

SOCIAL MARKETING COMMUNICATION AND ITS IMPACT ON HIV/AIDS CAMPAIGN PROGRAMMES IN CALABAR MUNICIPALITY

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Abstract

This study on social marketing communication and its impact on HIV/AIDS campaign programmes in Calabar Municipality focused on ascertaining how social marketing communication tools such as the print media, social media and broadcast media impact on the conduct of HIV/AIDS campaign programmes in Calabar Municipality. The study adopted a survey research design which enabled the administration of a structured questionnaire on the 80 resident youth in Calabar municipality that constituted the sample size of the study. The respondents were drawn using the purposive or judgemental non probability sampling technique. The responses obtained through the questionnaire were subjected to statistical analysis using simple regression which in turn reveals that of all the social marketing communication tools, it was only social media and the broadcast media that significantly impacted on the successful conduct of HIV/AIDS campaign programmes in Calabar municipality while the print media remained an insignificant contributory media. Based on the above result it was concluded that social and broadcast media should be prioritized over print media in the conduct of HIV/AIDS campaign programmes in Calabar municipality. It was recommended that broad cast media

programmes conducted through Television and radio means about HIV/AIDS should focus more on attitudinal change as well as value re-orientation and not just entertainment alone because our values determine our behaviour or the extent to which we react to what we hear or see. Governmental and non-governmental agencies on HIV/AIDS should use social media to reach the youthful target audience; social and broadcast media should be used in the war against HIV/AIDS stigmatisation in Calabar municipality.

Keywords: Print media, Social media, Broadcast media, HIV/AIDS campaign.

Introduction

Since 1981 when HIV /AIDS was first diagnosed in United States of America (USA), the virus has remained a global health challenge which has spread throughout the world affecting both the rich and the poor, as well as both urban and rural dwellers. Based on the above, the African continent has not been spared from this scourge and statistics reveal that of the estimated 40 million people infected with HIV/AIDS at the end of 2005, at least 70% were residing in Sub Sahara Africa (Development Management Associates, 2005). This epidemic (HIV/AIDS), according to the World Health Organization in 2017, have claimed more than 35 million lives so far and approximately 36.9 million people are living with HIV as at the end of 2017, of which 1.8 million people are becoming newly infected globally, and the African region accounts for over two thirds of the global total of new HIV infections thereby becoming the most affected region with 25.7 million people living with HIV in 2017.

According to UNAIDS Report on the Global HIV/AIDS Epidemic (2002), Nigeria has the third largest global number of people living with HIV/AIDS with an estimated number of between (1.7 million to 4.2 million) behind India and South Africa. In 2016, UNAIDS maintains that Nigeria had 3.6 million people living with HIV/AIDS in Nigeria, of which 220 000 are new HIV infections and 160 000 AIDS-related deaths. The key population most affected by HIV in Nigeria, according to UNAIDS (2016), are sex workers, with an HIV prevalence of 14.4%, Gay men and other men who have sex with men, with an HIV prevalence of 23% and people who inject drugs, with an HIV prevalence of 3.4%. Based on the above, it remains sacrosanct to note that since 2010, new HIV infections have decreased by 21% and AIDS-related deaths have decreased by 6%. UNAIDS Data book (2017) maintains that 15% reduction in new infections has also been recorded between 2005 and 2016. This might be due to the fact that countries of the world, Nigeria inclusive, have, according to Osakue, Kayode, Marcel and Adekunle (2009), been responding to the challenges of HIV/AIDS through various awareness campaigns to sensitise her nationals on meaning, mode of spread as well as prevention of the infection.

According to Global Media AIDS Initiative (2004), education is the vaccine against HIV/AIDS, and as such many media organisations are rising to the challenge by promoting awareness campaigns on HIV/AIDS across various media which include the print media , the audio/visual media as well as the social media (the means of interaction among people in which they create, share and exchange information and ideas in virtual communities and networks), in

order to educate the general public on its control. Based on the above, the strength of the media in influencing people's perception as well as making society to change their behaviour remains an essential tool for fighting medical and social problem such as HIV/AIDS in the sense that the media, according to Wellings and Macdowall (2000), help to put issues on the public agenda and also reinforce local efforts, in raising consciousness about issues by conveying simple information. The strength of media in influencing people's perception as well as making society to change their behaviour remains an essential tool for fighting medical and social problem such as HIV/AIDS. According to Lindsey (1994), the media plays a central role in mediating information and forming public opinion.

Therefore, social marketing communication or communication in social marketing differs from commercial marketing communications in the sense that the goal of communication in social marketing is to improve individual and societal wellbeing rather than to increase profitability, with the ultimate beneficiary being society or the individual, rather than the organisation carrying out the social marketing activity (MacFadyen Stead & Hastings 2003). Social marketing communication as defined by Kotler and Zaltman (1971) simply requires the use of various marketing techniques and principles that are aimed at bringing about voluntary behaviour change that are sufficiently scalable to bring about wider social or cultural change. According to Shimp (2006), social marketing communications or campaign uses various promotion mix tools such as advertising, public relations, social media, sales promotion, direct marketing and personal selling etc. across various media in order to consistently position the targeted behaviour or communicate the desired behavioural change to the society. Hence, it is in line with the above premise that this study seeks to determine the contribution of the print media, broadcast media and social media in the reduction of the spread of HIV/AIDS as well as its impact on the successful conduct of HIV/AIDS campaign programmes in Calabar municipality.

1.2 Research Problem

According to UNAIDS Data Book(2017), since 2010, new HIV infections have decreased by 21% and AIDS-related deaths have decreased by 6% , and between 2005 to 2016, 15% reduction in new infections has also been recorded. This decline is in line with the assertion of Osakue, Kayode, Marcel and Adekunle (2009) that countries, Nigeria inclusive, have been responding to the challenges of HIV/AIDS through various awareness campaigns to sensitise her nationals on meaning, mode of spread as well as prevention of the infection. The above justifies the assumption of Global Media AIDS Initiative (2004) that education is the vaccine against HIV/AIDS.

However, despite achieving a 15% reduction in new infections between 2005 and 2016, Nigeria still has the second largest HIV epidemic in the world with a population of 3.6 million people living with HIV in 2016 (NACA, 2017). Although HIV prevalence among adults is much less (2.9%) than other sub-Saharan African countries such as [South Africa](#) (18.9%) and [Zambia](#) (12.4%) Nigeria together with South Africa and [Uganda](#), still account for almost half of all new HIV infections in sub-Saharan Africa every year, despite achieving a 15% reduction in new

infections between 2005 and 2016. Therefore, it is as a result of the above alarming statistics in conjunction with the assumption by Osakue, Kayode, Marcel and Adekunle (2009) that this study seeks to determine the contribution of the print media, broadcast media and social media in conduct of HIV/AIDS campaign programmes in Calabar municipality.

1.3 Objectives of the Study

The major objective of this study is to determine the impact of social marketing communication on HIV/AIDS campaign programmes in Calabar municipality. The specific objectives are:

1. To ascertain the impact of print media on HIV/AIDS campaign programmes in Calabar municipality.
2. To ascertain the impact of broadcast media on HIV/AIDS campaign programmes in Calabar municipality.
3. To ascertain the impact of social media on HIV/AIDS campaign programmes in Calabar municipality.

2.0 Theoretical Framework and Review of Literature

The health belief theory, the trans theoretical model of behaviour change and the social learning theory formed the theoretical framework for this study.

2.1.1 Health Belief Theory

The health belief theory was developed in the 1950s and modified in 1988 by Irwin M. Rosenstock, Godfrey M. Hochbaum, S. Stephen Kegeles, and Howard Leventhal, who were social psychologists at the U.S. Public Health Service. This theory or model as practically called remains one of the first theories of health behaviour, which was developed in order to better understand the widespread failure of screening programmes for tuberculosis, and also predict a wide variety of health-related behaviours which, according to Janz and Marshall (1984), Glanz, Barbara and Rimer (2008), could be the screening for the early detection of asymptomatic diseases and receiving immunizations, as well as understanding patients' responses to symptoms of disease, compliance with medical regimens, lifestyle behaviours (e.g., sexual risk behaviours), and behaviours related to chronic illnesses, which may require long term behaviour maintenance in addition to initial behaviour change. This theory attempts to explain why individuals do not participate in programmes so as to prevent or detect diseases. The theory is divided into 6 theoretical construct which are diagrammatically represented below:

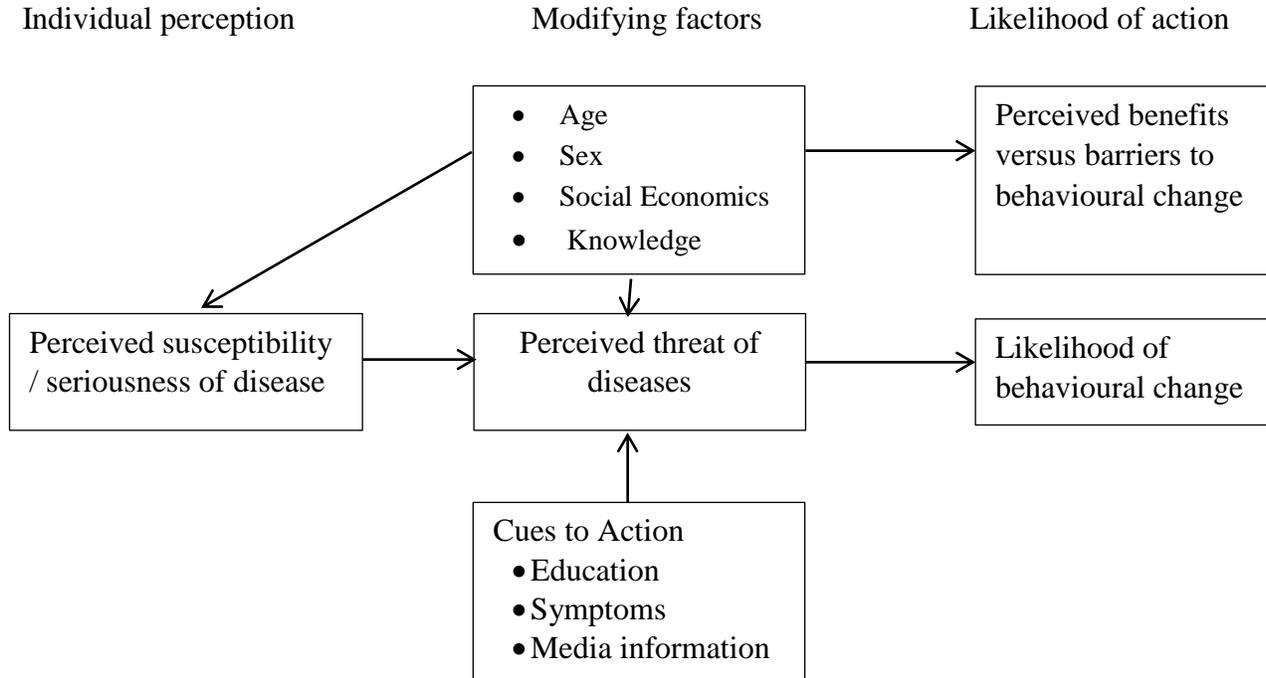


Fig 1: Diagram Showing the Health Belief Theory

Source: Glanz, Rimer and Lewis (2002). Health behaviour and health education: Theory, research and practice. San Francisco: Wiley & sons.

Summarily, the health belief model or theory has been used to develop effective interventions to change health-related behaviours by targeting various aspects of the model's key constructs (Carpenter, 2010). In line with the above figure, it is concluded that the health belief theory is based on the understanding that a person will take a health-related action (i.e., use condoms) if he/she feels that a negative health condition (i.e., HIV) can be avoided, and also have a positive expectation that by taking a recommended action, he/she will avoid a negative health condition (i.e., using condoms will be effective for preventing HIV), and also believes that he/she can successfully take a recommended health action (i.e., he/she can use condoms comfortably and with confidence).

2.1.2 Trans Theoretical Model of Behaviour Change

This theoretical model was propounded by Prochaska and DiClemente in 1983 as a model of behaviour change. This trans theoretical model has been used to develop effective interventions that are aimed at promoting health behaviour changes as well as describe how people modify wrong health behaviour or acquire a positive health behaviour. The central notion of the model is the stages of change, and as such the model maintains 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 effect 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 6 key stages which are diagrammatically represented below to include Pre-contemplation, Contemplation, Preparation (Determination), Action, Maintenance and Termination

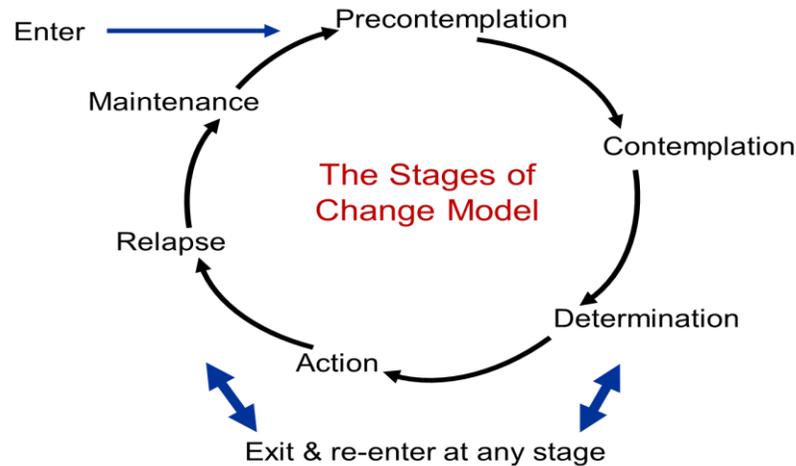


Fig 2: The Stages in the trans Theoretical Model of Behaviour Change

Source: Extracted from [Http://Sphweb.Bumc.Bu.Edu](http://Sphweb.Bumc.Bu.Edu).

From the above diagram, the Pre-contemplation stage is the stage in which people do not intend to take action in the foreseeable future, the Contemplation stage is the stage in which people are intending to start the healthy behaviour in the foreseeable future, the Preparation (Determination) stage is the stage in which people are ready to take action toward the behaviour change, and they believe changing their behaviour can lead to a healthier life, the Action stage is the stage in which people have recently changed their behaviour and intend to keep moving forward with that behaviour change, the Maintenance stage is the stage in which people have sustained their behaviour change for a while and intend to maintain the behaviour change going forward. The Termination stage is the stage where people have no desire to return to their unhealthy behaviours and are sure they will not relapse. Since this is rarely reached, and people tend to stay in the maintenance stage, this stage is often not considered in health promotion programmes.

2.1.3 Social Learning Theory

This theory can be traced backed to the 1940s, when B.F. Skinner delivered a series of lectures in SunyaniFiapre, Ghana on verbal behaviour which he proposed the use of stimulus-response theories to describe language use and development, which to an extent formed a basis for redevelopment into the social learning theory. Since then, the social learning theory has undergone series of redevelopment by various scholars in relation to area of specialization. According to Bandura (2004), The Social learning theory integrated both behavioural and

cognitive theories of learning in order to provide a comprehensive model that could account for the wide range of learning experiences that occur in the real world. According to Grusec (1992), the key tenets of social learning theory are as follows:

1. Learning is not purely behavioural. Rather, it is a cognitive process that takes place in a social context.
2. Learning can occur by observing behaviour and by observing the consequences of the behaviour (vicarious reinforcement).
3. Learning involves observation, extraction of information from those observations, and making decisions about the performance of the behaviour (observational learning or modelling). Thus, learning can occur without an observable change in behaviour.
4. Reinforcement plays a role in learning but is not entirely responsible for learning.
5. The learner is not a passive recipient of information. Cognition, environment, and behaviour all mutually influence each other (reciprocal determinism).

Bandura (2004) maintained that through observational learning a model can bring forth new ways of thinking and behaving, and as such the mass media helps contribute to how viewers see their social reality. Thus Media representations influence people's behaviour because the social constructions of reality depend heavily on what they see, hear and read rather than what they experience directly. In summary, Bandura (2004) maintained that the social learning theory has been used worldwide to address social issues such as national literacy, population growth and health concerns such as HIV. Based on the above, the three theories are considered appropriate for the study. This is because their relevance to the study is in the areas of advocacy for behavioural change and adoption of healthy habits.

2.2 Concept of Social Marketing and Communication

The concept of Social Marketing is not a new phenomenon, as its root can be seen in development strategies and social reform campaigns in the olden days. According to Kotler and Zaltman (1971), social marketing is defined as the design, implementation and control of programmes calculated to influence the acceptability of social ideas and involving considerations of product designing, pricing, communication, distribution and marketing research. To Andreasen (1995), social marketing is the application of commercial marketing technologies to the analysis' planning, execution and evaluation of programmes designed to influence voluntary behaviour of target audiences in order to improve their personal welfare and that of their society.

According to Murlidhar and Babasaheb (2003), Social Marketing is also referred to as societal marketing and is simply defined as a process of changing behaviour and attitudes of the public (target group) for achieving social, economic, political and business objectives. The above definition is adopted in this study. In line with the above definition, social marketing aims at achieving the following objectives:

1. Satisfaction of customer needs.
2. Improvement of quality of life.
3. Implementation of long term policy for customers and society's welfare.

4. Freedom from all sorts of pollution and ecological destructions.

Social marketing communication becomes imperative because social marketing communication or campaign uses various promotion mix tools such as advertising, public relations, social media, sales promotion, direct marketing and personal selling etc. across various media in order to consistently position the targeted behaviour or communicate the desired behavioural change to the society (Shimp, 2006).

2.2.1 Stages in the Conduct of a Social Marketing Communication Effort

Since the aim of every social marketing communication campaign or effort is to achieve social good, Andreasen (2005) maintained that to achieve such goal, the social marketing communication effort needs to pass through the following stages of activities.

- 1. Create awareness and interest:** This is the first stage in the conduct of a social marketing communication campaign, and in this stage the attention of the target audience is sought for, in order to ensure that the recipient pays adequate attention and as such consequently understands the message literally being communicated.
- 2. Change attitudes and conditions:** In this stage, the recipient uses the information obtained in the first stage to develop a positive attitude or positive frame of mind about the behaviour being communicated.
- 3. Motivate people to want to change their behaviour:** The recipient in this stage has to form an intention to act on the basis of the behaviour being communicated, that is, the recipient shows readiness to initiate a change to the desired behaviour being communicated. Motivation could be through the information provided about a negative behaviour.
- 4. Empower people to act:** In this stage, the recipient is encouraged to act in order to initiate the desired behavioural change. Such action is oftentimes influenced by the motivation obtained in the previous stage.
- 5. Prevent backsliding:** This is the last stage and it requires following up the recipient's action by reinforcement, through the provision of some benefits for having acted, so that the desired action or behaviour would be repeated.

2.2.2 Social Marketing Communication Tools

Social marketing by definition seeks to develop and integrate marketing concepts with other approaches to influence behaviours that benefit individuals and communities for the greater social good. Social Marketing practice is guided by ethical principles. It seeks to integrate research, best practice, theory, audience and partnership insight, to inform the delivery of competition sensitive and segmented social change programmes that are effective, efficient, equitable and sustainable.

Based on the above endorsed definition by the boards of the International Social Marketing Association, European Social Marketing Association, and Australian Association of Social Marketing in 2013, it remains pertinent to note that social marketing applies commercial

marketing theory and practice to social challenges, consider the application of the 4 traditional marketing mix element (4ps) and also analyse communication channels and other forms of influence etc. The various traditional marketing media such as the print media, audio/visual media as well as social media would operationally constitute the social marketing media in this study. The social marketing communication tools as operationalized for this study include:

1. Mass media: Mass media encompasses the radio, television, print-media, billboards and the world-wide web forms of communications (Odigbo, Ugwu&Ekemezie 2017). According to Lacroix, Snyder, Huedo-Medina, and Johnson (2014), mass media-based interventions have been an integral part of HIV prevention since the mid-1980s, when many nations began sponsoring national campaigns and community-based groups began developing local interventions. The mass media can be relied upon as a potent force for achieving attitude and behaviour change in society. The mass media which include the print media (press) and the electronic media (broadcast) represent a crucial resource as well as a formidable platform for propagating and inculcating the values inherent in every culture and people. The mass media is used to inform and educate the members of any given society, and as such Nwankwo (2006) maintains that the mass media performs legitimate functions for society by providing correct information, knowledge and informed opinions about every issue of concern to the people. Therefore, using the mass media within an HIV prevention intervention provides such advantages as wide reach, standardization and repetition of messages, and the ability to use different content formats, including entertainment, news, and short advertisements or announcements which in turn can directly and indirectly produce positive changes or prevent negative changes in health-related behaviours across large population (Wakefield, Loken&Hornik 2010).

2. Social media Social media refers to the means of interaction among people in which they create, share and exchange information and ideas in virtual communities and networks. Andreas and Michael (2010) describe social media as a group of internet-based applications that build on the ideology and technology that allows the creation and exchange of user-generated content. It also depends on mobile and web-based technologies to create highly interactive platforms through which individuals exchange ideas. Social media is different from the mainstream media because of its advantage of wider reaches frequency, usability, immediacy and permanence. Social Media Technologies take many forms such as internet forums, weblogs, social blogs, micro bloggings, wikis, social networks, podcasts, video rating and social bookmarking etc.

According to Idumange (2018), social media platform is mostly embraced by youths and such discussions can have enormous impact on any individual or society at risk. The platform creates an atmosphere in which people relate and share their experience, as a problem discussed is half-solved. People make informed comments and research write-ups on facebook, twitter, in their blogs etc. Such comments and articles can be put together to constitute a strong knowledge-base for rendering HIV/AIDS related services.

2.3 An Overview on HIV/AIDS

The HIV/AIDS pandemic is perhaps the worst disaster that has happened in human history, and according to Adeyi, Kanki, Odutolu and Idoko (2006), *this steadily progressing catastrophe has become a calamity of cataclysmic proportions especially in the worst affected regions, notably sub-Saharan Africa. According to wikipedia (2011), the human immunodeficiency virus (HIV) is a lentivirus (slowly replicating retrovirus) that causes acquired immunodeficiency syndrome (AIDS). HIV slowly attacks and destroys the immune system, the body's defence against infection, leaving an individual vulnerable to a variety of other infections. AIDS is the final stage of HIV infection. AIDS was first reported in 1981 by investigators in New York and California. Initially, most U.S. AIDS cases were diagnosed in homosexual men, who contracted the virus primarily through sexual contact, or intravenous drug users who became infected by sharing contaminated hypodermic needles. In 1983, French and American researchers isolated the causative agent, HIV, and by 1985 serological tests to detect the virus were developed (Barnett and Whiteside 2002). HIV is transmitted by the direct transfer of bodily fluids, such as blood and blood products, semen and other genital secretions, or breast milk, from an infected person to an uninfected person. This is because HIV is present as both free virus particles and virus within infected immune cells (Sepkowitz, 2001). The primary means of transmission worldwide is through sexual intercourse with an infected individual. The virus can enter the body through the lining of the vagina, penis, rectum, or mouth. HIV frequently spread among intravenous drug users who share needles or syringes. Prior to the development of screening procedures and heat-treating techniques that destroy HIV in blood products, transmission also occurred through contaminated blood products; many people with haemophilia contracted HIV in this way. Today, the risk of contracting HIV from a blood transfusion is extremely small. Currently, 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). Summarily, efforts at preventing HIV/AIDS have focused primarily on the conduct of several campaigns that are aimed at promoting abstinence and increasing the availability and use of condoms.*

2.3.1 HIV/AIDS Prevalence Rate for States in Nigeria

The National prevalence rate of HIV/AIDS, according to National Reproductive Health Survey (NARHS, 2012), is 3.4% while for the 36 states is represented below.

Table1: Showing the Prevalence Rate of HIV/AIDS across States in Nigeria

S/N	STATE	PREVALENCE RATE (%)
1	Rivers	15.2
2	Taraba	10.5
3	Kaduna	9.2
4	Nasarawa	8.1
5	FCT	7.5
6	AkwaIbom	6.5
7	Sokoto	6.4
8	Oyo	5.6
9	Benue	5.6
10	Yobe	5.3
11	Cross River	4.4
12	Ondo	4.3
13	Gombe	3.4
14	Abia	3.3
15	Bayelsa	2.7
16	Osun	2.6

17	Imo	2.5
18	Borno	2.4
19	Plateau	2.3
20	Lagos	2.2
21	Jigawa	2.1
22	Adamawa	1.9
23	Kogi	1.4
24	Kwara	1.4
25	Kano	1.3
26	Enugu	1.3
27	Niger	1.2
28	Anambra	1.2
29	Ebonyi	0.9
30	Edo	0.8
31	Kebbi	0.8
32	Delta	0.7
33	Bauch	0.6
34	Ogun	0.6
35	Zamfara	0.4
36	Ekiti	0.2

Source: NARHS, 2012

2.4 Conceptual Model and Review of Objective

This section seeks to reveal the relationship existing between the stated variables in the objective of this study. A conceptual model is represented below.

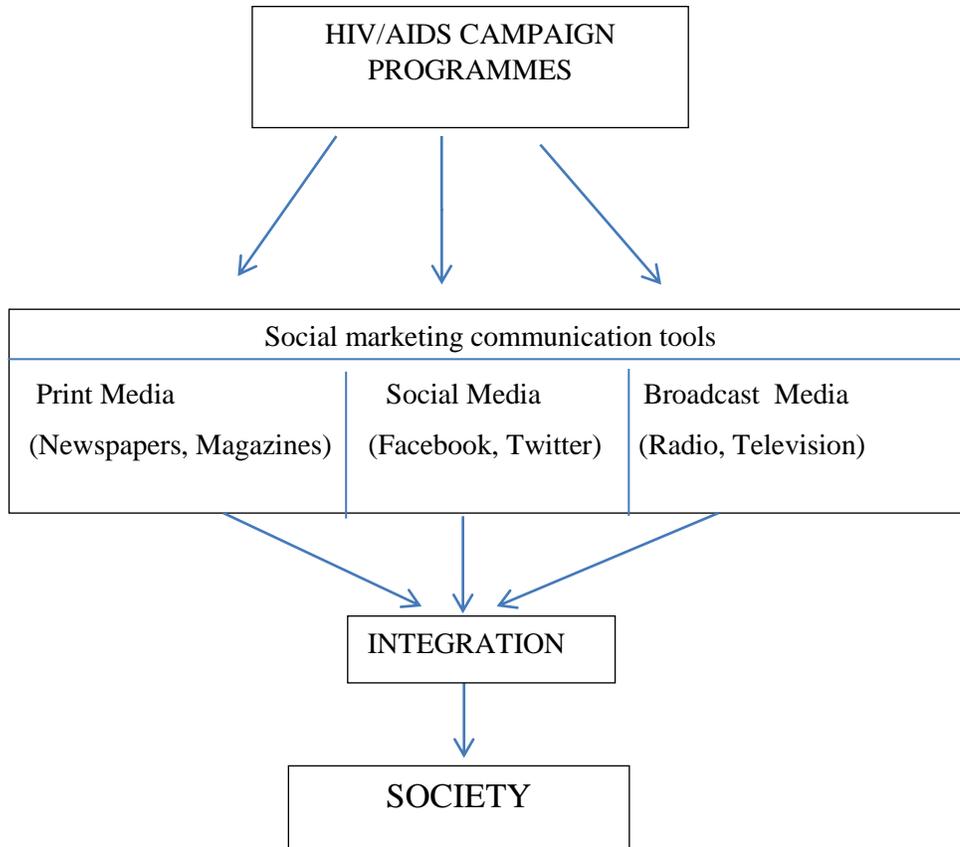


Fig 3: A Conceptual Model Showing the Variables in the Study

Source: Developed by the researchers

HIV/AIDS campaign programmes are said to be run through various social marketing communication tools which are operationalized to include the print media (newspapers, magazines), social media (Facebook, Twitter) and Audio/Visual media (radio, television). This campaign messages should always be integrated in order to deliver the same campaign message and its programmes across the various media to the society, as well as encourage or discourage certain risky behaviours associated with the campaign message. Therefore, it becomes imperative to note that the programmes or campaigns that pass through the identified social marketing communication tools are always aimed at achieving a social good for the society.

2.4.1 Print Media Impact on HIV/AIDS Campaign Programmes

The print media is a form or means of mass communication in the form of printed publications, such as newspapers and magazines, and according to Gomes, Ahmed and Barual (2014), majority of the people's access to HIV/AIDS information is through the print media such as newspapers and magazines, and as such the need for accurate news reporting on HIV/AIDS remains imperative. HIV and AIDS news is continuously evolving with new epidemiological information, new scientific information and new government policies on the issue addressed frequently worldwide, and the print media according to Chapman (1994) and Radford (1996) remains the leading source of information about health issues. It is from newspaper reports that the majority of the public learns about HIV/AIDS. The Australian Journalism (2014) in a review of newspapers on HIV/AIDS further supports the above viewpoint by stating that newspapers are influential because news stories that appear in print are frequently used by radio and television news editors to form the background and actual content for their daily broadcast news services.

Going by the above viewpoints, a systematic review conducted by Bertrand and Anghang (2006) on the effectiveness of mass media in changing HIV/AIDS-related behaviour among young people in developing countries revealed that print-media news can influence the risk-behaviours of young people in terms of HIV acquisition, and as such Adekunle, John, Zaccheus and Melissa (2014) in their study on the influence of HIV-AIDS public enlightenment campaigns on adolescents sexual behaviour in Nigeria revealed that print media exerted significantly more influence on adolescents' knowledge, attitudes and beliefs about HIV/AIDS than other broadcast media (radio and television). This is because information received from print media or reading materials such as books, magazines, newspapers, posters, and billboards, had a more significant influence on people's knowledge, because it is more than mere exposure.

There is the possibility that information from print media has a way of impinging on the individuals cognitive information processing based on rational objective assessments than those flickered through the television in a moment. Selikow, Flisher, Matthews and Ketye (2006) maintain that individuals may easily forget what they see or hear in seconds but internalize more of what they take time to read, digest and assimilate.

2.4.2 Broadcast Media Impact on HIV/AIDS Campaign Programmes

Broadcast media transmit information electronically, via such media as film, radio, recorded music, or television. Broadcast media transmit sounds or images electronically. The broadcast media plays a very vital role in information dissemination and has a large audience reach. According to Osakue, Kayode, Marcel and Adekunle (2009), the media, particularly the broadcast media, could and should be used to rally people, infrastructure and institutions in aid of national development in modern societies. The television medium or aspect of the broadcast media has a powerful influence on people's perception because of its audio-visual quality. According to Osakue et al (2009), television medium is one of the most important means of communication on planet earth, as it brings pictures and sounds from around the world into millions of homes daily. Television as medium of broadcast media does not work in isolation

rather it draws materials from the society, package them in the form of programmes and give them back to the same society as culture (Akpati, 1998). It is in realisation of this fact that many nations of the world are using the media especially the television to air programmes relating to HIV/AIDS education and prevention. In line with the above, a study conducted by Osakue et al (2009) in Edo state Nigeria on HIV/AIDS and the broadcast media with focus on the television medium revealed that the television medium, with reference to the programmes that address HIV/AIDS, has been able to place the problem associated with HIV/AIDS in the minds of the public. The consequence of this result is that the programmes under reference have indeed helped and are still helping to raise public consciousness on HIV/AIDS vis a vis stigmatization as well as care and support for the infected persons. The study also revealed that the television medium has been able to rally relevant governmental and non-governmental agencies to fight HIV/AIDS scourge.

Furthermore, the radio medium of the broadcast media which is audio in nature is, according to Kuponiyi (2000), one broadcast medium that almost all experts agree is the most appropriate for rural and urban emancipation programme. Radio beats distance and thus has immediate effect. Radio is also, according to Moemeka (1993), cheap to obtain and widely owned by people due to the advent of the battery – operated transistorized sets. Due to its widest outreach, several HIV/AIDS awareness programmes are conducted through this medium. To support the above view point, a study conducted by Oboh and Sani (2010) on the role of radio in the campaign against the spread of HIV/AIDS among farmers in Makurdi local government area of Benue State, Nigeria revealed that Radio Benue, Makurdi served as the main source of HIV/AIDS information to about 75% of the respondents, and such finding was supported by Olaleye (2003) in Ondo state, Nigeria, where radio was also the most useful source of creating HIV/AIDS awareness to farmers.

Conclusively, advertisement on HIV/AIDS campaigns through television and radio has been one of the ways of communicating to the masses to know about the methods of preventing HIV/AIDS spread and a cross sectional survey conducted by Adibe, Okonta and Udeogaranya in 2010 on 637 respondents in Nsukka, Enugu state, Nigeria to determine the effects of television and radio commercials on behaviour and attitudinal changes towards the campaign against the spread of HIV/AIDS revealed that television and radio commercials were found to have positive effects on behaviour and attitude of residents of Nsukka urban towards campaign against spread of HIV/AIDS.

2.4.3 Social Media Impact on HIV/AIDS Campaign Programmes

According to Andreas and Michael (2010), the social media are a group of internet-based applications that build on the ideology and technology that allow the creation and exchange of user-generated content. Social Media simply refers to the means of interaction among people in which they create, share and exchange information and ideas in virtual communities and networks. The social media is a channel for communication and discussion that is mostly embraced by youths. Social media is different from the mainstream media because of its

advantage of wider reaches, frequency, usability, immediacy and permanence. Social media technologies take many forms such as internet forums, weblogs, social blogs, micro-blogging, social networks (Facebook, Twitter), podcasts, video rating and social bookmarking etc. and they provide users with the opportunity to generate, share, and receive information through bi- and multidirectional exchanges, which may transcend geographic borders and provide an opportunity for anonymity (Hughes, Rowe, Batey & Lee 2012).

According to Idumange (2018), research has shown that social media strategies are very efficacious educational tools capable of communicating information, increasing awareness and affecting a huge number of people. There are various social media platforms which include Facebook, twitter, Youtube, Whatsapp, instagram and many others (Hughes, Rowe, Batey and Lee, 2012), and the use of these tools remains very effective in HIV/AIDS awareness campaigns (Idumange, 2018). Mpofo and Salawu (2014) maintain that the social media, as a result of its acceptance and high utilization by youths, remains a suitable channel for health information communication and campaigns. Based on the above, social media tools can be used in strengthening HIV/AIDS awareness campaigns by increasing the coverage of people receiving health promotion messages. In Ghana, creative minds multimedia proposed the use of social media (Facebook, twitter, Google plus accounts) to engage, promote, share content and build networks online to be used in disseminating HIV/AIDS awareness. In the case of Nigeria, the National Agency for the Control of AIDS uses the social media platform (Facebook) where users visit to get up to date information about HIV/AIDS. The platform also shows the activities of the agency that are aimed at eliminating the spread of the deadly virus in Nigeria.

A study conducted by Cranston and Davies (2009) in Brazil, India, South Africa, Thailand and the United Kingdom, to assess how social networking sites affect the way in which people communicate about issues and behaviours impacting on HIV vulnerability revealed that information from the various social media sites reflect the users' frame of mind as much as it represents a set of technical features that encourage self-promotion whilst also mediating the terms of privacy and as such it was recommended that marketers of health messages should engage productively with social media networks.

The reviewed literature has vividly revealed the important impact social marketing communication has on the conduct of HIV/AIDS campaigns. Social marketing utilises commercial marketing techniques and communication tools in order to achieve a sustainable behavioural change in the society. In response to the HIV/AIDS epidemic, the social marketing programmes have made condoms accessible, affordable and acceptable to low-income populations and high-risk groups in many of the world's developing and under developing countries as well as promoted abstinence and safe sex practices. The effectiveness of such programmes in a variety of economic, political, and cultural environments has led to the adoption of social marketing as veritable tool in promoting not just health related behaviour but behaviours that are beneficial to both individuals and the society at large (Andreasen, 1995)

3.1 Research Design

The survey research design was used for this study because it enabled the researchers to use specific survey instruments like structured questionnaire in the collection of primary data from resident youths in Calabar municipality. The decision to use the survey design was supported by Kerlinger (1986) who stated that survey research is probably best adopted to obtain personal facts, beliefs and attitudes.

3.2 Sampling Procedure and Sample Size Determination

The purposive or judgemental non probability sampling technique was used for this study because the technique permits the researcher to select the sample that fits his /her purpose of study (Etuk, 2010). Therefore 80 youths resident in Calabar municipality constituted the sample size for this study.

3.5 Sources of Data and Data Collection Method

This study obtained data from both the primary and secondary sources. The primary sources include the use of copies of questionnaire in the collection of data while the secondary sources included the information obtained from various published materials etc.

4.0 Test of Hypothesis and Data Analysis

HO₁: Print media do not have impact on HIV/AIDS campaign programmes in Calabar municipality.

HO₂: Broadcast media do not have impact on HIV/AIDS campaign programmes in Calabar municipality.

HO₃: Social media do not have impact on HIV/AIDS campaign programmes in Calabar municipality.

Table 2: Model Summary Showing the Impact of Social Marketing Communication Tools on HIV/AIDS Campaign Programmes in Calabar Municipality

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.577 ^a	.333	.306	1.58454

a. Predictors: (Constant), Broadcast media, Social media, Print media

Table 3: ANOVA^a Showing the Variance of Social Marketing Communication Tools on HIV/AIDS Campaign Programmes in Calabar Municipality

Model	Sum of Squares	Df	Mean Square	F	Sig.
1 Regression	95.070	3	31.690	12.622	.000 ^b
Residual	190.817	76	2.511		
Total	285.887	79			

a. Dependent Variable: Hiv/Aids Campaign

b. Predictors: (Constant), Broadcast media, Social media, Print media

Table 4: Regression Coefficients^a Showing the Impact of Social Marketing Communication Tools on HIV/AIDS Campaign Programmes in Calabar Municipality

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
1 (Constant)	1.017	.767		1.326	.189
Print media	.004	.103	.003	.036	.971
Social media	.413	.107	.370	3.867	.000
Broadcast media	.360	.088	.395	4.109	.000

a. Dependent Variable: Hiv/Aids Campaign.

The above multiple regression analysis shows the impact social marketing communication tools such as print media, social media and the broadcast media have on HIV/AIDS campaign programmes in Calabar municipality. The model summary in table 2 shows a correlation coefficient (R) of .577 and an r square of 33%. The result implies that print media, social media and broadcast media contribute 33% to the regression model while the other 77% is comprised of exogenous factors that are not considered in this study. Table 4 shows the individual contribution of the social marketing communication tools such as print media (.189), Social media (.000) and broadcast media (.000) to the overall model and based on the decision rule of $p - \text{value} < .05$, it simply implies that social media and broadcast media remain the only tools or medium that significantly have an impact on HIV/AIDS campaign programmes in Calabar municipality because their individual p-value of social media (.000) and broadcast media (.000)

is less than the p-value of .05 while print media (.971) does not significantly have an impact on HIV/AIDS campaign programmes in Calabar municipality. Going by the above findings, it remains statistically evident that if HIV/AIDS campaign programmes are holistically conducted in Calabar municipality using social and broadcast media devoid of sharp practices or corruption, such a campaign will remain effective and achieve the desired campaign objectives. The introduction of the term corruption here is owed to the fact that Achua (2011) as cited in Eyo, Anastasia and George (2019) maintains that corruption is the single most important cause of waste and inefficiency in Nigeria's public sector.

4.2 Discussion of Findings

The first hypothesis reveals that print media does not have a significant impact on the conduct on HIV/AIDS campaign programmes in Calabar municipality. This finding is in line with the view of Picard (2004) who maintains that reading rates of traditional printed newspapers and magazines have been steadily declining during the past two decades and change has been the most notable in the younger generation.

The second hypothesis reveals that social media have a significant impact on the conduct on HIV/AIDS campaign programmes in Calabar municipality, and supporting this finding Hughes, Rowe, Batey and Lee (2012) maintain that the social media tools include Facebook, Twitter, Youtube, Whatsapp, Instagram and many others. The use of these tools, according to **Idumange (2018), remains** very effective in HIV/AIDS awareness campaigns. In line with the above viewpoint, Mpofu and Salawu (2014) maintain that the social media as a result of its acceptance and high utilization by youths remain a suitable channel for health information communication and campaigns.

The third hypothesis reveals that broadcast media have a significant impact on the conduct on HIV/AIDS campaign programmes in Calabar Municipality. This result is supported by a cross sectional survey conducted by Adibe, Okonta and Udeogaranya in 2010 on 637 respondents in Nsukka, Enugu state, Nigeria to determine the effects of television and radio commercials on behaviour and attitude changes towards the campaign against the spread of HIV/AIDS. This revealed that television and radio commercials were found to have positive effects on behaviour and attitude of residents of Nsukka urban towards campaign against spread of HIV/AIDS.

5.0 Conclusion

It is maintained that social marketing communication tools such as the social and broadcast media do have a significant impact on the conduct of HIV/AIDS campaign programmes in Calabar municipality. The print media shows not to be impactful as a result of the decline in the reading culture exhibited by youths within the metropolis.

6.0 Recommendations

Based on the findings and conclusion of this study, the following recommendations were made.

- Broad cast media programmes conducted through Television and radio means about HIV/AIDS should focus more on attitudinal change as well as value re-orientation and not just entertainment alone because our values determine our behaviour or the extent to which we react to what we hear or see.
- Deliberate and concerted efforts should be made by social media advocates and HIV activists in order to build the capacity of youths to take social media as a vehicle for HIV information dissemination.
- An integrated multi-media approach encompassing the use of every social marketing communication tool especially the social and broadcast media should be used in the war against HIV/AIDS stigmatisation in Calabar municipality.

References

- Adekunle, A., John, E. Zaccheus, O and Melissa, L (2014). The influence of HIV-AIDS public Enlightenment campaigns on adolescents sexual behavior in Nigeria, *Journal of Educational and Social Research*, 6(4): 199-206
- Adeyi, O, Kanki, P, Odutolu, O, Idoko, J. (Eds) (2006). *AIDs in Nigeria: A nation on the threshold*. Cambridge: Harvard Centre for Population and Development Studies.
- Adibe , M. Okonta, J. &Udeogaranya, P. (2010). The effects of television and radio commercials on behaviour and attitude changes towards the campaign against the spread of HIV/AIDS, a master thesis presented to the Department of Clinical Pharmacy and Pharmacy Management, Faculty of pharmaceutical Sciences, University of Nigeria, Nsukka, Enugu State, Nigeria.
- Akpati, N, (1998). Television programming as a tool for social integration, Unpublished Degree Project submitted to the Department of Theatre Arts and Mass Communication, University of Benin, Benin City.
- Andreasen, A. (1995). *Marketing social change: Changing behaviour to promote health, social development, and the environment*. San Francisco, CA: Jossey -Bass.
- Andreas M, & Michael, H (2010). *Users of the world unite! The challenge and opportunities of social media*” Business Horizons.
- Bandura, A. (2004). *Social cognitive theory for personal and social change by enabling media*. Retrieved from <http://www.edu/dept/psychology/bandura/pajares/Bandura2004Media.pdf>

- Bertrand J and Anghang K. (2006).The effectiveness of mass media in changing HIV/AIDS-related behaviour among young people in developing countries. *Systematic Review, Australian Journalism Review* – 28(2)
- Carpenter, J. (2010)."A meta-analysis of the effectiveness of health belief model variables in predicting behavior" *Health Communication*, 25 (8).16 24(<https://dx.doi.org/10.1080/10410236.2010.521906>)..
- Chapman S, & Lupton, D.(1994).*The fight for public health: Principles and practice of media advocacy*. London: BMJ Books
- Cranston, P. & Davies, T. (2009). *Future connect: Social networking and aids communication*. Research paper commissioned by the communication for social change consortium for the aids 2031 initiative.
- Development Management Associates (2005).*Situation analysis of HIV/A IDS in Botswana*, A report prepared for the Government of Botswana, July (2005).
- Etuk E, (2010).*Business research methods, theory and concepts*, Calabar, University of Calabar Printing Press
- Eyo, E.,Ioannis, K., Anastasia, K & George, L (2019). Do ethical work climates influence supplier selection decisions in public organizations? The moderating roles of party politics and personal values. *International Journal of Public Sector Management*, 32 (6) 653-670
- Glanz, K, Barbara K. Rimer; K. Viswanath (2008).*Health behavior and health education: Theory, research, and practice*, extracted from behavior_and_health_education.pdf) San Francisco, CA: Jossey-Bass. 45–51
- Glanz, K., Rimer, B.K. & Lewis, F. (2002).*Health behavior and health education. theory, research and practice*. San Fransisco: Wiley & Sons.
- Global Media AIDS Initiative(2004).*The media and HIV/AIDS: Making a difference*. Retrieved from www.sahims.net/doclibrary
- Gomes, J, Ahmed S & Barua E.(2014). *Responses of print media on HIV/AIDS and mobile population in Bangladesh*. Christian Commission for Development in Bangladesh (CCDB), Dhaka: Bangladesh

EZEKIEL, Maurice Sunday, [EKO, Hodo Anna](#), AKPAN, Joy Samuel and MARTIN, George Eni: *Social Marketing Communication and its Impact on Hiv/Aids Campaign Programmes in Calabar Municipality*

Grusec, J (1992). "Social learning theory and developmental psychology: The legacies of Robert Sears and Albert Bandura". *Developmental Psychology*. 28 (5): 776–786.

Hastings, G., Stead, M. & Webb, J. (2004) Fear appeals in social marketing: Strategic and ethical reasons for concern', *Psychology and Marketing*, 21: 961–986

Hughes D, Rowe M, Batey M, & Lee A.(2012) A tale of two sites: Twitter vs Facebook and the personality predictors of social media usage. *Computers in Human Behavior*.

Idumange, J (2018).*HIV/AIDS awareness campaigns in Nigeria: What role for the social media?* Accessed from, www.itweb.co.za/mobitesite.

Janz, N, & .Marshall, H (1984). "The health belief model: A decade later" *Health Education & Behavior*. 11 (1): 47.<http://heb.sagepub.com/>.

Kotler, P. & Zaltman, G. (1971) 'Social marketing: An approach to planned social change. *Journal of Marketing*, 35: 3–21.

Lindsey, D. (1994). *The welfare of children*, New York: Oxford University Press.

NACA (2017). [National strategic framework on HIV and AIDS: 2017 -2021](#)' Global Media Aids Initiative, 2004.

NARHS,(2012) National reproductive health survey

Nwankwo, A. (2006.). The media and Nigeria's democratic possibilities. A keynote address on the occasion of *Tell Magazine's* 8th Anniversary in Lagos, April 22, 1999

Odigbo, B .Ugwu , O &Ekemezie, L (2017). Effect of mass media and Africa traditional media on HIV/AIDS prevention social marketing campaigns in Nigeria, *Review of Management and Business Research*,6(2)

Olaleye, R (2003). Level of HIV/AIDS awareness among rural farmers and its implications for food security in Ondo state, Nigeria. *International Journal of Gender and Health Studies*, 1(1): 92 – 98.

Osakue, S., Kayode, R., Marcel, A & Adekunle, A (2009). HIV/AIDS and the broadcast media: An evaluation of the Edo State of Nigeria situation, *Current Research Journal of Social Sciences* 1(3): 111-116.

- Prochaska, J. (1992). In search of how people change: Applications to addictive behaviours. *Am Psycho- Journal*, 4(7): 1102-111
- Picard, R. G. (2004). Strategic responses to media market changes. *Jönköping International Business School Research Reports*, 4(2):16
- Radford, E. (1996). HIV in the print media: A comparative and retrospective print media monitoring analysis. Anova Health Institute & Media Monitoring Africa.
- Selikow, T., Flisher, A. J., Matthews, C., & Ketye, T. (2006). Media messaging: A synthesis of lessons from the literature to inform HIV prevention amongst young people. *Journal of Child and Adolescent Mental Health*, 18(2): 61-72
- Sepkowitz .A. (2001). "AIDS—the first 20 years", *N. Engl. J. Med.* 344 (23): 1764–72.
- Shimp, T. (2006). *Advertising, promotion, and other aspects of integrated marketing communications*, 7th edn. Florence, KY: Cengage Learning
- Skinner, B. F. (1947). "Verbal behavior" <http://www.behavior.org/resources/595>.
- The Media and HIV/AIDS: Making a difference. Retrieved from [www .sahims.net/doclibrary](http://www.sahims.net/doclibrary) on July 17, 2020
- UNAIDS (2017) [Data Book](http://www.unaids.com), extracted from www.unaids.com.
- UNAIDS, 2002. Global HIV/AIDS epidemic, Retrieved from www.unaids.com
- Wellings, K. & Macdowell, C. (2000). *Evaluating mass media approaches to health promotion: A review of methods*. Monash: A publication of Health Education.
- Wikipedia (2010), Social marketing, http://en.wikipedia.org/wiki/social_media_marketing.