

EVALUATION OF COMMUNICATION STRATEGIES ON HIV/AIDS BETWEEN HEALTH PROFESSIONALS AND RESIDENTS OF OKE-OGUN AREA OF OYO STATE, NIGERIA

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Abstract

Communication has assumed the status of a social vaccine. If applied efficiently, it can be seen as a fundamental clinical skill capable of establishing trust between health professionals and patients. Evaluation of Communication Strategies on HIV/AIDS between Health Professionals and Residents of Oke-Ogun Area of Oyo State, Nigeria, examined dynamics of health communication in Oke-Ogun, especially between health professionals and natives of the study area. The study was anchored on the assumptions of Source Credibility theory; data were qualitatively and quantitatively collected through a survey and in-depth interviews. Findings showed that face-to-face communication was rated as the best method preferred by the residents. At the same time, radio was considered the most preferred communication channel to spread anti-HIV/AIDS messages. However, interpersonal communication was considered central to reducing the further spread of HIV/AIDS in Oke-Ogun. It was further discovered that language differences, the presence of mining sites and uncared attitudes toward checking HIV status among residents were key causes of the rise in the spread of HIV/AIDS in the Oke-Ogun area of Oyo state.

Keywords: HIV/AIDS, Health Communication, Health professional, Oke-Ogun, Evaluation, Interpersonal Communication

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1. INTRODUCTION

HIV is Human Immunodeficiency Virus, which infects an individual's immune system, thereby weakening its functions to fight infections, and the end product of such invasion is AIDS. Once the virus penetrates a body system, the main target is to tackle the white blood cell called CD4+ cells which assists the body in fighting off infections (Awoloye & Thron, 2015, cited in Edeh et al. 2021). The resultant effect of a host being infected with HIV is that such a person becomes vulnerable to

various diseases as the virus multiplies and the immune system gets destroyed. Once the body is finally weakened, the host is said to have AIDS (Awoloye & Thron, cited in Edeh et al., 2021).

Edeh et al. (2021) traced the evolution of the first recognised case of HIV/AIDS to homosexual men in the United States of America (USA) in 1981. Lisk (2010) equally held that HIV/AIDS hit the global reckoning as a world health burden four decades ago. Facts about similar health disorders were recorded as far back as

the 1950s. Although the early discovery was characterised by uncertainties and conspiracy theories, it later developed into a global epidemic disease.

Reports from the global health organisation, WHO (2021) indicate that HIV has continued to be a major global public health issue, having claimed an estimated 36.3 million lives globally. Still, with increased access to effective HIV prevention, diagnosis, treatment and care, HIV infection has become a manageable chronic health condition, enabling people living with it to lead long and healthy lives.

Furthermore, the World Health Organisation's estimated global number of people living with the virus stands at 37.7 million as, at the end of 2020, over two-thirds of this population which represents 25.4 million, are projected to be from African Region. The data added that in 2020, an estimated 680 000 people died from HIV-related causes, and 1.5 million people acquired HIV.

Upon the devastating impact of the virus, global actions such as surveys and impact evaluations were initiated. The 2017 HIV/AIDS prevalent rate data released by UNAIDS in 2018 revealed that only in Nigeria, Africa's biggest nation, 3.1 million people were living with HIV/AIDS, 2.8% of the figure were adults aged 15-49, with 210,000 new infections at the point in time.

Further analysis of data from the same foreign agency (UNAID (2017) showed that six states in Nigeria account for 41% of people living with HIV, including Oyo, Lagos, Kano, Kaduna, Benue and Akwa-Ibom. More successes were, however, recorded; as of Mar 14, 2019, results of another study indicate that Nigeria's HIV prevalence amounted to 1.4% (Federal Ministry of Health, 2019).

Statistics from Nigeria's HIV/AIDS indicator and impact survey (NAIIS, 2018) published in 2020 suggested that 13 out of 1000 randomly selected persons may likely be tested positive in Nigeria, with Akwa-Ibom and Benue in the lead. Oyo state is in the 9th position on the log as one of the 17th low endemic states to the virus in the survey.

Based on data released by the Nigerian government through its agency on HIV/AIDS (NACA factsheet, 2020), it is suggestible to note that remarkable improvement has, however, been recorded. Oyo state prevalence rating was put at 0.9% by Nigeria HIV/AIDS Indicator and Impact Survey 2019. However, the status of various zones in each federation state is not included in the survey result. However, Irene and

Aikhole (2016) gave clearer insight into the HIV/AIDS pattern of prevalence in the five components of Oyo State. The study explored the spatial pattern of prevalence in Oyo state. Results from the research established a higher rate of the disease in Saki, the biggest community in Oke-Ogun, with 22 per cent; Ibadan, 19.0 per cent, 18.5 per cent, the lowest was recorded in the Oyo zone. Ogbomoso has 21.5 per cent, Ibarapa 19.0 per cent. Given the above data, coupled with commentaries from residents of Oke-Ogun, it is, therefore, suggestible to believe that the zone contributes hugely to the Oyo state HIV burden.

In the face of the above reality, experts (WHO, 2021, UNAIDS, 2020) opined that the novel covid-19 pandemic had reduced response efforts on HIV/AIDS with a great impact, especially in the provision of services with a drop in viral load testing and clinical activities. UNAIDS estimates that six months interruption in HIV treatment due to lockdown may increase HIV/AIDS deaths by up to 900,000 as opposed to 430,000 deaths in Sub-Saharan Africa (UNAIDS, 2020 report). Given the importance of communication as a form of the social vaccine, this study evaluates health communication strategies on HIV/AIDS between health professionals and residents of the Oke-Ogun area of Oyo State, Nigeria.

2. PROBLEM STATEMENT

The spread of contagious diseases is more rampant in some parts of Africa; once a disease hits a location, it spreads its tentacle quickly. Like HIV/AIDS, that is no respecter of any community; the epidemic affects all kinds of society regardless of social status (Irene & Aikhole, 2016).

However, communication has been identified as crucial in managing health problems. Apart from creating an atmosphere of mutual trust among the stakeholders, it facilitates adherence to treatment guidelines and health literacy, which helps prevent and contain diseases, thereby guaranteeing good healthcare delivery (Chichirez & Purcărea, 2018; Wright et al., 2013).

Scholarly works abound on the values of communication (*as a social vaccine*) to health care delivery and prevention of the spread of infectious diseases; no emphasis has ever been placed on the Oke-Ogun area of Oyo state, even though the area is being ravaged by HIV/AIDS, as captured in a study conducted by Irene & Aikhole; 2016.

Not minding this fact, HIV/AIDS remains a contagious

disease that has continued to attract international attention (Halperin et al., 2011; Firdaus & Sean, 2016; Emojong et al., 2018); therefore, this study aimed to evaluate the strategies of communication on HIV/AIDS between health workers and residents in Oke-Ogun area of Oyo state, as well as attitude of the residents regarding seeking health information.

3. RESEARCH QUESTIONS

To be able to achieve the objectives of the study, the following research questions were explicated

1. To what extent do residents of Oke-Ogun seek health information?
2. What method of communication did health professionals use in creating HIV/AIDS campaign?
3. Which channel of communication is the most preferred by the residents of Oke-Ogun?
4. Do health professionals in Oke-Ogun apply interpersonal communication in sensitising residents against HIV/AIDS?

4. LITERATURE REVIEW

Health Communication

Reports from experts have established a nexus between the scourge of HIV/AIDS and ignorance, which prevents open discussion on the issue, giving room for myths and unethical practices. In this circumstance, communication programming is a key ingredient as a social vaccine against HIV/AIDS (Sean, 2018).

In achieving the above, the communication programme recommended by experts is health communication. Health communication is a hybridised and multidisciplinary attempt to reach diverse audiences and spread health-related information to change their perspectives (Schiavo, 2007, as cited in Bello, 2014).

European Centre for disease prevention and control (2014) conceptualised health communication as 'the study and application of communication strategies to inform and influence individual and community decisions that improve health. It is an integral strategy for public health enhancement.

ECDC, in its 2014 technical report, added that health communication could come in many forms, both written and verbal, and can be directed beyond

individuals and communities to an entire nation. In addition, health communication is a core component of health promotion, health protection, disease prevention and treatment. It is globally identified as a core competency in public health and health promotion practice, playing a pivotal role in achieving public health objectives.

However, this public health objective might be considered an overriding interest of what Tulane University (2020) identified as the goal of the communication strategies, which can keep people informed about their health. In the long run, it influences their behaviour to live healthier lives, denoted as health literacy in public health communication.

ECDC (2014) emphasised that in achieving the above objectives, health communication initiatives must apply the most effective and efficient strategies for the promotion, protection and maintenance of health through the use of the best available evidence at the practice and policy levels; this, thus implies that the concept does not give room for guesswork, especially, given that any deficiency in the application of its programmes can have a devastating impact on the public health. The multi-faceted nature of the discipline has opened a wide range of empirical engagements that addressed existential issues, making it an exciting body of knowledge. Thus, the concept of health communication continues to grow and diversify to new studies many may not have considered in the last three decades; such areas include palliative care, health online supports, and telemedicine (Wright et al., 2013).

Ogundoyin and Soola (2014) emphasised that this type of communication, with its import on health awareness among the people, is situated within an area of investigation in behavioural science research denoted as an applied area of research.

But despite the invaluable contribution of health communication, its impact could be limited. Thus, there are things it cannot do. Wright et al. (2013) held that health communication is not a replacement for health infrastructure; it cannot replace an inadequate number of health workers, neither can it be an alternative to compensate for inadequate medical solutions to treat, diagnose or prevent disease, however, it is a sure mechanism to create a receptive environment to support the development of new health services. The crux of discussion among health communication experts here suggested that if the

communication strategies are properly applied, it will go a long way in making members of the public agents of healthy living through conscious efforts to avoid what can undermine their well-being as health literates. Thus, if residents of Oke-Ogun are well exposed to such evidence-based sensitisation about HIV/AIDS, it is almost certain that they will be in the vanguard of the 'war against HIV/AIDS'.

Interpersonal communication

Interpersonal communication is one aspect of communication research that is vital to human communication. Interpersonal communication is an encounter between persons with no mediation and interaction; it usually occurs in formal and informal settings.

Interpersonal communication includes the exchange of messages that is personal and occur between people that are closer to one another. Its messages are aimed at many things, which may be to initiate, maintain, define or strengthen the relationship. It is the process through which people establish and sustain the relationship by establishing the same frame of reference in meaning and ideology (Asemah et al. 2016).

It is assumed that unfettered access to immediate feedback surely singled it out as one of the most recommended forms of communication in the health sector, which breeds understanding as it gives room for clarification from either of the parties in the communication; it also aids the concept of therapeutic.

HIV/AIDS falls within those issues that require moving beyond the mere presentation of information to include an interpersonal approach to risk factors and prevention strategies with the participation of social institutions whose influences are critical in changing societal norms, cultural beliefs, attitudes, behaviours and practices that contribute to the widespread epidemic (Muturi, 2007).

Research on the values of this method of communication indicated that interpersonal communication is a powerful channel for public health communication regarding HIV/AIDS. Thus, the implication of this is that more effective initiatives to address public awareness and behavioural change relevant to public health are best achieved by dedicating materials and resources to develop social marketing interpersonal engagement, which may include 'word-of-mouth' or virtual dissemination of public health information in tandem with desired

objective (Firdaus & Sean, 2016).

Theoretical Framework: Source Credibility

This study is anchored on Source Credibility theory; it falls within a persuasive and attitude change theory, which Carl Hovland and Walter Weiss formulated in 1951. Hovland, Janis, and Kelley improved upon it in the year 1953.

Source credibility is an established theory that chronicles how communication penetration and acceptability are determined by the extent of communication's source credibility. To this end, the level of credibility attached to all communication is directly proportionate to the perceived level of credibility attached to the source of such information (Asemah et al., 2016).

According to Anaeto et al. (2008), the choice of the source is one of the variables in a communication situation over which the communicator has significant control. Anaeto et al. emphasised that based on various communication campaigns, there is a shred of evidence leading to a belief that the right source can increase the effectiveness of a message.

The theory suggests that the credibility of the message's source determines the receiver's reaction to such a message. According to Asemah et al. (2016) summarily meant that the disposition of a certain audience to a received message is, to a great extent, a determination of how the source of the message is perceived.

Asemah et al. (2016) held accordingly that: going by the source credibility theory means that the extent to which people believe messages that are passed across depends on the source it is coming from...thus, people are likely to be persuaded if the person doing the persuasion is seen as being credible, expert and trustworthy.

The relevance of source credibility theory to health messages being an effective means of curbing the spread of health problems like HIV/AIDS could be established when the basic factors/elements of source credibility theory are considered: trustworthiness and expertise.

Trustworthiness is the depth of the belief from the message's author to pass across an assertion regarded as most valid. Thus, an anti-HIV/AIDS campaign, laden with sincerity of purpose (trustworthiness) and backed with knowledge (expertise), will aid the attitude of the

receivers of the message, leading to health literacy; therefore, if health professionals in the Oke-Ogun axis of Oyo state radiate trustworthiness in their determination to spread the genuine message and engage in such with the right knowledge, armed with right communication strategies, the much-needed result of HIV/AIDS reduction is almost certain.

5. METHODOLOGY

The study employs the mixed method research approach through the survey and in-depth interview methods for gathering the data, which were collected quantitatively and qualitatively. The survey was used as quantitative to elicit information from the respondents who are residents of Oke-Ogun. In contrast, in-depth interview was used under qualitative to gather data from health professionals.

The total population of Oke-Ogun residents is One Million, Eight Hundred and Fifty thousand and Fifty-eight (1,851,058), an estimated data obtained from the Oyo State Office of the National Population Commission (NPC, 2017).

Multi-stage sampling techniques were adopted to pick the respondents of the study. To this end, the cluster sampling technique was initially adopted, with the study area clustered into ten local governments. Simple Random Sampling was employed to pick the names of five local government areas. And purposive sampling technique was then applied to select the respondents who were considered capable of filling out the questionnaire

Four hundred and twenty (420) copies of the questionnaire were distributed on an equal basis of 85 per local government; this is because the population of the local governments was not significantly different. Four hundred were retrieved; further scrutiny of the retrieved items showed that five were not properly filled and were therefore removed. Only 395, representing 94% of the questionnaire, were properly entered into the SPSS as the sample size for the survey. At the same time, an in-depth interview was analysed through discourse analysis.

For the in-depth interview, the Snowball Sampling technique was adopted. The researchers were able to secure the assurance of one health professional, who referred them (researchers) to other colleagues (specifically, LACA officials for In-depth interviews). Ten interviewees were secured based on one per each local government.

During the in-depth interview, the researchers engaged six (6) health professionals at the forefront of HIV/AIDS activities, otherwise known as LACA officers, across the ten (10) local governments. The point of saturation was used to determine when to stop; this was when the responses from them (health professionals) remained the same on the issues of concern.

The years in the service of those interviewed range from the least 15 years to 33 years. Four out of the six health workers interviewed had a Registered Nursing Certificate (RN) as a basic qualification to practice. Apart from her RN, one also holds a Bachelor's Degree in Nursing, while the other is Community Health Extension Officer, popularly referred to as CHEO. Each of them has worked across at least two local governments out of the ten local government areas of Oke-Ogun in their career, and they showed a deep understanding of the terrain.

6. DATA PRESENTATION

Presentation of Survey Data

Table 1: Regularity of Seeking Health Information by Residents of Oke-Ogun

Variable	Groups	Freq.	Percent . (%)
How often do you seek health information and check your HIV/AIDS status?	Never	73	18.5
	Rarely	66	16.7
	Sometimes	131	33.2
	Often	56	14.2
	Always	69	17.5
Total		395	100

Table 1 reveals that residents of the study area do not seek health information regularly, with only 17.5 % of the study population indicating that they seek it regularly.

The high rate of HIV/AIDS in the study area may be a by-product of the people's uncaring attitude toward seeking health information or knowing their status regularly. The data here revealed one of the possible factors that might be responsible for the spread of HIV/AIDS in the study area.

Table 2: Media Preference and Method of Communication

Variable	Groups	Freq	Percent (%)
How do you get information from health workers on HIV/AIDS?	Face-to-Face	158	40
	Telephone	72	18.2
	Newspaper	73	18.5
	Radio	83	21
	TV	9	2.3
	Total	395	100
Which media do you prefer to get health messages from health workers	Radio	208	52.7
	TV	78	19.7
	Newspaper	36	9.1
	Telephone	20	5.1
	Face to Face	53	13.4
Total	395	100	

Source: Author's fieldwork

Table 2. Reveals that face-face is the most preferred method of health communication for the residents of Oke-Ogun. Also, people in the study area are rural dwellers; hence radio, which has the quality of companionship and can travel far and wide without the barrier of electricity, was rated as the most preferred medium to access HIV/AIDS-related issues.

Table 3. Level Of Agreement On Interpersonal Communication

Variable	Groups	Freq.	Percent (%)
Agreement or disagreement on the use of interpersonal communication to increase awareness of health problems like HIV/AIDS	Strongly Disagree	55	13.9
	Disagree	66	16.7
	Undecided	49	12.4
	Agree	107	27.1
	Strongly Agree	118	29.9
	Total	395	100

Table 3 above shows that most respondents agreed that adopting the interpersonal mode of communication by health professionals in their interactions with residents can increase awareness of health problems like HIV/AIDS. 57% of the respondents agreed and strongly agreed with this position.

Presentation of data from the in-depth interview

The qualitative data below addressed Research Question 4, which states as follows: Do health professionals in Oke-Ogun apply interpersonal communication in sensitising residents against HIV/AIDS?

During the various engagements with the interviewees, one salient fact that emerged across different fronts was the difficulty in passing information to the members of the public; each of the health workers identified the language barrier as the biggest constraint.

It was gathered that people of diverse backgrounds and languages live in the area because of its rural nature and mining sites. Therefore, engaging people, even via interpersonal communication, becomes difficult.

Accordingly, each of those interviewed ventilated their frustrations: One of the health professionals who hold a BSC in nursing said the language communication barrier is a major factor,

"In the Local Government area where I work, the problem I used to face is that the Togolese will come, Senegalese would come, and Fulanis. People will come from different countries to present their complaints, we would not understand ourselves, and the last resort has always been the use of sign language. So language barrier is the major problem".

Similarly, another respondent, who had worked for 25 years as a Nurse, responded this way: "There are no poor communication skills among the health workers, but this issue of a

language barrier to communicate with residents is a factor because if you go to the Fulanis, Togolese or any other tribe and you don't understand what they are saying, and you cannot even express yourself to them regarding the subject matter, suspicion will set in".

Still, on the issue of difference in language as a major impediment, another respondent presented the frustration of health professionals this way:

"Language barrier to communicate with residents is a major factor. "You know there are many tribes here; we have Hausas, Fulanis. When you talk of Fulanis, we have four different types: the Bororos, Bakus, Afonjas and Nomadic ones. Hardly can many health workers communicate more than Yoruba and English, and it is creating a great barrier; as if that was not enough, getting an interpreter for an issue of HIV is a big problem on its own."

In all, the majority of the respondents affirmed that the language barrier is one key challenge facing health professionals in Oke-Ogun in spreading anti-HIV/AIDS messages to the residents; in other words, the inability of health professionals to speak more than their mother language and the nation's official language limited the extent of their penetration to spread information about HIV/AIDS to all categories of people.

Relying on the strength of data elicited from the health professionals spoken with, interpersonal communication was rated higher as the most preferred and mostly adopted a pattern of communication in health counselling. All the health workers interviewed affirmed that interpersonal communication is adopted in their encounters with study area residents.

For instance, a respondent in his line of submissions said, "Definitely yes, because some people do feel shy when they see a crowd, but when you engage them on a one-on-one basis, they will be flowing. You know, some people lack the instinct of sociability.

Another respondent who has attained the position of a Matron submitted this way:

"Of course, that is what we usually adopt for everybody that comes to our clinic, especially on HIV/AIDS, be it the general clinic, the anti-natal clinic, or the infants' welfare clinic, amongst other regular engagements, and this extends to all our sensitisation programmes about HIV/AIDS, interpersonal communication has always been the key".

A Health Official even related past experiences on how interpersonal communication was being given special attention even in the face of a serious language barrier:

"our last resort is to hire Hausa people as interpreters; for instance, there came a couple

from one of the mining sites called Kusa, the couple came for HIV/AIDS testing and counselling; the major problem we faced was the language barrier, so we went to the extent of calling one Corps Liaison Officer (CLO) who speaks the Hausa language, this, however, came with a prize."

The health professionals identified the fundamental problem, which makes the use of interpreters a big issue to contend with; according to them, it is unethical for any health worker, either through the use of an interpreter or out of concern to protect people from disclosing the HIV status of a client. One of those interviewed presented the issue this way:

"But the major problem we face during HIV testing and counselling is that you don't disclose their status just like that, so we first ask the concerned patient to say, a woman, please, can you disclose your status to your husband? Even when a wife is HIV positive, you dare not disclose to the husband if you do not have the patient's approval; if you do, you are liable to be imprisoned." "Then how will you employ the service of the third party in this case?" the respondent queried.

In all the interactions, all the health professionals spoken to affirmed that more sensitisation would continue to make the difference needed in stemming the tide of HIV/AIDS in Oke-Ogun if the ability to communicate interpersonally is guaranteed.

7. DISCUSSION OF FINDINGS

The majority of respondents strongly agreed that using interpersonal communication can increase education and awareness of health problems like HIV/AIDS among the residents of the study area. Interpersonal communication was rated higher as the most preferred and often adopted communication pattern in AIDS counselling in Oke-Ogun by health professionals, but with a fundamental clause concerning the ethical issue of non-disclosure of a client's information to a third party.

Situating this within the framework of established studies affirmed that interpersonal communication is central to health care and reducing the spread of contagious diseases like HIV/AIDS; studies conducted by Halperin et al., 2011, and Belim and Almeida, 2018 established this position.

The finding above reaffirmed the results of a study by Chichirez and Purcărea (2018) centred on Interpersonal communication in healthcare. Bello (2014) also established this line of thought by submitting that despite the expanding adoption of media in the 21st Century for various engagements, including health, interpersonal communication is still regarded as very effective in influencing the thought of people about the information they receive from the media. It is because people mostly subject media content to interpersonal discussion.

Again, this result equally supported the assumption of the source credibility theory.

The theory established a nexus between the credibility of a message source and the acceptability of such a message. It thus means that the disposition of a certain audience to a received message is a great extent a determinant of how the message's source is perceived. For the residents, who rated interpersonal communication high as one of the strategies that could be used to curb the further spread of HIV/AIDS, it is safe to say such a belief system is linked to the believability of message sources; this the key assumption underpinning the source credibility theory.

Findings from the study showed that many respondents opined that face-to-face is the most rated method through which people of Oke-Ogun avail themselves of health information on HIV/AIDS, followed by radio. It perfectly fits into the result of a study conducted by [Nwagwu](#) (2008) that examined the effectiveness of information sources of HIV/AIDS in the rural community of Imo state, Nigeria; the researcher found that friends and relatives emerged as the most effective source of HIV/AIDS awareness for women.

Similarly, radio was rated as the most preferred medium through which most of the people of Oke-Ogun preferred to get health messages. It may be suggested that radio was highly rated due to several factors- the shortage of social amenities in the area in question is appalling, as evident in the field experience, the level of power supply to the area is nothing to be desired, more so, the high volume of agricultural practices as the dominant occupation has made radio perhaps the best sought out the source of information, health messages inclusive.

Situating these findings within the limit of the existing studies shows that In 2016, Kaitlin Schroeder

undertook a study in this regard, radio as a Tool of Health Education against HIV/AIDS in sub-Saharan Africa. Findings in the study showed that radio stations could reach thousands of individuals and make great strides in the field of health education, especially by choosing a specific target audience, relevant content, an appropriate presentation method, and accessible air times.

The revelation was also similar to the result of a study conducted by [Nyawasha](#) and [Chipunza](#) in 2013, which assessed the relevance and effectiveness of radio broadcasting as a strategy that facilitates the adoption and use of safer sexual practices among students at a South African University, the analysis suggested that campus broadcasting like radio can be instrumental in promoting HIV/AIDS awareness and education.

Finally, it was discovered that many residents of the study area hardly seek health information or check their HIV status. It may be suggested that the high rate of HIV/AIDS in the study area is consequent upon the uncaring attitude of the people to seek correct information or know their status regularly; this may be attributed as a factor accounted for the spread of HIV/AIDS in Oke-Ogun.

8. CONCLUSION

Based on the findings from this study, the roles of interpersonal communication in facilitating increased awareness of health problems like HIV/AIDS was re-emphasised. Most respondents strongly agreed that interpersonal communication could increase awareness of health issues like HIV/AIDS. Also, health professionals were unanimous that interpersonal communication is the mostly adopted pattern of communication in HIV/AIDS counselling in Oke-Ogun but with a fundamental clause that bothers on the ethical issue of non-disclosure of client's information to a third party; this, however, made one-on-one engagement with people of different languages an arduous task for the health professionals.

Poor or nonchalant attitude towards checking HIV status among residents is one key factor that came out as most likely responsible for the continued spread of the virus in the area; besides this, radio was rated as the best medium of communication on health messages while the people in question preferred face-to-face communication in HIV/AIDS engagement.

9. RECOMMENDATIONS

Based on the preceding, it is suggested that attitudinal studies on the people of Oke-Ogun should be conducted, which may reveal more facts about the real factors responsible for the high spread of the contagious disease in the area.

Also, knowledge-based studies on HIV/AIDS among residents of the study area will give further facts regarding the level of HIV/AIDS knowledge and its awareness among the residents of Oke-Ogun in Oyo state, Nigeria.

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