



HIV/AIDS Information Sources and Safe-Sex Practices among Artisans in Ilorin, Kwara State, Nigeria

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Abstract. This study investigated HIV/AIDS information sources and safe-sex practices among artisans in Ilorin metropolis. Two research questions guided the study. Information Processing Theory was used to underpin the study. A descriptive research design was adopted for the study. The study found among others that, artisans have a high level of awareness about HIV/AIDS and safe sex. The study, therefore recommended among others, that, to achieve the vision 2030 (Goal 3, target 3.2) of the Sustainable Development Goal on ending HIV/AIDS as projected by WHO, the Federal and State Ministries of health and other stakeholders in HIV/AIDS containment should intensify health awareness campaigns' efforts with special interest on HIV/AIDS containment and safe-sex practices through the use of appropriate information sources of the target audience.

Keywords: Health communication, HIV/AIDS, Information sources, Safe-sex practices, Artisans

1. Introduction

The search for the right source of information to address HIV/AIDS vulnerable population has been a serious concern to the critical stakeholders in public health related sector as HIV/AIDS is regarded to be the world's most serious health and development challenges (International AIDS Society, 2021). Since Human Immunodeficiency Virus and An acquired Immune Deficiency Virus (HIV/AIDS) was identified and reported in Nigeria in 1981, the disease has been spreading like a wildfire and it has assumed an alarming rate too. Due to the widespread, several efforts have been made to contain the disease through

advertisements placed on radio, television and other media. Some of the most often and theatrical HIV/AIDS mass media campaigns according to Utulu (2011) are: *AIDS no dey show for face, Zip up, Use Condom, AIDS is real and Imagine a world without HIV/AIDS*. However, despite these efforts, the HIV/AIDS prevalence rate in Nigeria is still very high.

Previous studies have focused more attention on HIV/AIDS awareness, knowledge, and sexual behaviour. Little attention seems to have been paid to how HIV/AIDS information sources influence safe-sex practices among the most vulnerable population particularly artisans (fashion designers, salon operators, motor mechanics, and furniture makers) in the informal sector. It is believed that these groups are susceptible to HIV/AIDS perhaps not only because they lack adequate information or are poorly informed about the implications of unsafe sex practices but perhaps because the socio-economic conditions of living of these groups of people make them to be more prone to contracting diseases such as HIV/AIDS. Apart from the fact that some of them could be economically disadvantaged to purchase condoms, they also show poor attitudes towards condom usage. Moreover, the nomadic nature of work of the selected artisans (fashion designers, salon operators, motor mechanics, and furniture makers) in this study, apart from their poverty level, also makes them vulnerable to unsafe sex which could make them easily contract HIV/AIDS.

Therefore, to reduce the high rate of HIV/AIDS among artisans, research ought to be carried out to identify their preferred information sources as they influence

their sexual practices, thereby sensitising the critical stakeholders in HIV/AIDS containment on the right communication intervention approach to address this menace among this vulnerable population. Thus, investigating HIV/AIDS information sources and safe-sex practices among artisans in Ilorin metropolis would help every stakeholder in HIV/AIDS in designing appropriate communication intervention strategies.

It is unthinkable that containing and preventing HIV/AIDS disease will be difficult as the country is witnessing an increasing rate of HIV/AIDS-related death. In fact, Nigeria was ranked the fourth country where HIV/AIDS is mostly prevalent in the world (World Population Review, 2023). For about four (4) decades, it has been difficult for government and non-governmental organisations to achieve desirable results of combating the scourge of HIV/AIDS disease. International Organisations such as the Joint United Nations Programme on AIDS (UNAIDS), World Health Organisation (WHO), International Labour Organisation (ILO) and local agencies such as National Agencies for the Control of AIDS (NACA), Nigeria Centre for Disease Control and Prevention (NCDC), and Society for Health Management and Sciences, as part of their primary responsibilities, have made decisive efforts to prevent the spread of the deadly but managed virus, yet HIV/AIDS prevalence rate in Nigeria is high. They have made efforts to combat the deadly disease through different media of communication such as newspapers, magazines, radio, television, social media, conferences, mass media, and so on without concomitant results.

The high rate of HIV/AIDS, despite a series of mass media campaigns, is a pointer that efforts at combating the dreaded disease should not only be left to the mass media. To achieve Vision 2030 which projects to end HIV/AIDS in the world (WHO, 2020), the artisans in the country must be sensitised on the need to engage in preventive behaviour such as safe-sex. This practice will reduce the chance at which artisans contract HIV/AIDS through heterogeneous sexual relationships. Meanwhile, the nomadic nature of work, socio-economic conditions of life and the poverty level of artisans make them vulnerable to heterogeneous sex which is the major mode of transmission of HIV infection in Nigeria (Imoh, 2008, WHO, 2014 & Avert, 2019).

HIV/AIDS prevalence rate has also risen globally as it has claimed about 40.1 million lives worldwide since its inception (UNAIDS, 2022). This figure is nine million higher than the 32 million lives which were earlier reported by WHO in the year 2018. Moreover,

considering the HIV/AIDS prevalence rate in Nigeria, it seems the successive government has not been supportive enough in encouraging the critical stakeholders in containing HIV/AIDS and other related diseases across the country. If there are aggressive sensitisations on the deadly but managed viral infection, the 51,000 HIV/AIDS-related death toll recorded among Nigerians in the first two quarters of the year 2020 alone (NACA, 2020) and another 51,000 in 2021 (WHO, 2022) would have been perhaps averted. Subsequently, the ranking which put Nigeria as the fourth country with the largest prevalence rate of HIV pandemic in the world (World population review, 2023) and one of the countries with the highest rates of new infection in Sub-Saharan Africa would also not have been the case. Therefore, the high prevalence rate of HIV/AIDS in Nigeria is a reminder to the critical stakeholders and researchers that the country is still faced with the challenge of HIV/AIDS. Consequent upon this, following the available data to this researcher, there is a dearth of research on HIV/AIDS information sources and safe-sex practices among artisans in Ilorin metropolis. Hence, to reduce the dreaded HIV/AIDS prevalence rate in Nigeria, there is a need to intensify communication intervention programmes through the use of appropriate information sources, for the socio-economically disadvantaged population such as fashion designers, salon operators, motor mechanics, and furniture makers. Thus, the current study filled part of the gap discovered in the reviewed literature.

1.1 Research Questions

- What are the preferred information sources about HIV/AIDS and safe-sex practices among artisans in Ilorin metropolis?
- To what extent does exposure to information about HIV/AIDS and safe-sex practices influence the sexual practices of artisans in Ilorin metropolis?

2. Literature Review

2.1 HIV/AIDS Information Sources and Safe-Sex Practices

Human Immunodeficiency Virus (HIV) is a virus that gradually attacks the immune system, the human body's natural defence against illness (CDC, 2021). If a person becomes infected with HIV, he would find it hard to fight off infections and diseases (NACA, 2019). If left untreated, it takes between 10 and 15 years for HIV to develop to an Acquired Immune Deficiency Syndrome (AIDS). Thereafter, HIV would have severely damaged the immune system of an

infected person. According to CDC (2021), there is no effective cure for HIV. Once an individual is infected with HIV, he/she has it for life. HIV attacks the immune system of an infected person, specifically the white blood cells called CD4 cells (WHO, 2022). Marshall (1999) describes HIV as an ineffective agent that attacks the central control mechanisms of the immune response, yielding a condition that results in opportunistic infections, malignancies, generalised lymphadenopathy (swelling of lymph nodes), and death. He (Marshall) adds that opportunistic infections like cold, fever, cough, body pain, and so on, which are signs of common illness may become severe in HIV-infected persons because of the breakdown of the infected person's immune system.

According to the Kwara State AIDS Control Agency (KWASACA, 2019), upon infection, HIV stays in the body of an infected person and slowly destroys the body's defence against the disease. If HIV is not treated, the infected person becomes sick and it leads to AIDS (CDC, 2021). Before it resorts to AIDS, HIV destroys CD4 cells, weakening a person's immunity against opportunistic infections such as tuberculosis and fungal infections, severe bacterial infections, and some cancers (WHO, 2022). CD4 is the white blood cell that plays an important role in the immune system of an individual (Pebody, 2021). CD4 cell indicates the health of someone's immune system. It is an individual's natural defense system against pathogens, infections, and illnesses. CD4 cells are sometimes called T-cells, T-lymphocytes, or helper cells.

AIDS is a chronic life-threatening disease caused by HIV. Generally, AIDS carriers experience symptoms such as tuberculosis, prolonged diarrhea, or skin infection (KWASACA, 2019). The impact of AIDS is more felt in a country where there is poverty, social inequality and gender inequality (like Nigeria). However, some individuals might become more vulnerable than others.

The term information source means different things to different people. Librarians use it to signify the bridges that lead scholars to the sources of the primary and secondary materials they need for research. Historians sometimes use the term in the same sense but also use it to mean primary and secondary materials. That is, the raw material of their research. However, for this study, information source is anything that might inform a person about something (HIV/AIDS and safe-sex practices) or provide knowledge to somebody (Library and information science community, 2018). Information source also refers to a person, thing, or place from which information comes, arises, or is obtained (Information Source, 2022). Information sources could be primary or secondary. Information

sources, according to (IGI Global, 2022) include documents, key people, and books that can provide useful information about an issue (HIV/AIDS safe sex practice) being studied.

The University of Minnesota Crookston (2022) classifies information sources into primary, secondary, and tertiary. The primary source refers to records of events or evidence as they are first described or happened without any interpretation or commentary. These include symposia, conference proceedings, government reports, original artwork, poems, photographs, speeches, letters, memos, personal narratives, diaries, interviews, autobiographies, and correspondence. The University of Minnesota Crookston (2022) submits that the primary source of information is information sought for the first time or original materials on which another research is based. Primary sources display original thinking, report on discoveries, or share fresh information.

The secondary sources of information, on the other hand, offer an analysis or restatement of primary sources as they describe or explain primary sources (the University of Minnesota Crookston, 2022). The secondary sources of information summarise, interpret, reorganise the primary sources by adding value to the primary sources of information. The secondary sources of information include textbooks, edited works, articles that interpret or review research works, histories, biographies, literary criticisms, and interpretation, reviews of law and legislation, political analyses, and commentaries.

The tertiary sources of information are regarded as the sources that index, abstract, organise, compile or digest other sources. According to the University of Minnesota Crookston (2022), some reference materials and textbooks are considered tertiary sources when their primary purpose is to list, summarise or simplify repackage ideas or other information. Examples are directories, guidebooks, manuals, and handbooks.

HIV/AIDS information sources are numerous and different authors have come up with peculiarities in favour of the use of one or combination of some sources to achieve their purpose of disseminating HIV/AIDS and safe-sex information. Therefore, communication intervention planners should understand when and how to explore a particular information source about HIV/AIDS and safe sex practices. Moreover, knowledge of HIV/AIDS information sources of artisans will be a good guide for the communication intervention planners to direct communication to the group. Gombachika et al.

(2013) identify radio, peers, and kin as sources of information about HIV/AIDS.

Meanwhile, Nubed and Akoachere (2016) classified HIV/AIDS information sources into formal and informal. Formal information sources about HIV/AIDS and safe-sex practices include health centers, pharmacies, outreach clinics, vending machines, and settings where condoms could be purchased or obtained free of charge. Informal sources include friends, family members, classmates, parents, and teachers. Oluyemi et al. (2019) mention radio, television, newspaper, magazine, the internet, health talks, school, hospital, parents, friends, and family members as HIV/AIDS information sources. Yazdi et al. (2016) identifies television, teachers, friends, educational booklets, newspapers and magazines, healthcare professionals, parents, siblings, and school books as information sources about HIV/AIDS.

An examination of HIV/AIDS prevalence rate shows that about 40.1 million people worldwide are living with HIV and tens of millions of people have died of AIDS-related diseases since the beginning of the epidemic in 1981 (World Population Review, 2023). Statistics show that, out of the 40.1 million people living with HIV, 1.9 million are Nigerians (Avert, 2021). Out of the 1.9 million estimates, the North-Central zone where Kwara State belongs has the highest concentration of HIV prevalence rate of 7.5% while the North-Western zone has the lowest prevalence of 2.1%. Among the states in the North-Central, Kwara State has a prevalence rate of 2.2% (Ahmed et al., 2021). Nevertheless, Ilorin metropolis, which is the focus of this study, has the largest concentration of artisans in Kwara State. More so, Nigeria is the third country with the highest HIV/AIDS burden in the world, next only to India and South Africa (Ahmed et al. 2021). Subsequently, since HIV was identified and reported in the country in 1986, the disease has assumed an alarming rate.

Therefore, the high rate of HIV/AIDS in the country informed the decision of this study to investigate HIV/AIDS information sources and safe-sex practices among artisans in Ilorin metropolis. According to the United Nations Children's Education Funds (UNICEF, 2019), HIV/AIDS was reported to be the biggest public health issue in Africa (where Nigeria belongs) as it is the major cause of death among African youth. Meanwhile, artisans such as fashion designers, salon operators, motor mechanics, and furniture makers majorly comprise youth. So, an investigation on HIV/AIDS information sources and safe-sex practices among artisans in Ilorin would not only guide the critical stakeholders in taking the right decision in the

right direction but also help to eradicate HIV/AIDS from Nigeria.

The current HIV/AIDS prevalence rate in Nigeria is also alarming as 51,000 Nigerians died of HIV/AIDS-related disease within the first two quarters of 2020 (NACA, 2020). The disease, according to Oppong-Asante and Oti-Boadi (2013), which is said to be prevalent among young people globally including Nigeria, should inform urgent studies to enlighten vulnerable Nigerians on safe-sex practices through the target population's most preferred information sources.

Moreover, HIV/AIDS prevalence is globally considered a great setback to the advancement of human development as it remains a major concern for researchers, stakeholders, and policymakers (Odugbesan & Rjoub, 2019). While referring to the report of UNAIDS, Odugbesan, and Rjoub (2019) state that, at the end of 2016, 34.5 million adults globally have been infected with the HIV/AIDS virus while about one million died from AIDS-related diseases. They submit that, in the same year, about 25.73 million people were HIV/AIDS carriers living in Africa out of which 741,000 died as a result of AIDS-related illnesses. To corroborate Odugbesan and Rjoub (2019), Ajijola (2016) earlier submits that HIV is one of the most complex, controversial, and deadly diseases in terms of its origin, mode of transmission, and socioeconomic implications.

3. Theoretical Framework

3.1 Information Processing Theory (IPT)

According to IPT, attitude change involves six steps with each step being a necessary condition for the next. The six steps were revised to eight in 1976 and four steps were also added to the eight revised steps by McGuire. Attitude change according to McGuire, (1968) include: (i) exposure to communication (ii) attending to it, (iii) liking or becoming interested in it, (iv) comprehending it (learning what), (v) skill acquisition (learning how), (vi) yielding to it (attitude change), (vii) information search and retrieval, (ix) deciding based on retrieval, (x) behaving in accordance with the decision, (xi) reinforcement of desired act, and (xii) post-behavioural consolidating. IPT primarily focuses on how audience process information contained in the media before they could make informed decisions. Taking inference from the theory, it can be deduced that no matter the fund expended on HIV/AIDS and safe-sex practices campaigns using any or combination of information sources, the campaigns will not achieve their aim unless the message is designed in such a way to be

understood by the target group. The content of the message should be strengthened, improved upon, accurate, and easy to understand by the vulnerable groups for which it is designed. More so, the HIV/AIDS message planners should also consider the accessibility of the target groups to the information sources before the HIV/AIDS safe-sex practices message is dished out to them. Moreover, the HIV/AIDS campaign planners and other critical stakeholders in the HIV/AIDS campaigns should understand the need to keep the message simple for easy comprehension and practice by the target groups in society. The message should be designed with simple statements such as *AIDS is real, Rape is illegal, Stop illicit sex, Use a condom, Practice safe sex, unsafe sex is dangerous*. These catchphrases will resonate in the memory of artisans more. In addition, for the effectiveness of the message, the information source of artisans should be considered by the HIV/AIDS message designers for the message to achieve its goal of influencing the target audience. That is, the intervention message should be disseminated through the media of communication that can be easily accessed by artisans.

4. Methodology

This study employed a descriptive research design. The study mixed both in-depth interview and survey research methods to ensure discourse and empiricism. It is important to note that the research questions 1-3 were answered through the two research approaches. The in-depth interview method was adopted to elicit the views of 12 executive members of associations of fashion designers, motor mechanics, salon operators, and furniture makers in Ilorin metropolis, Kwara State, while 360 copies of questionnaire were administered to artisans under the scope of this study in Ilorin metropolis. The in-depth interview (guide) instrument was administered first to elicit responses from the executive members among the selected artisans in Ilorin metropolis. This method afforded the interviewees (fashion designers, motor mechanics, salon operators, and furniture makers) a great opportunity to freely express their inner minds on HIV/AIDS information sources and safe-sex practices. More so, the responses from the in-depth interview assisted the researcher to complement data gathered

through the survey instrument (questionnaire). The in-depth interview appointments were booked on days when the artisan groups were having association meetings. From the interview, the information was analysed to create a story or narrative that conveyed an understanding of the topic. Four hundred artisans were also surveyed through accidental sampling.

The population of Ilorin metropolis was used as a yardstick for this study because it is difficult to access the actual population of artisans in Ilorin. Ilorin metropolis has a total population of 777, 667 (2006 Census). The sample size for this study was determined using the 2006 Research Advisor's model. From the Research Advisor's model (as shown in Table 3 below), the sample size obtained was n=384. The sample size was picked at 95 percent confidence level and 5% margin of error. Although the sample size was 384, the researcher increased the calculated sample size from 384 to 400 to cater to research mortality. Therefore, the total sample size was four hundred. Copies of the questionnaires were administered to the artisans by the researcher and his research assistants using available sampling Technique. Through the aid of the Google Street Map of Kwara State, the researcher selected major streets in the identified local government areas of the study. Of the four hundred copies administered, 360 (representing 90%) were duly filled and returned. The researcher observed that out of the remaining 40 questionnaire copies, 23 were not returned, 6 were not adequately filled, and 11 were smeared with oil by the respondents. Therefore, 40 copies of the questionnaire were rendered void. The researcher personally interviewed twelve (12) purposively selected executive members of the associations of the selected artisans made up of: fashion designers (2 Males and 2 females); motor mechanics (2), salon operators (2 Males and 2 females); and furniture makers (2) through a face-to-face in-depth interview approach. Data generated through the questionnaire and in-depth interview sessions held with subjects were utilised to provide answers to the research questions. While data gathered from the questionnaire were used to provide quantitative analysis of the study, data obtained from the in-depth interview sessions were used to supplement the quantitative data and to provide a narrative explanation.

5. Results

Research Question One: What are the preferred information sources about HIV/AIDS and safe-sex practices among artisans in Ilorin metropolis?

Table 1: Preferred information sources about HIV/AIDS and safe-sex practices

Pick at least, two of the respondents' preferred information sources about HIV/AIDS and safe-sex practices			
		Frequency	Percentage (%)
A	Television	151	41.9
B	Radio	165	45.8
C	Newspaper	63	17.5
D	Billboard	46	12.8
E	Friends and family	54	15
F	Community health workers	72	20.1
G	Internet /social media	136	37.8
H	Pamphlets and posters	12	3.3
I	Religious leader	25	6.9
J	Government website	6	1.7
How often do you receive information about HIV/AIDS and safe-sex practices through your major sources of information identified in the question above			
		Frequency	Percentage (%)
A	Very often	48	13.3
B	Sometimes	134	37.2
C	Most of the time	82	22.8
D	Often	26	7.2
E	Rarely	70	19.5
Total		360	100

Source (Field Work, 2023)

Table 1 reveals that the frequency count for television was 151 (41.9%). This was followed by radio 165 (45.8%), newspaper 63 (17.5%), billboard 46 (12.8%), friends and family 54 (15.1%), community health workers 72 (20.1%), internet/social media 136 (37.8%), pamphlets and posters 12 (3.3%), religious leader 25 (6.9%) and government websites 6 (1.7%). It can be deduced from the above that radio has the highest frequency of preference by the respondents. This was followed by television and social media.

Similarly, social media and radio were the predominant media preferred by the majority of the interviewees. However, in addition to the majority of the interviewees who preferred social media and radio to other information sources, male salon operators (1), female salon operators (2) and female fashion designer (2) also identified television. The study further inquired about the frequency at which the respondents receive information about HIV/AIDS and safe-sex practices. The result is shown in the analysis below. According to female fashion designer (2):

“There is no secret anywhere in the world; the white people have made things easy. There is nothing you want that you cannot see on android (smart) phones. Although radio is good, you read everything on the internet yourself. Immediately you goggle it, the result will come.”

The table also reveals that 48 (13.3%) of the respondents received information about HIV/AIDS and safe-sex practices very often from their chosen information sources, 134 (37.2%) sometimes receive it, 82 (22.8%) received it most of the time, 26 (7.2%) often received it, while 70 (19.5%) of the respondents rarely received information about HIV/AIDS and safe-sex practices through their most preferred information sources. This was followed by those that receive information from their most preferred information sources most of the time.

It can be concluded from the result of the research question one above that the preferred information sources of artisans in Ilorin metropolis about HIV/AIDS and safe-sex practices were radio, television, and social media, respectively. It can be inferred from this result that efforts ought to be intensified by the critical stakeholders in HIV/AIDS and health-related campaigns to always reach out to artisans through the identified information sources.

The study further proceeded to investigate the extent to which exposure to information about HIV/AIDS and safe-sex practices influence sexual practices of the respondents.

Research Question Two: To what extent does exposure to information about HIV/AIDS and safe-sex practices influence the sexual practices of artisans in Ilorin metropolis?

STATEMENT	SD		D		A		SA	
	F	%	F	%	F	%	F	%
Exposure to information about HIV/AIDS and safe-sex practices has helped me to use condom during sexual relationship outside marriage.	16	4.4	43	11.9	210	58.3	91	25.3
Exposure to information about HIV/AIDS and safe-sex practices has helped me to avoid sex outside marriage.	20	5.6	26	7.2	202	56.1	112	31.1
Exposure to information about HIV/AIDS and safe-sex practices has helped me to acquire adequate information about HIV/AIDS and safe-sex practices.	14	3.9	24	6.7	206	57.2	116	32.2
Exposure to information about HIV/AIDS and safe-sex practices has helped me to avoid premarital sex.	14	3.9	30	8.3	192	53.3	124	34.4
Exposure to information about HIV/AIDS and safe-sex practices has helped me to avoid accepting blood that is not screened.	11	3.5	19	5.3	191	53.1	139	38.6
Exposure to information about HIV/AIDS and safe-sex practices has helped me to avoid sharing blade and syringe with other persons.	12	3.3	21	5.8	181	50.3	146	40.6
Exposure to information about HIV/AIDS and safe-sex practices has helped me to voluntarily test my HIV/AIDS status.	17	4.7	19	5.3	214	59.4	110	30.6
Exposure to information about HIV/AIDS and safe-sex practices has helped me to be faithful to my marriage partner.	16	3.1	20	5.5	201	55.8	123	35.5

Source (Field Work, 2023)

Table 2 indicates that 301 (83.6%) of the respondents agreed with the statement that exposure to information about HIV/AIDS and safe-sex practices had helped them to use condoms during sexual relationships outside marriage. 314 (87.2%) of the respondents agreed that exposure to information about HIV/AIDS and safe-sex practices had helped them to avoid sex outside wedlock. Exposure to information sources about HIV/AIDS and safe-sex practices helped 322 (89.4%) of the respondents to acquire adequate information about HIV/AIDS and safe-sex practices. 316 (87.7%) of the respondents agreed with the claim that exposure to information about HIV/AIDS and safe-sex practices had helped them to avoid premarital sex. 330 (91.7%) claimed that exposure to information about HIV/AIDS and safe-sex practices had helped them to avoid accepting blood that was not screened. 327 (90.9%) agreed that exposure to information about HIV/AIDS and safe-sex practices had helped them to avoid sharing blades and syringes with other persons. 324 (90%) submitted that exposure to information

about HIV/AIDS and safe-sex practices helped them to voluntarily test their HIV/AIDS status. 329 (91.4%) stated that exposure to information about HIV/AIDS and safe-sex practices helped them to be faithful to their marital partner.

Similarly, most of the interviewees stated that exposure to HIV/AIDS and safe-sex practices make them avoid illicit sex and be faithful to a single-sex partner. Some interviewees also claimed that it makes them avoid the blood of a wounded person as well as sharp objects such as knives and blades. However, furniture makers (1) stated that exposure to HIV/AIDS and safe-sex practices even made him to be careful of eating domestic animals. According to furniture makers (1):

“Knowledge of HIV/AIDS also makes me to be careful about illicit sex and even domestic what you call it (sic), (domestic objects) things. Using a blade and so on. I am not sure if HIV is transmitted through spoon

sharing with an infected person.” Even before I marry, I fear having many girl friends.”

It can be concluded from the result of research question two that exposure to information about HIV/AIDS and safe-sex practices has a positive influence on artisans’ sexual behaviour in Ilorin metropolis.

6. Discussion of findings

6.1 Discussion of Results in Relation to Research Objectives

To provide answers to the research questions, data collected through questionnaire distributed were computer-analysed using Statistical Package for Social Science (IBMSPPSS) software version 23. The data were presented using simple frequency tables and percentages while data gathered through in-depth interview sessions were presented in prose and used to complement findings from the quantitative data.

Four hundred copies of questionnaire were distributed among artisans in Ilorin metropolis. However, out of the four hundred copies of the questionnaire, 360 (representing 90 %) were duly filled and returned. The researcher observed that out of the remaining 40 questionnaire copies, 23 were not returned, 6 were not filled and 11 were smeared with oil by the respondents. Therefore, 40 copies of the questionnaire were rendered void. Data generated are presented below:

For the interview, the researcher purposively selected twelve (12) artisans for the study. Those selected for in-depth interviews were executive members of the associations of fashion designers (2 male and 2 females), motor mechanics (2), salon operators (2 males and 2 females), and furniture makers (2). The interviews were conducted on the days each of the subjects was having lesser engagement. It is important to note that the interviewees were excluded from participating in the survey part of the study.

6.2 Most Preferred Information Sources of Artisans in Ilorin Metropolis about HIV/AIDS and Safe-Sex Practices

Research Question One: What are the most preferred information sources about HIV/AIDS and safe-sex practices among artisans in Ilorin metropolis?

The finding to research question one showed that the preferred information sources of artisans in Ilorin metropolis were radio 165 (45.8%), television 151 (41.9%) and social media 136 (37.8%), respectively. Therefore, it was established from this finding that

radio, television and social media are the most preferred information sources of the respondents. The ubiquitous nature of radio could be attributed as the reason for choosing radio by majority of the respondents. Meanwhile, most of the respondents were also observed to have telephones that were connected to FM radio stations and with internet facility. This could also be attributed to why social media is also more preferred by the respondents. Relating to HIV/AIDS, the use of television to educate the respondents about HIV/AIDS could be of interest because it provides unique opportunity to experience AIDS/AIDS and safe-sex practices comprehensively through audio-visual elements of the medium and in a relaxed manner.

Similar result was observed from the interviewees as majority of the interviewees also mentioned internet/social media as their most preferred information source about HIV/AIDS and safe-sex practices. This was followed by the interviewee who mentioned radio and television as their most preferred information sources about HIV/AIDS and safe sex.

The selection of radio and television as the most preferred information sources of the respondents about HIV/AIDS and safe-sex practices is a confirmation of earlier study on the knowledge of young people about HIV/AIDS. One of such studies was carried out by Agyemang et al. (2012) who examined the extent of knowledge about HIV/AIDS among young people in the Ejura-Sekyedumase district of Ghana. According to the study, radio and television were the most preferred sources of information for young people on HIV/AIDS. Furthermore, to confirm the impact of internet and television as a vibrant and effective means of information dissemination, electronic media was also the major source of adolescent information about HIV/AIDS as found in Okunta and Oseji’s (2006) study. Okunta and Oseji examined the relationship between knowledge of HIV/AIDS and sexual behaviour among in-school adolescents in Delta State, Nigeria.

However, this finding is contrary to the finding of Oluyemi et al. (2019). Oluyemi et al. (2019) assessed knowledge, beliefs and sources of information of HIV among students of tertiary institutions in Nigeria and it was found that health talk by professionals is the highest source of information to students of tertiary institutions about HIV. Perhaps the students of tertiary institutions who preferred health talk by professionals are at solution stage as posited in AIDS Risk Reduction Model. According to Catania et al. (1990), the highest stage of seeking help towards reducing AIDS risk is to seek and enact solutions at reducing

high-risk activities. Drawing from the finding of Oluyemi et al. (2019), the students who preferred health talk by professionals might be eager to seek solutions through the information sources they would be free to probe for further information about HIV/AIDS. In that case, after the health talk by the professionals, the student would be free to ask questions for further clarifications about HIV/AIDS and safe-sex practices.

Research Question Two: To what extent does exposure to information about HIV/AIDS and safe-sex practices influence sexual practices of artisans in Ilorin metropolis?

Finding to research question two revealed that exposure to information about HIV/AIDS and safe-sex had a positive influence on artisans' sexual practices. This is because it could be established from the study that respondents use contraceptive (condom), avoid sex outside wedlock, avoid premarital sex, and continue to acquire adequate information about HIV/AIDS and safe-sex, avoid sharing blades and syringes with others and continuously testing their HIV/AIDS status. This amounts to safe-sex practices among the artisans. The implication here is that the high level of awareness of artisans in Ilorin metropolis about HIV/AIDS and safe-sex had positively influenced their sexual practices.

To confirm the nature of the influence, it was discovered that exposure to information about HIV/AIDS and safe-sex practices enables majority of the respondents to use condom during sexual relationship outside wedlock and that they also shun illicit sexual behaviour. In fact, most of the respondents and the interviewees also claimed that exposure to HIV/AIDS and safe-sex practices made them to be faithful to their partners by avoiding premarital sex. This finding is in tandem with the finding of Faimau (2016) that majority of the students supported preventive attitudes and control over sexual behaviour in order to protect them from the risk of being infected by HIV. Therefore, self-control was an important factor that could determine the positive influence of the information sources about HIV/AIDS and safe-sex practices in the lives of artisans. To this end, the theory of Planned Behaviour (Ajzen, 1985) which was propounded as modification to the Theory of Reasoned Action gives credence to the role of behavioural control in determining the actual behaviour.

It can be interpreted that, even though, it was discovered from research question two that the respondents' level of awareness about HIV/AIDS and

safe-sex was high, and that exposure to information about HIV/AIDS and safe-sex practices influenced sexual practices of artisans in Ilorin metropolis, behavioural control also played an important role in the manner at which the message influenced the artisans. Furthermore, to ensure positive influence of any communication intervention effort, the information should be accurately dished out to the target audience.

The role of other agencies, apart from mass media, in ensuring positive influence of the information should also be emphasized. This was shown in one of the reviewed studies by Ezeoke and Ezeaka (2020) which found that lack of accurate information on safe-sex practices and parents' reluctance to discuss sexual matters with their children over the years have led to prevalence of reckless sexual behaviours like premarital sex, unprotected sex, unwanted pregnancy, abortion and school dropout as well as their contracting sexually transmitted infections like HIV/AIDS. Moreover, parents, schools, peers and religious institutions should also serve as agents of promoting safe-sex practices among the populace in order to get rid of HIV/AIDS in Nigeria.

7. Recommendations

Recommendations for specific stakeholders

Based on the conclusion of this study, it was, therefore, recommended that:

In spite of the positive influence of HIV/AIDS and safe-sex practices on the sexual practices of artisans, the Federal and State Ministries of health, UNAIDS, WHO, ILO and local agencies such as NACA, NCDC, Society for Health Management and Sciences, as part of their primary responsibilities, ought to intensify efforts in their activities towards obligating HIV/AIDS from the African most populous country in line with the Sustainable Development Goal 3 which projects to ensure healthy lives and promote well-being for all at all ages by the year 2030 (WHO, 2020).

There is the need for critical stakeholders in HIV/AIDS and safe-sex practices and other health campaign planners to understand the benefits derived from the use of radio, television and social media to reach out to artisans while disseminating HIV/AIDS and safe-sex practices related messages.

Radio, television and social media platforms should be used by the stakeholders in HIV/AIDS and safe-sex practices for communication intervention campaigns targeted at artisans.

Communication intervention programmers/planners should always establish the main source of information of their target population in order to design better HIV/AIDS intervention campaigns in their future health communication campaigns.

To encourage and ensure better influence of HIV/AIDS and safe-sex practices among artisans, campaign messages meant for artisans should be disseminated in local dialects of artisans.

Media organizations should produce more health programmes to enlighten members of the public about their health, and more emphasis should be placed on use of radio, television and social media.

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