

**INDIGENOUS COMMUNICATION, RELIGION
AND EDUCATION AS DETERMINANTS OF
ATTITUDES TOWARDS STIS/HIV/AIDS
EDUCATION IN IGANDO COMMUNITY, LAGOS
STATE, NIGERIA**

Ayangunna, James A.^a and Oyewo, Benedict A.^b

ABSTRACT

The study examined indigenous communication, religion and education as determinants of attitudes towards STIs/HIV/AIDS education in Igando Community Lagos State, Nigeria. A sample of 195 people was randomly selected from the population. The study used four hypotheses to test the respondents' attitude to the use of indigenous and modern communication approaches to STIs/HIV/AIDS; differences based on literacy level, religion and marital status. The instruments were author constructed questionnaires with 0.713 reliability coefficient and 0.71 construct validity, respectively. The data obtained were analyzed using Analysis of Variance (ANOVA) and t-test to determine the difference in variables. The findings of the study revealed that there was no significant difference between modern and indigenous approaches, literacy level, religion and marital status of respondents towards STIs/HIV/AIDS. It was recommended that traditional community leaders, traditional doctors, social workers and religious leaders dwelling in rural communities should lead in the local campaign against STIs/HIV/AIDS at the grassroots level using acceptable contemporary approaches.

KEY TERMS: Indigenous communication, religion, education, STIs/HIV/AIDS, Nigeria.

^a*Department of Social Work, Faculty of Education, University of Ibadan, Ibadan, Nigeria. Email: ayangunna@yahoo.com*

^b*Department of Adult Education, Social Welfare Unit, Faculty of Education University of Ibadan, Ibadan, Nigeria.*

INTRODUCTION

Indigenous communication is local communication that is unique to a given culture of society which existed before the arrival of modern mass media which is a formally organized bureaucratic system of communication. This indigenous communication system still exists today despite changes brought by technology. Indigenous communication, according to Wang and Dissanyoke (1997), is a credible and acceptable source of information among the rural populace. The term indigenous is often interchangeably used with terms like traditional or local, Akinyeye (1986). Akinyeye (1986) gave examples of folk media as puppet show, folk drama, storytelling, 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 infected with HIV/AIDS deserve the disease. Many of

this early reaction have faded as people learned more about the diseases and recognized that STIs are mostly caused by bacteria while HIV is caused by 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 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) males; their ages range from 17 to 40 years with a mean age of 32.5 years.

Instruments

STIs/HIV/AIDS attitude scale (SHAS) designed by the researchers was used for 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) was held to compliment the quantitative method which was the use of questionnaire. The instrument was based on a four point (Likert-like) rating scale of Strong Agreed = SA (4); Agreed = A (3); Strongly Disagree = 2 (SD); and Disagreed = 1 (D).

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

RESULTS

Hypothesis 1

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

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

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 $t\text{-cal. } 28$, $df = 193$, $p > 0.05$) 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: *ANOVA of the attitude of respondents to STIs/HIV/AIDS based on literacy*

Sources of variance	SS	df	MS	F	Sig. 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				

Result of (ANOVA) test revealed that there was no significant difference. (Significance of F at .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: *ANOVA of the attitude of respondents to STIs/HIV/AIDS based on Religion*

Sources of variance	SS	Df	MS	F	Sig. of F	P	R*
Main 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				

*Remark

Table 3 result of (ANOVA) depicting that there was no significant difference. (Significance of F at 2.448 is greater than p 0.05) 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: *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					N.S
Attitudes of married	104	58.41	6.32	1.96	0.31	193	>.05	

Table 4 results indicated that there was no significant difference between married and unmarried respondents attitudes to STIs/HIV/AIDS based on marital status (t -crit. 1.96 is greater than t -cal. 0.31, $df = 193$, $p > 0.05$) of significance. The hypothesis is hereby rejected.

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 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 to Ugboajah (1995) overlap in all elements of Source-Message-Channel-Receiver (SMCR) model of communication. 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). Examples are the Society for Family Health, (SFH) and Department for International Development (DFID) which sponsored radio soap opera titled 'one thing at a time' and 'abule oloke merin' a local Yoruba drama programme, which took 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 whether significant difference existed between the attitudes 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 may be because of respondents' promiscuous nature. Slogans used were that 'AIDS does not show for face' meaning AIDS does not show on

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, Yahaya (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 attitudes 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 belief 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 results 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 unmarried with $\chi = 53.77$ and $SD = 8.24$ to married $\chi = 53.41$ 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 between 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 showed that

members of the community preferred information dissemination on STIs/HIV/AIDS education through traditional, communication strategies.

Indigenous communication involves the generality of the citizens in the society. It is authoritative. They are based on directives, news, advertising, public relation, entertainment and education. The system is traditional 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 brings 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 scourge in Nigerian Communities. These infections are still prevalent and indigenous communication approaches should continue to be used for greater results. 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's congress, Bakassi boys, Egbesu boys, the Arewa and other ethnic militias should be used as information dissemination channels on STIs/HIV/AIDS education when and if they remain trainable.

Traditional community leaders, traditional doctors and religious leaders dwelling in rural communities should lead in the local campaigns against STIs/HIV/AIDS prevention and possible eradication.

Indigenous communication should be promoted through road signs, dress codes and festivals. This will give a wider publicity to the programmes on prevention and possible eradication of STIs/HIV/AIDS.

The services of Social Workers, Guidance and Counsellor and Community Developer (CD) are sine-qua to the implementation of Federal government policy for the eradication of STIs/HIV/AIDS at the grassroots level. They are always available at the grassroots. However, they must work with health education experts.

Government must attach Social Worker, Community Developer to centres at all communities in Nigeria. These workers shall sensitize, mobilize and organize the communities towards achieving positive results of programmes on prevention and eradication of STIs/HIV/AIDS.

CONCLUSION

Traditional communication strategies increase the effectiveness of STIs/HIV/AIDS, by targeting the right

population. Tapping indigenous channels can help to ensure that initiatives are incorporated. An understanding of indigenous communication improves the chances of true collegial participation by local people and outsider in such efforts. It is always necessary to use available resources within the community. Social workers at local government levels are readily available for this task. There should be inter-disciplinary collaboration for maximum results.

REFERENCES

Akinyeye, D. A. 1986. Traditional Communication. Nigerian Magazine Vol. 54, Lagos: Emacoprint Ltd.

Bertland, J. A. 1999. *Barriers to family planning in Sub-Saharan Africa*. New York: Daskhim Publication Group.

Hardy, D. B., 1987. Cultural practice contributing to transmission of HIV in Africa, *Review of Infectious Diseases.*, 100: 119.

Osinowo, H. O., 2001. Influence of duration and pattern of work and knowledge of AIDS/STDs and practice of safer sex, methods among commercial sex worker in Ibadan, Nigeria, *Journal of Clinical Psychology*, Vol. 9 (2): 78-89.

Oyewo, B. A., 2002. The examination for some adolescent sexual risk taking behaviours and their health implication, *Nigeria Journal of Cross-Cultural Psychology Sport Facilitation*. 4: 76 – 79.

Population report, 2001. Population Information Program, Center for Population Programs. The Johns Hopkins School of Public Health, Baltimore, MD, USA. 3 Series 1.

Smith, E., 1997. *Africa Traditional Religion*, London: SCM Press.

Ugboajah, F. O., 1995. Indigenous communication system: A conceptual framework (in) *Indigenous Communication in Africa and Application, Legion, Ghana*: Studio Press.

Walls, C. 1995. A growing threat, Time Magazine, New York.

Wang, G. and Dissanyoke, W., 1997. *Indigenous Communication System. A conceptual framework theory and application, Vol. 2*, Accra: Communication Legion Studio Press.

Wilson, D., 1998. A taxonomy of traditional media in Africa: In *Perspective on indigenous communication in Africa*, Vol. 2: *Theory and application*, Accra: Communication Legion Studio Press.

Yahaya, M. K., 2000. *Indigenous music for entertainment education: Lesson from AIDS (Baton na, ewuezena in Bida Emirate)*. Ibadan: Harden Publishing Company.