HEALTH COMMUNICATION APPROACHES IN REDUCING HESITANT DISCLOSURE OF HIV/AIDS STATUS AMONG PLWHIV IN AKWANGA L.G.A OF NASARAWA STATE

[1]ADEGENE, Martha Odanwu
[2]DANJUMA, Ndonima Uhwe
[3]MARLINE, O. Oluchi
[4]ELOH, Blessing Igele

[1]Department of Theatre and Media Arts, Federal University Lafia
[2]Department of English and Literary studies, Federal University Wukari.
[3]CHEVS, Nigeria
[4]Equitable Health Access Initiative, (EHAI), Akwanga, NasarawaState,Nigeria.

Corresponding Author: Adegene, Martha Odanwu, Email: adegenemartha@gmail.com

ABSTRACT

This study, Health Communication Approaches in Reducing Hesitant Disclosure of HIV/AIDS among affected Persons in Akwanga Local Government Area of Nasarawa State was guided by the following objectives; to examine the effects of health communication on behavioural change among Persons Living with HIV/AIDS in Akwanga, to find out how health communication approach has reduced hesitant disclosure among Persons Living with HIV/AIDS in Akwanga and to determine the extent which health communication approach has helped in reducing hesitant disclosure among Persons Living with HIV/AIDS in Akwanga. The study applied survey research design and using questionnaire as the major instrument for data collection. The study revealed that, respondents counsel People Living with HIV/AIDS, thus, informative, educative, persuasive and prompting approaches are the communication approaches used in counseling PLWH. The study also found that, improved confidence, increased awareness in controlling and managing HIV/AIDS, reduced intimate partner violence (IPV) and increased participation to HIV testing services, couple counselling and access to care are the effects of health communication on behavior change among PLWH. The study however, concluded that health communication approach is of great essence to reducing hesitant disclosure among Persons Living with HID/AIDS. The study recommends among other things that, a study of this nature should be carried out to accommodate more than one facilities to arrive at a more concrete and effective results.

Keywords: Health, Communication, HIV/AIDS, Stigmatization and the Health Belief Model (HBM)

Introduction

HIV and AIDS is one of the world' most severe public health challenges, this is simply because HIV/AIDS pandemic has been inflicting devastating impacts on various sectors of life, one of the major obstacles to its prevention is social stigma. Stigma is an unpleasant attribute that is deeply discrediting which directly links a person or persons to undesirable characteristics, therefore reducing that individual's status in the eyes of the public (CDC, 2019).

Bad as it may sound, stigma remains the main reason many people are afraid to see a doctor to determine whether they are infected with the HIV virus or seek treatment if they are actually affected. This trend only increases AIDS as a ''silent killer,'' because people fear the social disgrace of speaking about it or taking easily available precautions (UNAIDS, 2019; Onyebuchi et al., 2023). Stigma is a chief reason the AIDS epidemic continues to devastate societies around the world most especially developing countries like Nigeria (CDC, 2019). Stigma is seen as an undesirable attribute that individual possesses, thus reducing that individual's status in the eyes of the society and can lead to prejudicial thoughts, behavior, and actions

on the parts of the individual, governments, communities, employers, health care providers, co-workers, friends, peer groups and families.

On the other hand, health communication is broadly seen as "the study and use of communication strategies to inform and influence decisions that enhance good health in every capacity," (Coleman& Hatley, 2014), has played an important role in the prevention response since the onset of the epidemic (Calabrese et'al. (2016), said some of the key functions of health communication include the provision of relevant health information, persuasion to help motivate behaviors that improve health outcomes, the facilitation/maintenance of social connections and a supportive social environment for these desired health behaviors among people living with HIV/AIDS (PLWH).

For example, a key factor contributing to high HIV and AIDS is lack of awareness creation, behavioral change communication in and to tackle this problem, the Federal Ministry of Health initiated the Health Extension Program, one of the community-based Health programs in Nigeria. It is based on the assumption that access to and quality of primary health care in communities can be improved through transfer of health knowledge and skills to households (Calabrese, et.al., 2016).

Participatory health communication strategies are important for empowering women, men, families, and communities to recognize preventive health-related risks, and to take responsibility for developing and implementing appropriate responses. Increased knowledge and awareness is essential for reducing delays in seeking health care and in reaching a health facility. Communities and individuals must be empowered not only to recognize HIV-related risks, but they must also have the capacity to react quickly and effectively once such problems arise (Coates, et al.,2014).

Imperatively, discrimination needed to be ousted out externally while stigmatisation can be overt or constitutes libel, slander, or defamation of persons who are stigmatized (Corrigan et al., 2015). Stigma is practically associated with many chronic health conditions, including leprosy, mental health, tuberculosis, and HIV/AIDS to mention but only a few. The effects of stigma cause indescribable suffering to the stigmatised (Corrigan, et'al,2012). The Stigma in the context of HIV/AIDS is unique when compared to other infectious and communicable diseases and this tends to create a ''hidden epidemic'' of the disease based on socially shared ignorance, fear, misinformation, and denial by the general public and most time self stigmatizations (Bigman, 2014).

According to Saguy, et al, (2016) and National AIDS Trust, (2019) health communication has played an important role in HIV prevention efforts, its potential to improve outcomes across the continuum of care has not been fully realized, in part due to the lack of a framework that translates health communication theories and practices into specific interventions to address each step in the treatment cascade. It is based on this backdrop this study therefore examine how health communication approaches can be applied to reducing hesitant disclosure among People Living with HIV/AIDS in Akwanga Community, using the Institute of Human Virology of Nigeria, (IHVN) as a case study.

Statement of the Problem

From time immemorial, AIDS epidemic, stigma and discrimination have fuelled the transmission of HIV and have greatly increased the negative impact associated with the epidemic. HIV-related stigma and discrimination continue to manifest in every country and region of the world, creating major barriers to preventing further infection, alleviating impact and providing adequate care, support and treatment (WHO, 2015), cited in National AIDS Trust, (2019). Despite the pervasiveness of HIV-related stigma and discrimination in national HIV epidemics and their harmful impact in terms of public health and human rights, they remain seriously neglected issues in most national responses to HIV (Cahillet al., 2017).

It has been on record that, both National and international AIDS programmes such as the Institute of Human Virology of Nigeria (IHVN), APIN and Jiredoo, a local HIV awareness creation team, together with key partners had taken concrete steps to address these critical obstacles by paving ways towards universal access to prevention, treatment, care and support through effective health communication strategies. According to European Centre for Disease Prevention and Control, (2014), the UN system,

funding mechanisms and bilateral partners supports countries through advocacy, strategic planning, technical assistance, resource mobilization and other means to reduce self-stigmatization and discrimination related to HIV.

Braveman and Gottlieb, (2014) cited in Bulentet'al. (2017) argued that, although health communication has played an important role in HIV prevention efforts, its potential to improve outcomes across the continuum of care has not been fully realized, in part due to the lack of a framework that translates health communication theories and practices into specific interventions to address each step in the treatment cascade. Therefore, there have not been high record of success due to lack of political and programmatic commitment to execute the policies or anything about these efforts, hence the gap of this study to examine how health communication approaches had been effectively applied in reducing hesitant disclosure among Persons Living with HIV/AIDS (PLWH) in Akwanga community.

Objectives of the Study

The broad objective of this study is on the "Application of Health Communication Approach in Reducing Hesitant Disclosure among People Living with HIV/AIDs in Akwanga Local Government Area of Nasarawa State" while the specific objectives are:

Research question

1. What are the effects of health communication on the behavioral change among Persons Living with HIV/AIDS in Akwanga?
2. How has health communication approach helped in reducing hesitant disclosure among Persons Living with HIV/AIDS in Akwanga?
3. To what extent has health communication approach reduced hesitant disclosure among Persons Living with HIV/AIDS in Akwanga?

Literature Review

Health Communication

Practically, one of the key objectives of health communication is to influence individuals and communities in regards to better health conditions. The goal is admirable since health communication aims to improve health outcomes by sharing health-related information. In fact, the Centers for Disease Control and Prevention (CDC, 2014), define health communication as "the study and use of communication strategies to inform and influence individual and community decisions that enhance health". Health communication can also be defined as the art and technique of informing, influencing, and motivating individual, institutional, and public audiences about important health issues. (Clair et al.,2016).

Another important role of communication is to create a receptive and favorable environment in which information can be shared, understood, absorbed, and discussed by the program's intended audiences. This requires an in-depth understanding of the needs, beliefs, taboos, attitudes, lifestyle, and social norms of all key communication audiences. It also demands that communication is based on messages that are easily understood. Health communication is well characterized who view it as "the process of understanding and sharing meanings" (Pescosolido et al., 2015).

According to Bannatyne, and Abel, (2015), health communication programs based on solid theory may bring health to the forefront of the public agenda, reinforce HIV messages, stimulate people to seek more and better information, and in some cases lead towards healthier lifestyles four key elements of the communication process are typically used in health communication: source, message, channel, and audience, increasingly coupled with social mobilization and participation components and with rigorous research.

HIV/AIDS

HIV (*Human Immunodeficiency Virus*) is a virus that attacks cells that help the body fight infection, making a person more vulnerable to other infections and diseases (CDC, 2019). It is spread by contact with certain bodily fluids of a person with HIV, most commonly during unprotected sex (sex without a condom or HIV medicine to prevent or treat HIV), or through sharing injection drug equipment, such as blood, breast milk, semen and vagina fluids. If left untreated, HIV can lead to the disease AIDS (*acquired immunodeficiency syndrome*). The human body can't get rid of HIV and no effective HIV cure exists.

So, once you have HIV, you have it for life. However, by taking HIV medicines (called antiretroviral therapy or ART), people with HIV can live long and healthy lives and prevent transmitting HIV to their sexual partners (WHO, 2015). In addition, there are effective methods to prevent getting HIV through sex or drug use, including pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP). First identified in 1981, HIV is the cause of one of humanity's deadliest and most persistent epidemics.

AIDS on the other hand is the late stage of HIV infection that occurs when the body's immune system is badly damaged because of the virus. In the U.S., most people with HIV do not develop AIDS because taking HIV medication every day as prescribed stops the progression of the disease. A person with HIV is considered to have progressed to AIDS when:

- The number of their CD4 cells falls below 200 cells per cubic millimeter of blood (200 cells/mm3). (In someone with a healthy immune system, CD4 counts are between 500 and 1,600 cells/mm3.) OR

- They develop one or more opportunistic infections regardless of their CD4 count.

Without HIV medicine, people with AIDS typically survive about 3 years. Once someone has a dangerous opportunistic illness, life expectancy without treatment falls to about 1 year. HIV medications can still help people at this stage of HIV infection, and it can even be lifesaving. But people who start ART soon after they get HIV experience more benefits that's why HIV testing is so important (CDC, 2011).

Stigmatization

Stigma is an attribute that conveys devalued stereotypes in opening up on a person's HIV/AIDS status. Clair et al, (2016), typically defined stigma as an "attribute that is deeply discrediting." A discredited attribute could be readily discernable, such as one's skin color or body size, or could be hidden but nonetheless discreditable if revealed, such as one's criminal record or struggles with mental illness. Stigmatization has been described as a dynamic process of devaluation that 'significantly discredits' an individual in the eyes of others.

Stigmatization can also mean treatment of somebody that makes them feel that they are very bad or unimportant. Sadly, the formation of stigmas is the assignment of negative perceptions to an individual because of perceived difference from the population at large; it may occur on the basis of physical appearance (including race or sex), of mental or physical illness, or of various other qualities (Galit, et'al.,2019).

Communication as a Core Clinical Competency in Public Health Practice

Being sick is among one of the most vulnerable times in people's lives, especially in the case of severe, chronic, or life-threatening diseases (Vander, etal, 2013). It is also a time in which patients need to understand and feel comfortable with the information their provider shares with them. From a patient's perspective, it is important to feel that their case is a key priority for the health care provider they have selected. From a provider's perspective, conflicting priorities, managed care requirements, time barriers, or

insufficient communication training may limit the ability to establish trusting and open relationships with patients (Galit et al., (2019).

Still, effective communication has been shown to have a positive impact on patient compliance to health recommendations, patient satisfaction, patient retention rates, overall health outcomes, and even a reduced number of malpractice suits (Limayeet al, 2013); Bigman, (2014), the patient-provider encounter offers one of the most important opportunities "to have a major impact on reducing morbidity and mortality of chronic diseases, through personalized information exchange" (p. 209).

For example, cultural competence is very important in nursing. U.S. nurses are specifically educated to put aside their cultural bias and work with the patient's cultural beliefs. This is a unique attribute of these educated nurses and helps establish effective relationships with patients.

- Good provider-patient communications are very important in changing patients' attitudes toward disease, helping them use their culture in a positive way, and empowering them to make the changes in their lives that are associated with better health outcomes.

- The parents of the children we see in hospitals knows more than we do. Therefore, when we acknowledge this fact, it's much easier to guide parents to make the changes that are needed for their children, as well as to reinforce the positive things they are already doing. Foremost introduce yourself, and explain the role you will play in their care as a health staff.

- Health workers are well positioned to establish good provider-patient relationships because of their education and training.

- Patient-provider encounters should be used not only to determine the physical fitness of the patient and treat potential illnesses but also to assess the overall patient's well-being.

Applying Health Communication Strategies to Reducing HIV/AIDS Hesitant Disclosures

Program planners should not rely on any workshop, press release, brochure, video, or anything else to provide effective communication without making sure that their content and format reflect the selected approach (the strategy) and is a priority in reaching the audience's heart. According to Cecilia et.al., (2014) an effective communication strategy is a critical component of the global endeavors in HIV/AIDS prevention and education.

Below are some practical ways which health communication can be applied in reducing stigmatizations as highlighted by Storey, (2014). Many individuals and organizations like the Institute of Human Virology of Nigeria, (IHVN) are fighting to end HIV-related stigma and improve the lives of people with HIV and AIDS. Here are a few things that can help in reducing stigmatization in rural communities as well as Nigeria at large through effective communication.

Build trust between the recipient and the sender

A successful health communication message relies heavily on the trust between recipient and sender, whether an individual, an organisation or a public authority. Consequently, it is important that the message is accurate and up to date, and the sender is perceived as authentic and authoritative (National AIDS Trust, 2019).

Use accurate, complete, and current information

Public health professionals, policymakers and HIV prevention practitioners designing communication strategies must recognise information needs by providing scientifically accurate and current messages. One of the major challenges of health communication is to provide enough information to enable the audience to follow the logic of the recommendations, while at the same time not losing those members of the audience that have a lower level of health literacy (Bigman, 2014).

Promote self-respect and empowerment

Communication strategies should be designed in a way that leads to an increase in the target group's knowledge so they can protect and improve their sexual health. Thus, equal responsibility implies that all partners who participate in a sexual encounter are jointly accountable for being aware of their HIV status (Coates, et.al, 2014).

Take a participatory approach

The perspective from which messages are communicated is an important factor for health promotion, especially in the context of sex and sexual health messages. A top to down approach can reinforce disenfranchisement and undermine health communication efforts (UNAIDS, 2018). Ensuring the participation of all affected persons in all aspects of the communication strategy through community-centred, dialogic and participatory approaches can alleviate negative responses.

Use acceptable language and imagery

There is empirical evidence from the field of communication science indicating the importance of using simple and acceptable language, combined with appropriate and engaging imagery to effectively reach the target audience (Adewuya, et al.,2010). When communicating about sex and sexual health with affected persons as the target group, vocabulary and language should be in synch with the situational context: poster slogans in simple phrases needs to be presented differently from those on display in public health clinics.

Challenges to Effective Communication in Health Organizations

Let it be known that even the best communication strategy can fail if it does not take into account the special circumstances that persons living with HIV/AIDS (PLWH) as a social group are exposed to. Of particular importance are barriers that prevent the delivery of effective communication. In general, communication teams should first assess the local situation to identify which types of barriers may need special attention before designing a health communication initiative. The most common ones ranges from Structural barriers to communication, stigma/discrimination, legal environment, social structure, cultural and religious beliefs and attitudes, personal and professional bias, unsatisfied health services and to an extent self-stigmatization.

Empirical Review

A study was carried out by Haile (2020) titled "a study of health communication practice to reduce HIV/AIDS in the urban areas of Addis Ababa NifasSilekLafeto sub-city Woreda 11 in focus". This study focused on the health communication strategies used by health extension program workers to reduce HIV/AIDS in the urban areas, with an emphasis on whether these strategies were effective in promoting participation and creating awareness among the communities in the selected Woreda.

This was chosen purposively as case study area because it is one of the woredas with high HIV exposure rat. This woreda was purposively selected for the study. Qualitative methods were used for data

collection. Accordingly, from the selected woreda, in-depth interviews were conducted with four HEWs that work in four selected ketanas and two woreda health officers and supervisors, all of them are females. Based on the participatory communication model as a theoretical framework, the data was analyzed. The analysis indicated health extension program depended on interpersonal communication, team communication, and door to door communication and team communication strategies.

However, it was found out that in the study area, the two down communication was more predominantly used. Men were not included in the communication.

In another study by Zeluf et al., (2019) did a study on "*Stigma reduction interventions in people living with HIV to improve health-related quality of life in Slona, Sweden*". The study seeks to examined the effectiveness of stigma intervention programs for living with HIV/AIDS. The study adopted Qualitative or mixed-methods approaches for data collection using purposive sampling technique at sampling 210 respondents in Swenden. The study revealed that there were methods to reduce stigma in several under-represented key populations and geographical regions is insufficient and research on intersectional stigma (ie, the convergence of multiple stigmatized identities) needs further attention.

Theoretical Framework

This study is anchored on the Health Belief Model (HBM). The Health Belief Model (HBM) was accredited to Hochbaum, Rosenstock and others in (1950s). According to Burke (2013), the Health Belief Model is an Intrapersonal Model (IM) that is used in health promotion to design intervention and prevention programmes. The model was developed in the 1950s by social psychologist, Hochbaum, Rosenstock and others, working in the U.S Public Health Service to explain the failure of people participating in programs to prevent, and detect disease even when the service was without charge and in a different convenient location.

Afterwards, the model received further insight through the work of researchers who concluded that six main constructs influence people's decisions about whether to take action to prevent screen for, and control of illness. The six constructs include: i) *perceived susceptibility* ii) *perceived severity* iii) *perceived benefits* iv) *perceived barriers* v) *cues to action* and vi) *self efficiency*. Ezinwa and Onyike (2014) note that it is the position of this theory that people's beliefs influence their health behavior.

Therefore, the focus of HBM is to assess health behavior of individuals through examination of perceptions and attitudes someone may have towards disease and negative outcomes of certain actions by other persons. The Health Belief Model is unarguably relevant to this study. In that, it is basically health communication intervention model that unveils how the presentation of health messages contextually by health workers can shape the health behaviors of individuals towards positive outcome (Mbiereagu & Etumnu, 2020). This process of positive health behavioral change has been demonstrated in the six main aforementioned constructs.

However, the perceived susceptibility of individuals exhibiting certain/strange behaviors, it is because of their perceived severity of unpleasant utterances, perceived benefits of adherence to preventive measures, their perceptions of the barriers that could deter them from adopting positive health behaviors, the discrimination attitudes about HIV/AIDS related issues from the general public. Imperatively, this theory demonstrates the significance of HBM to this study.

Methodology

The study adopted survey research method using Equitable Health Access Initiative (EHAI), team at Our Lady of Apostle Hospital (OLAH), Akwanga, as a case study. According to (EHAI, Database, 2023), the population for this study is all Anti-Retroviral Team (ART), OLAH Facility, Akwanga. In determining the sample size for this study, census study was adopted.

Justifying the use of Census Study, Glenn, (1992) argued that a census is attractive for small population and it eliminates sampling error and provides data on all the individuals in the population. He also maintained that using census to sample an entire population will achieve a desirable level of precision, hence, the population for this study is Seventeen, (17). The study adopted structured questionnaire as instrument of data collection, while however, pilot testing was conducted to test the validity and reliability of the instrument before final distribution. Data was analysed using frequency counts and tables.

Results and Discussions

Research Question One: Do you counsel People Living with HIV/AIDS?

Table 1: Whether respondents counsel People Living with HIV/AIDS

Options	Frequency	Percentages (%)
Yes, I do counsel PLWH	10	58.83
No, I don't counsel PLWH	7	41.17
Maybe, maybe not	-	-
Total	**17**	**100**

Source: Field survey, 2025

The question in table 1 was designed to determine whether or not respondents counsel People Living with HIV/AIDS. The data in the table above show that majority of the respondents (58.83%) counsel People Living with HIV/AIDS. This implies that respondents counsel People Living with HIV/AIDS, thus, were in a better position to provide relevant answers to the research questions raised in the study.

Research Question Two: What health communication approach do you apply in counselling People Living with HIV/AIDS?

Table 2: Health communication approaches used in counselling PLWH

Options	Frequency	Percentages (%)
Informative approach	3	30
Educative approach	3	30
Persuasive approach	3	30
Prompting approach	1	10
Total	**10**	**100**

Source: Field survey, 2025

Table 2 is concerned with what approach respondents applied in counselling PLWH. It shows that 3 (30%) of the total respondents identified informative approach as the communication approach used in counseling PLWH, 3(30%) also identified educative approach as the communication approach used in counseling PLWH, 3(30%) said they used persuasive approach in counselling PLWH while another 1(10%) identified prompting approach in counselling PLWH.

In conclusion, we can say that, informative, educative, and prompting approaches are the communication approaches used in counseling PLWH.

Research Question Three: To what extent has health communication approach reduced hesitant disclosure among Persons Living with HIV/AIDS in Akwanga?

Table 3: Extent which health communication approaches has reduced hesitant disclosure

Options	Frequency	Percentages (%)
Larger extent	10	100
Average extent	0	0
Low extent	0	0
	0	0
Total	**10**	**100**

Source: Field survey, 2025

Table 3 presents the extent which health communication approach has reduced hesitant disclosure among PLWHIV. It was shown that 10(100%) of the total respondents said the extent which health communication approach has reduced hesitant disclosure among Persons Living with HIV/AIDS in Akwangais to a large extent.

In conclusion, health communication approach has reduced hesitant disclosure to a large extent among PLWHIV in agwanga.

Discussion of Findings

From the results analysed above, we discovered that, respondents counsel People Living with HIV/AIDS, thus, informative, educative, and prompting approaches are the communication approaches used in counseling PLWH. This conclusion matches that of Berger, Ferrans & Lashley, (2001) when they agreed that once the above communication approaches are strategically applied by researchers, clinicians, and public health practitioners, they may be able to obtain a more nuanced understanding of stigma-related behaviors and biases, and therefore be able to predict and mitigate different negative health outcomes for PLWH

The study also found that, improved confidence, increased awareness in controlling and managing HIV/AIDS, reduced intimate partner violence (IPV) and increased participation to HIV testing services, couple counselling and access to care are the effects of health communication on behavioral change among PLWH.

From the above results, Helms et.al, (2016), concluded that even though there were abundance of research that has documented the injurious effects of stigma, few researchers have attempted to classify specific mechanisms and examine the pathways through which social stigma related to HIV is processed and experienced by PLWH at an individual level, consequently affecting their health outcomes. Furthermore, prior to these researches, suggests that social stigma affects emotions, cognitions, and behavior of PLWH.

The study found that, building trusts/encourages adherence to medication, spirit of belongingness/instilled self-confidence and familiarizes PLWH about their rights and privileges and to know when their rights are being trampled upon are some of the ways how health communication approach has helped reduced stigmatization among PLWH.

This conclusion is in line with the findings of Olusegun et.al, (2014) when they posited that discrimination is an aspect of stigma defined as a form of exclusion, restriction of expression, marginalization, or prevention from access to something or services. And that discrimination is a negative behavior, thoughts, feelings, or actions toward people living with HIV/AIDS (PLWHA) irrespective of whether people are discriminated against because they know that they are devalued.

The study revealed that, the extent to which health communication approach has helped in reducing stigmatization among Persons Living with HIV/AIDS in Akwanga is to a greater extent.

Conclusion

Conclusively, it is worthy to mentioned that, health communication approach is of great essence to reducing hesitant disclosure among Persons Living with HID/AIDS, and as found out from the study, improved confidence, increased awareness in controlling and managing HIV/AIDS, reduced intimate partner violence (IPV) and increased participation to HIV testing services, couple counselling and access to care are the effects of health communication on behavioral change among PLWH.

Recommendations

The study recommends among other things that:

1. A study recommends that healthcare staff should be constantly trained in the areas of health communication approaches for effective outcome.

2. The study recommends that researchers, clinicians, and public health practitioners should incorporate health communication approaches such as informative, educative, and prompting approaches to their day-to-day activities so that they would be able to obtain a more nuanced understanding of stigma-related behaviors and biases for optimum results on behavioural change among PLWH.

3. The study recommends that, all medical researchers, doctors, nurses as well as councilors should endeavor to attend training at interval for effective updates on current issues and developments on HIV/AIDS related issues.

4. The study is of the opinion that, there should be constant evaluation on how health practitioners and health care givers communicate among themselves and by extension to PLWH for increased productivity.

References

Abiot Kebede Haile (2020). *A study of health communication practice to reduce hiv/aids in the urban areas of Addis Ababa NifasSilekLafeto Sub-City Woreda 11 in focus* Addis Ababa University, Ethiopia.

Adewuya, A. O., Afolabi, M. O., Ola, B. A., Ogundele, O. A., Ajibare, A. O., Oladipo, B. F., & Fakande, I. (2010). The effect of psychological distress on medication adherence in persons with HIV infection in Nigeria. *Psychosomatics,* 51(1), 68-73.

Arpan, L. M., Lee, Y. S., and Wang, Z. (2017). Integrating self-affirmation with health risk messages: effects on message evaluation and response. *Health Communication*. 32, 189–199. doi: 10.1080/10410236.2015.1113483.

Bannatyne, A. J&Abel, L. M. (2015). Can we fight stigma with science? The effect of aetiological framing on attitudes towards anorexia nervosa and the impact on volitional stigma. Austrailian Journal of Psychology. 6(7) 38–46. doi: 10.1111/ajpy.12062

Berger, B.E., Ferrans, C.E.,& Lashley, F.R. (2001). Measuring stigma in people with HIV: psychometric assessment of the HIV stigma scale. Res Nurs Health; 24(6):518–29. [PubMed: 11746080] 12.

Bigman, C. A. (2014). Social comparison framing in health news and its effect on perceptions of group risk. *Health Communication*. 29, 267–280. doi: 10.1080/10410236.2012.745043.

Braveman, P., and Gottlieb, L. (2014). The social determinants of health: it's time to consider the causes of the causes. Public Health Representative. 129(Suppl. 2), 19–31. doi: 10.1177/00333549141291S206.

Bulent, T. Henna B, Pariya, L.F, Wesley R.B, James L.R, Michael J.M, & Janet M.T, (2017). How does stigma affect people living with HIV? The mediating roles of internalized and anticipated HIV stigma in the effects of perceived community stigma on health and psychosocial outcomes. *Aids and Behavior.* DOI: 10.1007/s10461-016-1451-5.

Cahill, S., Taylor, S. W., Elsesser, S. A., Mena, L., Hickson, D., and Mayer, K. H. (2017). Stigma, medical mistrust, and perceived racism may affect PrEP awareness and uptake in black compared to white gay and bisexual men in Jackson, Mississippi and Boston, Massachusetts. AIDS Care 29, 1351–1358. doi: 10.1080/09540121.2017.1300633.

Calabrese, S. K., Underhill, K., Earnshaw, V. A., Hansen, N. B., Kershaw, T. S., Magnus, M., et al. (2016). Framing hiv pre-exposure prophylaxis (prep) for the general public: how inclusive messaging may prevent prejudice from diminishing public support. *AIDS Behavioural Journal*. 20, 1499–1513. doi: 10.1007/s10461-016-1318-9.

Cecilia, T, Kathryn, R, Rupali, J.L, Lynn, V.L Susannah, G, Marina, S,& David, D.C. (2014). A role for health communication in the continuum of HIV care, treatment, and prevention. *Journal of Acquired Immune Deficiency Syndrome*. 66(0 3): S306–S310. doi:10.1097/QAI. 0000000000000239

Centers for Disease Control CDC, (2011). Vital signs: HIV prevention through care and treatment --United States. MMWR Morb and Mort Wkly Rep. 2011; 60(47):1618–1623.

Centers for Disease Control Prevention CDC, (2019). Let's Stop HIV Together. Available online at: https://www.cdc.gov/actagainstaids/campaigns/lsht/index.html (accessed February 28, 2020).

Centers for Disease Control Prevention CDC, (2019). Let's Stop HIV Together. Available online at: https://www.cdc.gov/actagainstaids/campaigns/lsht/index.html (accessed February 28, 2020).

Clair, Matthew, Caitlin Daniel, and Michèle Lamont. (2016). "Destigmatization and Health: Cultural Constructions and the Long-term Reduction of Stigma." *Social Science & Medicine.*doi: 10.1016/j.socscimed.2016.03.021

Coates TJ, Kulich M, Celentano DD, et al, (2014). Effect of community-based voluntary counselling and testing on HIV incidence and social and behavioural outcomes (NIMH Project Accept; HPTN 043): a cluster-randomised trial. Lancet Glob Health. 2014; 2(5):e267–e277. [PubMed: 25103167]

Coleman, R., and Hatley Major, L. (2014). Ethical health communication: a content analysis of predominant frames and primes in public service announcements. *Journal of Mass Media Ethics* 29, 91–107. doi: 10.1080/08900523.2014.893773.

Corrigan, P. W., Morris, S. B., Michaels, P. J., Rafacz, J. D., and Rusch, N. (2012). Challenging the public stigma of mental illness: a meta-analysis of outcome studies. *Psychiatric. Services.* 63, 963–973. doi: 10.1176/appi.ps.201100529.

Corrigan, P., Michaels, P. J., and Morris, S. (2015). Do the effects of antistigma programs persist over time? Findings from a meta-analysis. *Psychiatric. Services.* 66, 543–546. doi: 10.1176/appi.ps.201400291.

D. A., Saguy, A. C., Sandhu, G., and Mann, T. (2016). Effects of competing news media frames of weight on antifat stigma, beliefs about weight and support for obesity-related public policies. *Int. J. Obes*. 40, 543–549. doi: 10.1038/ijo.2015.195.

European Centre for Disease Prevention and Control, (2014). HIV/AIDS surveillance in Europe. Stockholm: ECDC.

GalitZeluf, Maria Reinius, Lars E Eriksson & Veronica Svedhem (2019*). Stigma reduction interventions in people living with hiv to improve health-related quality of life* available at www.thelancet.com/hiv Published online., https://doi.org/10.1016/S2352-3018(19)30343-1. Retrieved23/04/ 2021

Helms CB, Turan JM, Atkins G, et al., (2016) Interpersonal mechanisms contributing to the association between HIV-related internalized stigma and medication adherence. AIDS Behav. 2016; doi: 10.1007/s10461-016-1320-2 1

Kippax, S. Stephenson, N. (2012). Beyond the distinction between biomedical and social dimensions of HIV prevention through the lens of a social public health. *American Journal of Public Health.*; 102(5):789–799. [PubMed: 22493997]

Lamont, M. Graziella, M.S, Jessica S.W. Joshua, G. Nissim, M. Hanna, H. and Elisa, R. (2016). *Getting Respect: Responding to Stigma and Discrimination in the United States, Brazil, and Israel. Princeton*, New-Jessy: Princeton University Press.

Limaye, R.J. Bingenheimer J.B. Rimal R.N. Krenn, S. &Vondrasek, C. (2013). Treatment-as-prevention in AIDS Control: why communication matters. *J Therapy and Manag in HIV Infect.*; 1:3–6.

Mbiereagu, U.B. & Etumnu E.W. (2020). Influence of breast cancer awareness campaigns on the practice of breast self-examination among women in Owerri municipal. *IMSU Journal of Communication Studies, 4*(1), 225-234.

National AIDS Trust, (2016). Tackling HIV stimga: what works? Using the global evidence base to reduce the impact of HIV stigma. Available at https://www.nat.org.uk/sites/default/files/publications/Jun_16_ Tackling_HIV_Stigma.pdf (accessed Oct 16, 2019).

Onyebuchi, A.C., Alaekwe, K.N., Idih, N.M., Obuibike, O.C., & Etumnu, E.W. (2023). Influence of radio health sensitisation programme on HIV stigmatisation among residents of Owerri Metropolis, Nigeria. Asian Journal of Advanced Research and Reports, 17(10), 195–207. https://doi.org/10.9734/ajarr/2023/v17i10544

Pescosolido, B.A. and Jack, K.M. (2015). "The Stigma Complex." *Annual Review of Sociology,* 41: 87-116. doi: 10.1146/annurev-soc-071312-145702

Piot, P. (2006), *How to reduce the stigma of AIDS, Keynote address.* Symposium at the XVI International AIDS Conference, Toronto. Retrieved on/12/12/2021.

Storey D, Ahanda KS. (2014). What is health communication and how does it affect the HIV/AIDS continuum of care? a brief primer and case study from New York City. *Journal of Acquired Immune Deficiency Syndrome,* 66(suppl 3):S241–S249. [PubMed: 25007193.

UNAIDS, (2019). From principle to practice: greater involvement of people living with or affected by HIV/AIDS. UNAIDS, Geneva. http://www.unaids.org/publications/documents/persons/una9943e.pdf. retrieved on/12/12/20121.

UNAIDS, & Canadian HIV/AIDS Legal Network, (2005). *Courting Rights: Case Studies in Litigating the Human Rights of People Living with HIV.* Geneva: Joint United Nations Programme on HIV/AIDS. Available on-line: http://data.unaids.org/Publications/IRC-pub07/JC1189-CourtingRights_en.pdf. retrieved/on/12/12/2021

UNAIDS, (2018). Global partnership for action to eliminate all forms of hiv-related stigma and discrimination. Geneva: UNAIDS, 2018.

Van der Kop M.L, Ojakaa, D.I. Patel, A. etal, (2013). The effect of weekly short message service communication on patient retention in care in the first year after HIV diagnosis: study protocol for a randomised controlled trial (WelTel Retain). BMJ Open.; 3(6): e003155.

World Health Organization, (2015). Health promotion, Available from: URL: http://www.who.int/topics/health_promotion/en/

Zeluf, A.G, Eriksson L.E, Schönnesson L.N, Höijer, J. Månehall, P. &Ekström, A.M. (2019). Beyond viral suppression: the quality of life of people living with HIV in Sweden. AIDS Care; 31: 403–12.

123