nearly 30 million deaths (as of 2009). As of 2010, approximately

34 million people have contracted HIV globally. AIDS is considered a pandemic—a disease outbreak which is present over a large area and is actively spreading (Wikipedia, 2011; Sepkowitz, 2001). Mindful of its dangers, therefore, a lot of public education and enlightenment campaign are going on in Nigeria to forewarn the masses on the dangers of HIV/AIDS.

HIV/AIDS Prevalence Rate in Nigeria

According to the 2008 National HIV Sero-prevalence, Nigeria has an HIV prevalence rate of 4.6%. All the 36 states and FCT have HIV prevalence above 1% with 17 states having HIV prevalence greater than 5%. This translates to about 2.95 people (1.2million men and 1.73 million women) living with the virus in the country. The number of new infections is put at 323,000 adults and 57,000 children. Infection rates among young people aged 15-19 put at 3.3%; 20-24 at 4.6% and 25-29 at 5.6% are considered very high (UNFPA, 2009). Wikipedia (2011) corroborated this record that in Nigeria, the HIV prevalence rate among adults ages 15–49 is 3.9 percent. Nigeria has the third-largest number of people living with HIV. The HIV epidemic in Nigeria is complex and varies widely by region. In some states, the epidemic is more concentrated and driven by high-risk behaviours, while other states have more generalized epidemics that are sustained primarily by multiple sexual partnerships in the general population. Youth and young adults in Nigeria are particularly vulnerable to HIV, with young women at higher risk than young men. There are many risk factors that contribute to the spread of HIV, including prostitution, high-risk practices among itinerant workers, high prevalence of sexually transmitted infections (STI), clandestine high-risk heterosexual and homosexual practices, international trafficking of women, and irregular blood screening (Douek and Roederer, 2009).

It is also reported that in Nigeria, the national HIV prevalence rate had steadily increased from 1.8% in 1991 to 5.8% in 2001 with a decline to 5.0% in 2003 and 4.4% in 2005. However, there is wide variation in the prevalence rate across age groups, geographic locations and occupations. 15 states have HIV prevalence rates above the national average of 4.4% with Benue State having the highest prevalence rate of 10%, while Jigawa, Ekiti and Oyo have the least prevalence rates of less than 2.1% (UNAIDS Country Report, 2007). Furthermore, a prevalence rate of 5.2% was reported for the age group 15-24 years, with adolescent girls being three times more vulnerable than boys. Although the national average for HIV prevalence rate is 4.4%, Nigeria ranks third globally in terms of actual number of people living with HIV/AIDS, currently estimated at 3.86 million adults (UNGASS, 2007). Behaviours driving the HIV/AIDS epidemic in the general population are said to include risky sexual behaviour (56.13% of women and men aged 15-49 years reporting having multiple sexual partners), high rate of unsafe sex practices and low condom utilization (35%). This is largely due to high sexual networking and unsafe sex practices (UNFPA, 2009; Catania et al., 1990).

Social Marketing

Social marketing is the application of marketing principles and techniques to advance a social cause, idea or practice (Adirika, Ebue & Nnolim, 1999). It is used to increase the society's acceptability of a social idea, cause or practice. This is achieved through consumer research, segmentation, communication, concepts development, etc. Examples of social marketing include: Public health campaigns to reduce the spread of AIDS, smoking, alcoholism, drug abuse, environmental campaigns to reduce deforestation, environmental pollution, and to

promote conservation of natural resources; immunization, family planning, population control and such other campaigns. Marketing authors report that social marketing was born as a discipline in the 1970s, when Philip Kotler and Gerald Zaltman realized that the same marketing principles that were being used to sell products to consumers could be used to “sell” ideas, attitudes and behaviours (Adirika, Ebue & Nnolim, 1999). Kotler and Andreasen (2005:3) also see social marketing as differing from other areas of marketing only with respect to the objectives of the marketer and his or her organization. This technique has been used extensively in international health programs, and is being used with more frequency in the United States at the national, state and local levels for such diverse topics as HIV/AIDS, drug abuse, smoking, alcoholism, exercise and human trafficking. So, social marketing has proved a very vital tool in health communication campaigns.

African Traditional Communication Media (Oramedia)

Traditional media of communication or oramedia (Ugboaja, 2005), are the indigenous means of communication by African community people amongst themselves. It includes communication channels like talking drums, the folk songs, drama, festivals, town criers, traditional wears, the artefacts, art works, paintings, stories, and among others cultural architecture that reflects in the palaces, shrines, and African cities, towns and villages (Ugboaja, 1985; Osho, 2011). They also defined Africa traditional media or oramedia as the local means of communication by the rural African people which essentially sustain their information needs. Oramedia is also the enduring, sustaining and inevitable culture and tradition of the African people (Osho, 2011). They are transmitted from one generation to the other. People grew up with them and get accustomed to them in their day-to-day interactions. Oramedia embodies both verbal and non-verbal means of communication and this makes it more appealing, affective, enduring, long-lasting in effect and understandable.

METHODOLOGY

Survey research design was employed in this study. Likert 4-points structured questionnaire was the main instrument used in gathering the primary data. The area of study was three cosmopolitan cities in Nigeria: Calabar, PortHarcourt and Enugu, reputed as having very high students and youths’ population, considered among the HIV endemic groups. A sample size of 300 was purposively determined and proportionately allocated to the 3 cluster cities. The data collected were analysed with measure of central tendency. The secondary data were qualitatively analyzed.

Data Presentation and Analysis**Table 8.1: Respondents' Demographic Data**

Options	Frequency	Percentage
Sex:		
Male:	201	67%
Female	99	33%
Age:		
21 – 30 years	66	22%
31-40 years	97	32.33%
41 – 50 years	84	28%
50 years Or Above	53	17.67%
Education:		
O'Levels/Equivalent	51	17%
OND/NCE	86	28.67%
HND/BA/B.Sc	115	38.33%
MBA/M.Sc/PhD	48	16%
TOTAL	300	100%

Source: Field Survey, 2012.

The demographic data of the respondents' in table 8.1 show that 67% of them were male, while 33% were female; 22% were in the age bracket of 21 to 30 years, 32.33% in the age range of 31 to 40 years; 28% in the age range of 41 to 50 years, while 17.67% were 50 years or above. 17% had only O'Levels qualifications, 28.67% had National Diplomas or equivalents, 38.33% had 1st Degrees, while 16% had Masters or Ph.Ds.

THIS PART IS ANALYSED IN MEASURE OF CENTRAL TENDENCY.**Decision Criteria**

If Mean < 2.0, the Respondents Disagree (If Mean is less than 2.0, the respondents disagreed).

If $3.0 < \text{Mean} < 2.0$, the Respondents are Undecided (If Mean is between 2.0 to 3.0, the respondents are undecided).

If Mean > 3.0, the Respondents Agree (If Mean is equal to or greater than 3.0, the respondents agreed).

Table 8.2: Test of Hypothesis 1: Social marketing campaign messages of abstinence have no significant effect for reducing the financial costs of HIV/AIDS on people in Nigeria.

S/N	Questions	SA	A	D	SD	Mean	Decision
1	Social marketing campaign messages of abstinence via the mass reduces the financial costs of HIV/AIDS on people in Nigeria	117 (468)	135 (405)	35 (70)	18 (18)	3.20	Agree
2	Social marketing campaign messages of abstinence via African traditional media are significantly effective as tools for reducing the financial costs of HIV/AIDS on people in Nigeria	93 (372)	166 (498)	25 (59)	16 (16)	3.15	Agree
	Grand Mean = 3.175					3.175	Agree

Source: Field Survey, 2016.

Data displayed on table 8.2 above indicate that the respondents views on applications of social marketing campaign messages of abstinence via the mass as a tool for reducing the financial costs of HIV/AIDS on people in Nigeria had a Mean score of 3.20, indicating agreement to the proposition. Again, respondents views on social marketing campaign messages of abstinence via African traditional media as a tool for reducing the financial costs of HIV/AIDS on people in Nigeria had a Mean score of had a Mean score of 3.15 indicating agreement to the proposition. All these gave a Grand Mean of 3.175 which indicates a rejection of the null-hypothesis and acceptance of the alternative hypothesis which states that: Social marketing campaign messages of abstinence have significant effect for reducing the financial costs of HIV/AIDS on people in Nigeria.

Table 8.3: Test of Hypothesis 2: Social marketing campaign tools of counselling do not impact significantly for reducing the social ostracizing of people living with HIV (PLIs) by their families in Nigeria.

S/N	Questions	SA	A	D	SD	Mean	Decision
1	Social marketing campaign tools of counselling via workshops and seminars impact significantly in reducing the social ostracizing of people living with HIV in Nigeria	125 (500)	131 (393)	26 (52)	18 (18)	3.21	Agree
2	Social marketing campaign tools of counselling via traditional rulers and church leaders impact significantly in reducing the social ostracizing of people living with HIV in Nigeria	116 (464)	137 (411)	21 (42)	26 (26)	3.14	Agree
	Grand Mean = 3.176					3.176	Agree

Source: Field Survey, 2016.

Data displayed on table 8.3 indicate that the respondents views on applications of social marketing campaign tools of counselling via workshops and seminars as tools for reducing the social ostracizing of people living with HIV in Nigeria had a Mean score of 3.21, indicating agreement to the proposition. Again, respondents views on social marketing campaign tools of counselling via traditional rulers and church leaders as tools for reducing the social ostracizing of people living with HIV in Nigeria had a Mean score 3.14 indicating agreement to the proposition. All these gave a Grand Mean of 3.176 which indicates a rejection of the null-hypothesis and acceptance of the alternative hypothesis which states that: Social marketing campaign tools of counselling impact significantly for reducing the social ostracizing of people living with HIV (PLIs) by their families in Nigeria.

Table 8.4: Test of Hypothesis 3: Social marketing campaign tools of Africa traditional media (oramedia) have no significant effect for reducing the stigmatization of people living with HIV (PLIs) in Nigeria

S/N	Questions	SA	A	D	SD	Mean	Decision
1	Social marketing campaign tools of Africa traditional human vehicular media have significant effect for reducing the stigmatization of people living with HIV (PLIs) in Nigeria	126 (504)	122 (366)	27 (54)	25 (25)	3.16	Agree
2	Social marketing campaign tools of Africa traditional non-human vehicular media have significant effect for reducing the stigmatization of people living with HIV (PLIs) in Nigeria	131 (524)	144 (432)	17 (34)	8 (8)	3.33	Agree
	Grand Mean = 3.25					3.25	Agree

Source: Field Survey, 2016.

Data displayed on table 8.4 indicate that the respondents views on social marketing campaign tools of Africa traditional human vehicular media as tools for effectively reducing the stigmatization of people living with HIV (PLWHA) in Nigeria had a Mean score of 3.16, indicating agreement to the proposition. Again, respondents views on social marketing campaign tools of Africa traditional non-human vehicular media as tools for effectively reducing the stigmatization of people living with HIV (PLIs) in Nigeria had a Mean score 3.33 indicating agreement to the proposition. All these cumulatively gave a Grand Mean of 3.25 which indicates a rejection of the null-hypothesis and acceptance of the alternative hypothesis which states that: Social marketing campaign tools of Africa traditional media (oramedia) have significant effect for reducing the stigmatization of people living with HIV (PLWHA) in Nigeria.

Summary of Result

After the primary data analysis, the following results were obtained:

- i. Social marketing campaign messages of abstinence have significant effect for reducing the financial costs of HIV/AIDS on people in Nigeria.
- ii. Social marketing campaign tools of counselling impact significantly for reducing the social ostracizing of people living with HIV (PLIs) by their families in Nigeria.
- iii. Social marketing campaign tools of Africa traditional media (oramedia) have significant effect for reducing the stigmatization of people living with HIV (PLWHA) in Nigeria.

CONCLUSION

The stigmatisation of people living with HIV/AIDS causes huge social, economic and cultural costs to the society. It is a health problem of monumental proportion that constitutes a drain to lean financial resources of many families, especially in Sub-Saharan Africa. This study reveals that social marketing communications' tools could be used as a preventive medicine strategy to effectively address this problem. This could be achieved through well-planned, multi-media social marketing programmes as this study shows.

Recommendations

1. An integrated multi-media approach encompassing the conventional media and traditional communications media should be used in the war against HIV/AIDS stigmatisation in Nigeria.
2. Experts in social marketing should be consulted in the packaging and execution of such vital health-marketing programmes.
3. Relevant stakeholders and opinion leaders like traditional rulers, religious leaders, students' union leaders, town union leaders, market association leaders, heads of schools/institutions and professional association leaders should be carried along in the campaigns.
4. The social marketing campaigns should also inculcate messages aimed at educating the populace to stop any stigmatisation of people living with HIV, in order to reduce the problem of denials amongst the people.

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