

Indigenous Communication, Religion and Education as Determinant of Attitudes Towards STIs/HIV/AIDS Education in Igando Community Lagos State, Nigeria

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Abstract: The study examined indigenous communication, religion and education as determinant of attitudes towards STIs/HIV/AIDS education in Igando Community Lagos State, Nigeria. The sample consisted of 195, randomly drawn samples. Four hypotheses were postulated and tested. The instrument were author constructed questionnaire with 0.713 and 0.71 reliability coefficient, respectively. The data obtained were analysed using Analysis of Variance (ANOVA) and t-test; to determine the difference in variable. The findings of the study revealed that there was no significant different between modern and indigenous approaches, literacy level, religion and marital status of respondents towards STIs/HIV/AIDS. It was recommended that traditional Community leaders, native doctors, social workers and religious leaders, dwelling in rural communities should lead in the local campaign against STIs/HIV/AIDS at the grassroot level.

Key words: Indigenous communication, religion education, STIs/HIV/AIDS

INTRODUCTION

Indigenous communication is local communication that is unique to a given culture of society which existed before the arrival of modern mass media and formally organised bureaucratic system and that this system still exist today despite changes. The role of indigenous media according to Wang and Dissanyoke (1997) is a credible and acceptable source of information among the rural populace and this is not in doubt. The term indigenous is often interchangeably used with term like traditional or local, Akinyeye (1986) concluded. He gave examples as folk media such as puppet show, folk drama, story telling, interpersonal communication, village meetings, community tea houses, open market conversation and so on.

Smith (1997) opined that some religious groups have ignored AIDS prevention as an issue for adequate communication. Unfortunately, others have taken aggressively negative stance, asserting that people stricken with HIV/AIDS deserve the disease. Many of these early reaction have faded as people learned more about the disease and recognized that STIs/HIV is a virus capable of infecting all people. Population Report (2001) confirmed, that some educated adults still think that sex education encourages sexual experimentation. Hence, sex education should not be encouraged in communities. Oyewo (2002) citing Population Report (2001) posited that, having Sexually Transmitted Infections (STIs) makes

HIV-negative person more susceptible to infections, some STIs increase the replication of HIV. In addition, the Lesion and Ulcer caused by STIs increase the chances of contracting HIV.

It must be noted that Igando Community of Lagos State, Nigeria is a highly populated slum of the State with Social Services such as electorate health facilities, schools, in short supply. The houses are overcrowded with high level peer influence.

The study is significant because not many works have been done on the use of indigenous communication as an alternative approach to STIs/HIV/AIDS education. The study will serve as a data base and generate more interest for further researches. This study therefore sought to determine the extent to which indigenous communication, religion and education are determinants of attitudes to STIs/HIV/AIDS education.

Hypotheses tested: The following hypotheses were tested at 0.05 level of significance to achieve the objectives of this study.

- There will be no significant difference between respondents attitudes to the use of indigenous and modern communication approaches to STIs/HIV/AIDS education
- There will be no significant difference between attitudes of the respondents to STIs/HIV/AIDS based on literacy level

- There will be no significant difference between the attitudes of respondents to STIs/HIV/AIDS based on Religion
- There will be no significant difference between married and unmarried respondents attitudes to STIs/HIV/AIDS

MATERIALS AND METHODS

Participants and sampling procedure: The participants of this study were (195) randomly selected members of Igando Community of Lagos State. They were made up of (100) females and (95) male; their ages range from 17 to 40 years with a mean age of 32.5 years.

Instrument: STIs/HIV/AIDS attitude scale (SHAS) designed by the researcher was used for the collection of data in this study. It has a test-retest reliability of 0.713 and a construct validity of 0.71.

The instrument is sub-divided into two Sections, A and B, respectively. Section A is designed to obtain information on demographic variables and other personal features of subjects. Section B consists of questions designed mainly to provide answers to questions raised for the study. Qualitative approach such as Key Informant Interview (KII) were held to compliment the quantitative method which was the use of questionnaire. The instrument was based on a four Likert rating scale of Strongly Agreed = SA (4); Agreed = A (3); Strongly Disagree = SD (2); and Disagree = D (1).

Data analysis: Data collected was analysed using t-test and ANOVA statistical methods of analysis.

RESULTS

Hypotheses 1: There will be no significant difference in the respondents' attitude to the use of indigenous and modern communication approaches to STIs/HIV/AIDS.

From the result presented in Table 1 the inference could be made that there was no significant difference between indigenous and modern approaches ($t = \text{Crit } 1.96$ is greater than $y\text{-cal.}28$, $df = 193$, $p > 0.05$) level of significance. The hypothesis is hereby rejected.

Hypotheses 2: There will be no significant difference in the attitude of respondents to STIs/HIV/AIDS based on literacy.

Table 2 result of (ANOVA) test revealed that there was no significant difference. (Significance of F at 1.138 is greater than ($p > 0.05$) level of significance. The hypothesis is hereby rejected.

Hypotheses 3: There will be no significant difference in the attitude of respondents to STIs/HIV/AIDS based on religion.

Table 3 result of (ANOVA) depicting that there was no significant difference. (Significance of F at 2.448 is greater than $p.05$) at not significance level.

Hypotheses 4: There will be no significant difference in the attitude of married and unmarried respondents to STIs/HIV/AIDS

Table 4 results indicated that there was no significant difference between married and unmarried respondents attitude to STIs/HIV/AIDS based on marital status. ($t\text{-crit } 1.96$ is greater than $t\text{-cal.}31$, $df = 193$, $p > 0.05$) of significance. The hypothesis is hereby rejected.

Table 1: T-test of attitude of respondents to the use of indigenous and modern approaches to STIs/HIV/AIDS

Variable	N	X	SD	T-Crit	T-cal	Df	P	Remark
Indigenous approach	100	58.83	8.15					
Modern approach	95	53.51	7.23	1.96	0.28	193	>0.05	N.S

Table 2: ANOVA of the attitude of respondents to STIs/HIV/AIDS based on literacy

Sources of variances	SS	df	MS	F	Sign of F	P	Remark
Main effect on education	318.883	3	106.294	1.858	0.138		
Main effect of education	318.883	3	106.294	1.858	0.138	>0.05	N.S
Explained resident	318.883	3	106.294	1.858	0.138		
	10925.702	191	57.208				
Total	11244.585	194	57.962				

Table 3: ANOVA of the attitude of respondents to STIs/HIV/AIDS based on religion

Sources of variances	SS	df	MS	F	Sign of F	P	Remark
Mean effect of education	279.631	2	139.816	2.448	0.089	>0.05	N.S
	279.631	2	139.816	2.448	0.089	>0.05	
Explained residual	279.631	2	139.816	2.448	0.089	>0.05	
	10964.953	192	57.109				
Total	11244.585	194	57.962				

Table 4: T-test of attitudes of married and unmarried respondents based on STIs/HIV/AIDS education

Variable	N	X	SD	T-Crit	T-Cal	df	P	Remark
Attitudes of unmarried	91	53.71	8.24					
Attitudes of married	104	58.41	6.32	1.96	0.31	193	>.05	N.S

DISCUSSION

In discussing the first hypothesis, which was to see if there will be any significant difference existed between exogenous and indigenous approaches in communication to STIs/HIV/AIDS, it can be inferred, that there was no significant difference depicting that modern and indigenous approaches are not determinant factors towards the attitude of respondents. This corroborated the findings of Ugboajah (1995) who averred that, there is no sharp line between exogenous and indigenous communication.

The two approaches according to him, overlap in all elements of the S.M.C.R model of communication; sources, message, channel and receiver. While Wilson (1998) found out, that folk media such as puppets have been widely used to convey family, planning, STIs/HIV/AIDS awareness programmes designed by the Federal government, UNICEF, National Association for Control of AIDS (NACA) and Defense for infections Disease (DFID). An example is the Society for Family Health, (SFH) and DFID sponsored radio soap opral titled one thing at a time and abule oloke merin a local Yoruba drama programme, which takes place on radio Nigeria weekly in which precise, concise and clear messages that bothered on HIV/AIDS prevention and family health were disseminated. This positively explains the research findings.

The second hypothesis looked at weather significant difference existed between the attitude of respondents to STIs/HIV/AIDS based on literacy. It was discovered that literacy is not a determinant of attitudes. ANOVA results confirmed that attitudes of both literates and illiterates to STIs/HIV/AIDS is that it is a white man disease. Reasons for this belief is because of respondents promiscuous nature. Slogans used was that AIDS no dey show for face. -AIDS does not show on the face! Both educated and uneducated perception of HIV infection was that it could be spread through physical contacts such as kissing, touching, or sharing together of food from one plate, sharing the same swimming pool or toilet seat (Walls, 1995). In addition, Yahayah (2000) maintained, that even, the highly educated metropolitan people still rely on the uneducated rural dwellers for information at the grassroots level.

The third hypothesis says there will be no significant difference between the attitude of respondents to

STIs/HIV/AIDS based on religions. The results showed that religious affiliation is not determinant factor in the pattern of attitudes to STIs/HIV/AIDS education, using (ANOVA). This finding is in line, with that of Bertland (1999) who posited that African culture, taboos and religious beliefs have no correlations with the communication of STIs/HIV/AIDS education. In another study, Oyewo (2002) citing Hardy (1987) opined that among Fulani Woodaabe (Muslims) Nigerians, girls are allowed a great deal of sexual freedom since no value is attached to virginity. This is an indication that religion did not have a stake in this regard.

The fourth hypothesis was tested to see whether there will be any significant difference between married and unmarried respondents' attitudes to STIs/HIV/AIDS (Marital Status). The t-test result also confirmed that there was no significant difference implying that being married or unmarried is not a determinant of attitudes towards STIs/HIV/AIDS. A cursory look at the t-test result in Table 4 seems to indicate that the unmarried with $X = 53.77$ and $SD = 8.24$ to married $X = 53.41$ and $SD = 6.32$ connotes that Nigerian communities are predominantly polygamous. Yet, husbands patronize commercial professional sex workers, including those from monogamous and polygamous marriages (Osinowo, 2001). This perhaps explains the reasons for this no significant difference married and unmarried respondents attitudes to STIs/HIV/AIDS in the study.

Finally, the responses of respondents of Igando Community in the oral interviews conducted shows that members of the community preferred information dissemination on STIs/HIV/AIDS education through traditional; communication strategies.

Indigenous communication involves the generality the citizens in the society. It is authoritative. They are based on directives, news, advertising, public relation; entertainment and education. The system is transitional in nature. It combines traditional channels along with other modes in reaching the vast audience. The media and messages are available in every part of the society at all times, even though they are underutilized. Indigenous communication bring about the integration of different part of the society, because it is broad based and highly respected. Finally, religion and education are not determinants of attitudes to STIs/HIV/AIDS at the community level. It must be included in the information dissemination of STIs/HIV/AIDS at the gross-roots level.

RECOMMENDATIONS

- Indigenous communication approaches are required by the Federal, State and Local government at the grassroots level in the fight against STIs/HIV/AIDS scourage in Nigerian Communities.
- The National Action Committee on AIDS (NACA), the local and international NGOs should employ the use of indigenous communication strategies in the communication of STIs/HIV/AIDS education in Local communities.
- Town criers, the Oodua people congress, Bakassi boys, Egbesu boys, the Arewa and other ethnic militias should be used as information dissemination channels on STIs/HIV/AIDS education.
- Traditional community leaders, Native Doctors and Religious Leaders dwelling in rural communities should lead in the local campaign against STIs/HIV/AIDS eradication.
- Indigenous communication should be promoted through road signs, dress codes and festival.
- The services of a Social worker, Guidance Counsellor and Community Developer (CD) is a sine-qua-non to the implementation of Federal government policy for the eradication of STIs/HIV/AIDS at the grassroots level.
- Government, must attach Social worker, community Developer to centers at all communities in Nigeria.

CONCLUSION

Traditional communication strategies increase the effectiveness of STIs/HIV/AIDS, by targeting the right population. Tapping indigenous channels can help to ensure that initiative are incorporated. An understanding of indigenous communication, improves the chances of true collegial participation by local people and outsider in such efforts.

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