

FILM: A SUPPLEMENTARY AID IN TEACHING ADULTS ABOUT HIV/AIDS IN IGUEBEN (NIGERIA)

by

OVBIEBO MATTHEW OSAIGBOVO

Submitted in accordance with the requirements
for the degree of

DOCTOR OF EDUCATION

in the subject

DIDACTICS

at the

University of South Africa

Promoter: Prof. K.P. Ouan-Baffour

Co-Promoter: Dr P. Mabunda

NOVEMBER 2012

DECLARATION

I declare that **FILM: A SUPPLEMENTARY AID IN TEACHING ADULTS ABOUT HIV/AIDS IN IGUEBEN (NIGERIA)** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any university or any other institution.

.....

Signature
(O.M OVBIEBO)

.....

Date

ACKNOWLEDGEMENTS

I wish to express my gratitude to the following people, without whom the completion of this thesis would not have been possible. First and foremost to God, my creator and my life, for His abundant blessings and restoration in my life, as well as for keeping my parents alive to enjoy this achievement. Also, for the opportunity given to me to make a positive contribution to my field of study and to my generation. I am grateful.

I owe a debt of gratitude to Prof. Linda Cornwell. Thank you for ensuring that I completed this programme. Prof. K.P. Quan-Baffour and Dr. Mabunda, my promoters, thank you for guiding me through this challenging and rewarding process. Without your constant encouragement I would not have achieved my goal. I particularly thank Prof. Quan-Baffour for helping me to publish and for being my mentor. To Oscar, who taught me to use SPSS, thank you.

To Mrs Vivian Mathethe, my physical angel, thank you for believing in me, for the inspiration I received from you and for your support.

To my family and my parents, thank you for your undying love and belief in me. Without your support and patience, the long road would have been a very lonely one.

I would also like to thank Mrs Busisiwe Ramasodi for her time and effort and for the research materials I received from her for my study. A special thank you to the Department of Student Funding particularly to Mrs Sandra Monyai who ensured not only that I received a bursary for four years but also that I could travel to Nigeria to complete the field work.

DEDICATION

I dedicate this thesis to all proven Ministers of God, both national and international, whose unwavering support and encouragement through their teachings and experiences have had a positive impact on my life.

List of Acronyms and Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ATR	African Traditional Religion
BBC	British Broadcasting Corporation
CDC	Centre for Disease Control
Xtian	Christian
FAO	Food and Agriculture Organization
FCT	Federal Capital Territory
FMH	Federal Ministry of Health
HBM	Health Belief Model
HIV	Human Immunodeficiency Virus
ILO	International Labour Organization
NACA	National AIDS Coordinating Agency
NGO	Non-Governmental Organisation
NTA	Nigeria Television Authority
PEPFAR	President's Emergency Plan for AIDS Relief
SPSS	Statistical Package for Social Science
SSCE	Senior School Certificate Examination
TV	Television
UNAIDS	United Nations Programme on AIDS
UNGASS	United Nations General Assembly Special Session
USA	United States of America
WHO	World Health Organisation

FILM: A SUPPLEMENTARY AID IN TEACHING ADULTS ABOUT HIV/AIDS IN IGUEBEN (NIGERIA)

STUDENT NUMBER: 44291124

STUDENT: OVBIEBO MATTHEW OSAIGBOVO

DEGREE: DOCTOR OF EDUCATION

PROMOTER: Prof. K.P. Ouan-Baffour (University of South Africa)

CO-PROMOTER: Dr P. Mabunda (University of South Africa)

ABSTRACT

This study explored film as a supplementary aid in teaching adults about HIV/AIDS in the Igueben area of Edo State (Nigeria). It drew on the theory and practice of film to enhance the awareness of HIV/AIDS campaign strategies in ways that are not possible with other teaching aids. The findings of the study supported the literature, which indicates that unlike film, reading materials are not accessible to illiterate adults in rural communities.

Two hundred (200) participants were used in the first approach (quantitative), while fifteen (15) illiterate adults were purposively selected from the area to participate in the second approach (qualitative). The research was undertaken within an interpretivist framework in the sense that it was a communal process informed by participating illiterate adults, and was sensitive to the role of context (Alvermann, D.E., & Mallozzi, C.A. 2010).

The study confirmed the role of film, particularly Nigerian movies, in promoting information and education on HIV/AIDS. The findings highlighted the need for on-going education about HIV/AIDS and its treatment, especially among the rural illiterate. The study, in summary established that the programmes offered by HIV/AIDS organisers (governmental and nongovernmental) would be more effective if film is included in the campaign against the disease.

Key-words: HIV/AIDS, film/movies, adults, knowledge, illiteracy, interview, awareness, prevention.

Email: attitude_altitude@yahoo.com omakachievers@gmail.com

Table of contents **Page**

DECLARATION..... ii
ACKNOWLEDGEMENTS iii
DEDICATION iv
ABSTRACT..... vi
CHAPTER ONE1
1.1 INTRODUCTION.....1

1.2 BACKGROUND TO THE STUDY1

1.3 SETTING.....2

1.4 BACKGROUND TO THE PROBLEM6

1.5 PROBLEM STATEMENT7
 1.5.1 Research Questions.....8
 1.5.2 Objectives of the Study9

1.6 SCOPE AND DELIMITATION OF THE STUDY.....9

1.7 SIGNIFICANCE OF THE STUDY10

1.8 DEFINITION OF TERMS11
 1.8.1 AIDS11
 1.8.2 HIV11
 1.8.3 Adult12
 1.8.4 Adult Learner.....12
 1.8.5 Teaching13
 1.8.6 Teaching Aid13
 1.8.7 Film.....14
 1.8.8 Film Content15
 1.8.9 Film Maker.....15

1.9 CONCEPTUAL FRAMEWORK15
 1.9.1 The need for a conceptual framework16
 1.9.2 Conceptual Framework for this Study16

1.10 RESEARCH DESIGN.....20

1.11 CHAPTER DIVISIONS OF THE THESIS.....21

1.12 CONCLUSION.....22

Table of contents	Page
CHAPTER TWO	23
LITERATURE REVIEW	23
2.1 INTRODUCTION	23
2.2 THE BASIC FACTORS REGARDING HIV/AIDS	24
2.2.1 AIDS/HIV: A Brief Exposition	24
2.2.2 Transmission of HIV	25
2.3 A BRIEF GLOBAL HISTORY OF HIV/AIDS	27
2.4 HIV/AIDS IN AFRICA	29
2.5 HIV/AIDS IN NIGERIA	33
2.6 IMPACT OF THE EPIDEMIC IN NIGERIA	40
2.7 FIGHTING HIV/AIDS: INTERVENTIONS AND TARGETS	44
2.8 EXISTING STRATEGIES FOR TEACHING ADULTS ABOUT HIV/AIDS.....	47
2.9 THE NATURE OF FILM	49
2.10 THE VALUE OF FILM.....	50
2.11.FILM AS A TEACHING RESOURCE.....	52
2.11.1 Film as Case Study	52
2.11.2 Film as Experiential Learning Strategy	52
2.11.3 Film as Satire	53
2.11.4 Film as Metaphor	53
2.11.5 Film as Meaning.....	53
2.11.6 Film as Experience	54
2.12 MOTIVATED ASPECTS OF FILM	54
2.13 PERCEPTIONS AND MISCONCEPTIONS REGARDING AIDS IN AFRICA.....	56
2.14 PREVIOUS RESEARCH ON FILM	61
2.15 THE RATIONALE FOR USING FILM AS A TEACHING AID.....	62
2.16 FILM AND ITS VALUE IN TEACHING.....	67
2.17 CHARACTERISTICS OF FILM AS AN EDUCATIONAL TOOL	69

Table of contents	Page
2.18 HIV/AIDS AND FILM.....	70
2.19 SUMMARY OF THE LITERATURE STUDY.....	73
2.20 CONCLUSION.....	76
CHAPTER THREE	77
RESEARCH DESIGN	77
3.1 INTRODUCTION	77
3.2 EPISTEMOLOGICAL STANCE.....	77
3.3 RESEARCH DESIGN.....	78
3.4 RESEARCH METHODOLOGY.....	81
3.4.1 Research Methods.....	81
3.5 THE RESEARCH POPULATION AND SAMPLE	85
3.5.1 Population	85
3.5.2 Sample	86
3.5.3 Sampling procedures	87
3.6 DATA COLLECTION.....	88
3.7 ETHICAL AND PRACTICAL CONSIDERATIONS	93
3.8 VALIDITY	96
3.9 RELIABILITY	100
3.10 PRETESTING THE INSTRUMENT (PILOT STUDY)	101
3.9 CONCLUSION.....	102
CHAPTER 4.....	103
DATA PRESENTATION AND ANALYSIS.....	103
4.1 INTRODUCTION	103
4.2 DATA COLLECTION.....	104
4.3 DATA ANALYSIS	104
4.3.1 Section 1: Demographical data.....	104

Table of contents	Page
4.4 CONCLUSION.....	120
CHAPTER 5.....	121
ANALYSIS OF INTERVIEW RESULTS	121
5.1 INTRODUCTION.....	121
5.2 INTERPRETATION AND DISCUSSION OF THE FINDINGS FROM THE OBSERVATIONS.....	121
5.2.1 Observation.....	121
5.2.2 Findings of observation.....	122
5.2.3 Lack of adequate resources	122
5.3 INTERPRETATION AND DISCUSSION FROM THE INTERVIEW	123
5.3.1 Demographical Data of the Respondents.....	123
5.3.1 Respondents’ Knowledge and Awareness Regarding HIV/AIDS	127
5.3.2 Explaining the role of Film as a Teaching Aid.....	128
5.3.3 Illiterate Adults’ Responses to HIV/AIDS Preventive Practices using films	130
5.3.4 The used of Film-Related Educational Strategies in the Fight against	132
5.3.5 The role of Film on the Efficiency of Current HIV/AIDS Campaigns.....	133
5.4 CONCLUSION.....	136
CHAPTER 6.....	137
SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS	137
6.1 INTRODUCTION.....	137
6.2 SUMMARY	137
6.3 FINAL CONCLUSIONS.....	139
6.4 RECOMMENDATIONS	139
6.5 LIMITATIONS OF THE STUDY.....	141
REFERENCES	142

List of figures	Page
Figures 2.1 The five domains of possible exposure to HIV.....	26
Figures 2.2 A global view to HIV infection per continent in 2006.....	29
Figures 2.3 Map of Africa, showing Nigeria is one of the countries in Africa.....	32
Figures 2.4 Map of Africa, indicating prevalence of HIV infection per capital.....	33
Figures 2.5 HIV prevalence in the 36 states of Nigeria and the Federal capital territory....	40
Figures 2.6 HIV prevalence by Zones, Urban and Rural.....	42
Figures 2.7 HIV prevalence by State (Federal Ministry of Health 2010).....	43
Figures 4.1 Age distribution of the respondents in the quantitative phase (n=200).....	106
Figures 4.2 Gender distribution of the respondents in the quantitative phase (n=200)...	107
Figures 4.3 Respondents highest level of education in the quantitative phase (n=200).....	108
Figures 4.4 Marital status of the respondents in the quantitative phase (n=200).....	109
Figures 4.5 Employment status of respondents in the quantitative phase (n=200).....	111
Figures 4.6 Religious affiliation of the respondents in the quantitative phase (n=200)...	111
Figures 4.7 Respondents' awareness and understanding of HIV/AIDS.....	113
Figures 4.8 Respondents' views about using film programmes.....	115
Figures 4.9 Respondents' about using film to enhance learning process.....	116
Figures 4.10 Usin film of HIV/AIDS to predict the responses of illiterate adults.....	118
Figures 4.11 Respondents'views about film-related educational strategies.....	120

List of tables	Page
Table 5.1 Age distribution of participants.....	124
Table 5.2 Gender of respondents in the qualitative phase.....	124
Table 5.3 Marital status of the respondents in the qualitative phase.....	125
Table 5.4 Educational status of respondents.....	126
Table 5.5 Employment distribution of the respondents in the qualitative phase.....	127
Table 5.6 Respondents' knowledge and awareness regarding HIV/AIDS.....	127
Table 5.7 Source of HIV.....	128
Table 5.8 Exploring participants' views on the use of film as a teaching resource.....	129

List of annexures **Page**

Annexure A: letter requesting permission to conduct research (phase 1 and 2)..... 163
Annexure B: permission granted to conduct the research (phase 1 and 2) 165
Annexure C: questionnaire.....173
Annexure D: letter of information for participants.....175
Annexure E: statement of consent.....178
Annexure F: semi-structure interview guide.....179

CHAPTER ONE

1.1 INTRODUCTION

HIV/AIDS was first discovered in humans during the 1980s (Cochrane 2004:2; Mae-Wan Ho, Burcher, Gala, Veljkovic, 2005). It has since become a nightmare and a pandemic, affecting humans of all races and socio-economic conditions, both male and female, throughout the world. This virus, which has no cure, knows no limits. Those who are rich, poor, powerful, powerless, educated, illiterate, rural, urban, ugly or beautiful may all fall prey to this dreadful disease. Both developed and developing countries use every available means to educate their citizens about the virus. However, not all approaches used to teach adults are suitable or effective in all contexts.

1.2 BACKGROUND TO THE STUDY

In rural communities in Africa, for example, because of the high levels of illiteracy, the researcher is of the assumption that the written medium may not be adequate for educating illiterate adults about the disease. The researcher assumes that the written stories about HIV/AIDS continue to be incomplete in their coverage of awareness, prevention, risks, and costs of drugs, as well as in reporting the stigma between those infected and those not infected, affected and not affected. If this assumption is not correct, the researcher wonders why there are still increase and spread of the pandemic. Film is a powerful tool for appealing to large audiences. Its effectiveness reaches everyone, whatever the age, sex, or educational level. In addition, film offers sight and sound, and it makes practical and lifelike representations of people and products. Focused film can be used to reinforce certain health messages exposing audiences to health concepts, creating awareness and knowledge, altering outdated or incorrect information, and enhancing audience recall of particular advertisements or public service announcements.

According to Shelly, Cashman, Gunter, & Gunter (2008:6, 11), using computers or computer related technologies can capture and hold students' attention. This is because often times learners' attention wander and they may focus attention on a new target, thereby losing concentration on the chosen learning material and intended learning may therefore not be effective (Brand 2010:2). It must be recalled here that education has changed radically over the past century. That is why Toffer (1980:207), Lee and Kajder (2008:75) in Brand (2010:2)

reiterated that the illiterate of the twenty-first century will not be those who cannot read and write but, those who cannot learn, unlearn and relearn.

In Nigeria, the researcher has observed that people rely more on the information they get from watching Nigerian movies than from any other media. There are several literatures from educational research which support the claim that using film in educating results in a higher percentage of learning as the learners seem to focus better and for more sustained periods of time. In a study carried out by Ainsworth and Loizou (2003:675) film helps to capture and maintain people's focus. Both authors also point out that learners would retain more information with the help of sufficient film content in their learning materials. Many people today are audio/visual learners so without visuals in a presentation the learners may not learn. The same goes for those involved in the campaign against HIV/AIDS that without the use of what they can see and hear such as film in their campaign, the people may not adhere to the message delivered.

1.3 SETTING

The need to educate people (formally, informally or non-formally) about HIV/AIDS in order to stem its tide has become a priority in all countries of the world. The conventional approach of using medical treatment alone has not been able to reduce the spread of HIV/AIDS in the developing world, particularly in Africa (Ovbiebo & Quan-Baffour, 2010; UNESCO 2002). It is for this reason that a multiple approach including the use of the film is needed to tackle the pandemic.

Confirming this view, UNAIDS (2002:33) points out that medical science alone cannot overcome AIDS. Tools to control the spread of HIV and prolong the life of people with AIDS do exist, yet, in 2002, an estimated five million new HIV infections occurred around the world, and three million men, women and children died of AIDS (UNAIDS, 2002:33). The common tools to control the spread of HIV include the use of condoms, the dissemination of information in newspapers, magazines, advertisements on radio, and posters. These means of educating people may be effective but they benefit the literate more than those who cannot read or write. In rural Africa, illiterate people constitute the majority of the population and it is difficult for them to

access written information (Yahya, 2009). Thus this researcher assumes that the existing media would not be effective in combating the AIDS pandemic in rural areas because of the high levels of illiteracy (see chapter 4).

AIDS, which was officially recognised as a disease in 1981, is caused by the virus known as Human Immunodeficiency Virus (Cochrane 2004; Mae-Wan Ho, et al 2005). This virus can be spread through blood, semen, breast milk and vaginal secretions. Unprotected sexual intercourse is the most common route of HIV transmission. AIDS can kill because the infected individual's immune system is no longer able to fight infections (WHO, 2006:23). There are numerous books, articles and pamphlets which explain the nature of HIV and AIDS and also assist in promoting its awareness or prevention. Unfortunately, these written materials do not benefit illiterate adults. Public health talks in village square and market as well as the radio jingles in the people's home languages are very helpful and useful to the illiterate adults. However, the focus of this study is about using film as a supplement to all other media, especially to the written text.

Irwin, Millen, and Fallows (2003), argue that prevention efforts are under-funded and seem to rely, in the absence of a vaccine, on barrier methods requiring male consent. In order to fight this pandemic on a global scale, a massive international campaign is required which will pressurize political and economic power-holders into taking AIDS seriously, and to sustain such commitment until the pandemic is brought under control. Medical and public health communities cannot lead such a campaign on their own. Nor is it reasonable to expect those who are already gravely ill with the complications resulting from HIV infection to do it alone. That is why it is necessary for those involved in the fight against the pandemic, both governmental, and non-governmental, to find a way of creating awareness and prevention strategies through the use of film to the people of Igueben especially the illiterate adults.

Styles (1997) states that learners focus on the target that attracts their attention the most. He calls this visual pop-out, where the focus of attention is completely different from other distracters. This simply means it literally pops out from the visual materials that the learner is targeted on. That is, if a message received is relevant to the learner based on existing knowledge, focus will be fixed to a far greater extent than when it is irrelevant information and has no ground nor

relevance for the learner at that material time. It becomes clear that the learner's conscious choice is made on where to focus his/her attention (Styles 2006: 156). This would indicate that the learner is motivated to attend to something. Drawing the learner's attention to the fact that he/she is actually going to learn something and what it is that he/she will be learning, is the first step in attracting the learner's attention in the learning process. The learners become motivated if the learning situation appeals to them (O'Flynn et al. (2003: 109)).

The International Labour Organization describes the Acquired Immune Deficiency Syndrome (AIDS) and the Human Immunodeficiency Virus (HIV) epidemic as a crisis and the greatest challenge that the world is facing (ILO 2000). AIDS remains complex and incurable and has affected many individuals, communities and countries. The rate of new HIV infections continues to climb each year with an estimated 4.9 million people having been infected in 2004 (UNAIDS, 2005:5-7). It is for this reason that humankind should fight the pandemic from all angles – classrooms, homes, communities, churches, technological media and discussion forums. The approaches used to fight the spread of the disease must be various and contextualized.

One of the greatest hindrances to a large mobilization against HIV/AIDS is misinformation about the pandemic. In order to fight the pandemic effectively, people must have sound knowledge about it. Accurate knowledge will create a sense of urgency about global AIDS and allow effective actions to be taken (Averting Aids 2010). The researcher is of the view that no single book, material or method can dismantle all the myths and mystery that surround HIV/AIDS, and this becomes increasingly true as the AIDS myths change over time. It is for this reason that other ways and means must be explored to take the message of AIDS to reach all people, no matter where they live or their circumstances. Although organizers of HIV/AIDS campaign are doing their best as a sizeable amount of their time is spent on trying to focus on the people during campaign, bringing them mentally and sometimes physically back to the campaign environment learning can be significantly affected if the people fail to engage themselves in the campaign. Again the organizers may prepare wonderful lessons but very little can be learnt during the campaign as the people's life-world is far removed from the current situation in which they find themselves in the campaign environment.

Today's world is filled with technology and has marketing ploys aimed at attracting people. The HIV/AIDS campaign organizers are expected to perform the exciting role of the techno gimmicks which are visually attractive and auditory stimulating. Education needs to help produce a variety of types of literacy to make current andragogy relevant to the demands of the contemporary era (Okech 2004). Education and learning among the people would be more exciting and would also help capture their attention and improve their concentration if the organizers use tools that are relevant.

Tailoring a programme to individual person's needs is what makes a multimedia programme an educational success. Another thing that can cause this form of adult's motivation is if the people have better understanding of and engagement with relevant material (Lytras, Gasevic, Ordonez de Pablos & Huang, 2008: 189). Therefore, the organizers of HIV/AIDS campaign will have to acquaint themselves with the use of relevant material like film. The context in which film is used and how it is used are crucial factors in how well it may support the people (Kern, 2006:201).

According to Irwin et al (2003), there are two main areas of AIDS mythology we need to explore here. The first is the question of the origin of HIV (including the belief that the virus was intentionally unleashed by organizations such as the CIA). The second is the territory of HIV and AIDS: denialism, which claims either that the AIDS epidemic, is a hoax and the disease doesn't really exist or that AIDS is not caused by the virus known as HIV. For instance, in Africa, particularly in Nigeria, because of a general lack of education, many people say that HIV/AIDS is a disease unleashed by witches to destroy people.

Thus, this study was set up to:

1. identify the level of awareness and understanding of HIV/AIDS in the Igueben area;
2. explore how film can be used to enhance the learning process in ways not possible with other teaching aids;
3. identify how the use of film of HIV/AIDS can predict the responses of illiterate adults in HIV/AIDS awareness campaign;
4. explore the extent to which film-related educational strategies can be used to fight against HIV/AIDS pandemic in Igueben; Nigeria;

5. identify the role of film in current HIV/AIDS campaign efficiency in order to determine the optimum value at which the current efficiency is greatest;

1.4 BACKGROUND TO THE PROBLEM

Nigeria is a large country in West Africa. It has a population of about 152,000,000 (one hundred and fifty-two million) (UNGASS 2010:27-28). The population consists of people who are culturally and linguistically diverse. Nigeria is the tenth largest country in Africa (HIV Sentinel Survey, 2003:4). It is a democratic federal republic consisting of 36 states with a federal capital territory (FCT). The states and the FCT are organized for effective political administration and are further divided into 774 local government areas.

The states have also been grouped, on the basis of geographical proximity or ethnic homogeneity and other political considerations, into six geo-political zones. The six geo-political zones are known as North East, North West, North Central, South West, South East and South-South. Edo State is in the South-South zone -often referred to as the Niger Delta - which comprises six states. The zones differ from each other in terms of size, population, ecological characteristics, language, culture, settlement patterns, economic opportunities and historical background (NACA 2010). It is estimated that about 70% of Nigerians are poor, the majority of whom are women.

The Human Development Report of 2011 ranks Nigeria as 43 out of 182 poorest countries in the world (Global Finance 2011).

According to the 2006 census, the Edo State population is about 3,218,332 million people (National Population Commission of Nigeria). The state is both urban and rural, and the literacy level is below 35%. Nigeria has six cities with a population of over 1 million people: from largest to the smallest they are Lagos, Kano, Ibadan, Kaduna, Port Harcourt and Benin City (Wikipedia, the free encyclopedia 2011).

In Benin City (Edo State), where the researcher grew up, an HIV/AIDS awareness campaign using teaching aids such as pamphlets, leaflets, newspapers, magazines and the distribution of condoms could be effective because it is the capital of the state and most people in this city can read and write. But such a campaign may not have a significant impact on rural communities

because the majority of adults in rural areas cannot read or understand written information in English, or even in their home language. They cannot read in order to learn about the disease (Goldburg 2004).

The sharing of information about condoms, pamphlets and discussions are the methods most commonly used in awareness campaigns run by NGOs and government departments (Education and Training Unit for Democracy and Development 2011), but these have not been able to drive home the message to the rural illiterate adult population. The written media employed by organisers do not convey the message to many adults on account of their illiteracy. Even if one talks to these individuals in their mother tongue, the message may not be taken seriously because they cannot see the extent of the damage the pandemic has wrought. As an informal teaching tool film could be successful in helping illiterate adults to understand the extent of the damage the virus can do to its victims. Film through entertainment can informally educate adults about the HIV/AIDS pandemic.

In the state of Edo in Nigeria, the use of media such as written text and radio to teach people about HIV/AIDS has been ineffective because tradition still has a strong hold over people, despite the spread of Christianity and formal education. The traditional perception is that HIV/AIDS sufferers are people who have defiled the land or ignored the warnings of the gods. The disease is therefore regarded as a punishment for sin. This might be the main reason why the campaign is unable to contain the disease in Edo State. In view of this failure, the use of condoms and pamphlets to make people aware of the disease seems to be a waste of time (Ojieabu, Erah, & Okafor 2008). Film in the form of mobile cinemas which have the potential to teach the adult population in the rural communities about HIV/AIDS has thus far not yet been used in the fight against this pandemic.

1.5 PROBLEM STATEMENT

In the history of HIV/AIDS and the fight against the disease, there have been a number of programmes offered by various organizations. Awareness programmes are conducted using various teaching aids, but none have achieved the desired objectives in the Igueben municipality of Edo State in Nigeria.

Against this background the researcher became keen to investigate this apparent paradox – governmental and non-governmental organizations employing various media to educate the people of Edo State about the HIV/AIDS pandemic and yet community members have not changed their behaviour or taken precautions (Goldburg, 2004). In considering the above paradox, the researcher wondered whether a medium such as film, which is both visual and auditory, could be employed as a supplementary teaching aid.

The aim of this study is to promote interest for making the production and use of film an essential part of HIV/AIDS campaign activities. With film making becoming more accessible and more widely used in Nigeria, it is time to reflect on how it can be applied to promote HIV/AIDS campaigns activities particularly in Igueben in Edo State of Nigeria and to elucidate some guidelines for its future use in similar field. The study was carried out mainly to inform rural development professionals, practitioners and decision-makers in a variety of organizations about HIV/AIDS – from NGOs and health associations to government departments and research and educational institutions – about the different uses of film in campaigns. Specifically, it sought to give decision-makers greater insight into the subject in order to support decisions on the strategic use of film in awareness and prevention campaign. Based on this, the study draws largely on practical knowledge to illustrate the potential of film as a powerful teaching and communication tool for HIV/AIDS awareness and prevention campaigns.

Film has been used in development activities for more than 60 years, but only with the advent of digital video has filming and editing equipment become affordable and easier to use. Despite the consequent increase in the use of video in development activities, there is very little information on the practical aspects of using video (film), from building it into development strategies to preparation, filming, distribution and screening (Video in Development 2011).

The aim of this study is to examine the role of film as a supplementary teaching aid in educating illiterate adults in the Igueben area about HIV/AIDS.

1.5.1 Research Questions

The study seeks to answer the following questions:

Central question: What is the role of film as a supplementary teaching aid, in educating illiterate adults in the Igueben area about HIV/AIDS?

Based on this key question, the researcher formulated the following research questions:

1. What is the level of awareness and understanding of HIV/AIDS in the Igueben area?
2. How possible is it to use film to enhance learning process in ways not possible with other teaching aids?
3. Can the use of film on HIV/AIDS predict the responses of illiterate adults in HIV/AIDS awareness campaign?
4. To what extent can film-related educational strategies be applied to fight the HIV/AIDS pandemic in Igueben, Nigeria?
5. What is the role of film on the efficiency on current HIV/AIDS campaigns in determining the optimum value at which current efficiency is greatest?

1.5.2 Objectives of the Study

The objectives of this exploratory study are to:

1. identify the level of awareness and understanding of HIV/AIDS through film in the Igueben area,
2. explore how possible film can be used to enhance the learning process in ways not possible with other teaching aids;
3. identify how the use of film of HIV/AIDS can predict the responses of illiterate adults in HIV/AIDS awareness campaign;
4. explore the extent to which film-related educational strategies could be used to fight against HIV/AIDS pandemic in Igueben,
5. identify the role of film on current HIV/AIDS campaign efficiency

1.6 SCOPE AND DELIMITATION OF THE STUDY

It would be ideal to explore the use of film as an aid in teaching adults about HIV/AIDS in the whole of Edo State. However, the constraints of time, logistics and finances make this impossible. In view of this, the current investigation is limited to the Igueben municipality. Igueben is a Local Government Area in Edo State, Nigeria. The headquarters are in the town of Igueben. Igueben has an area of 380 km² and a population of 69,639 according to the 2006 census. The post code is 310. The area is governed by a traditional ruler called Enogie. The present Enogie is HRH Ehizogie Eluojerior. He, along with his council of chiefs and prominent

traditional rulers, maintain law and order in an ever changing westernized world. The people are predominantly farmers. This traditional governance system is the same as what is used in the current monarchy of Benin and has been in existence since the earliest times in Benin's history. The indigenous people of Igueben are very hard working, creative, industrious and fun-loving. Their language is a unique dialect of Edo and Esan. They also use Pidgin English, which is a mixture of Portuguese, English and Esan (Local Government Area States-in-Nigeria,2009).

The findings from the study could be utilized by other campaign programmes or organizations facing similar problems. This study is not about the making of film rather it concerns the importance of using film in the dissemination of information about HIV/AIDS. Given time and opportunity, a more detailed study of Edo State can be done.

1.7 SIGNIFICANCE OF THE STUDY

In her study Campbell (2003:3) noted that to date many HIV prevention programmes in Africa have been relatively unsuccessful because they provide a biomedical and behavioural understanding of sexuality with little attention being given to the social context. According to Campbell, the social context is important in promoting and supporting behavioural change, particularly in poor communities, where people often have less control of their behavior than their wealthier counterparts. Attempts to identify and list factors and practices which describe “why”, serve as contributions and recommendations to policy makers and aid agencies. The focus of this study is on exploring film as a supplementary aid in teaching adults about HIV/AIDS.

In the light of the above, this study intends to investigate why the HIV/AIDS awareness and prevention campaign facts concerning HIV/AIDS by governmental and non-governmental organisations are not yielding the expected results, and to suggest a way forward. In addition, the study aimed to determine whether the use of film in the dissemination of information will create awareness of the need for preventative measures against HIV/AIDS among illiterate adults.

This study will be useful to HIV/AIDS awareness campaign organizers (governmental and non-governmental), empirical researchers, qualitative scholars, and business practitioners who are engaged in the fight against HIV/AIDS or who plan to conduct such a study in the future. Essentially films are perceived as real. In addition, most adults already have substantial practice in understanding and analyzing film. As Bluestone (2000) notes, “films, when linked conceptually to the content of a curriculum, can increase students' involvement”. Based on the above, the researcher assumes that if film/movie is linked to various programmes of HIV/AIDS its campaign can increase participants' involvement in the fight against the disease. Because film is such an integral part of most adults' experience, organisers of HIV/AIDS campaign rarely have to spend much time teaching them how to analyze film.

1.8 DEFINITION OF TERMS

This section provides operational definitions of all the terms used in the study.

1.8.1 AIDS

AIDS is the acronym for Acquired Immune Deficiency Syndrome and was coined early on in the history of the disease (Schoub, 1999:20). It is said that this disease is acquired; it is not inherited. It is caused by a virus known as HIV (Human Immunodeficiency Virus) which enters the body from outside (Volberdinge, al.2008).

1.8.2 HIV

HIV is the acronym for “Human Immunodeficiency Virus” (Kartikeyan, Bharmal, Tiwari, and Bisen 2007:3). It is a virus that causes AIDS (Cochrane 2004:10). A member of a group of viruses called retroviruses, HIV infects human cells and uses the energy and nutrients provided by these cells to grow and reproduce (The Body 2001). For the purpose of this study, HIV is regarded as the Human Immunodeficiency Virus that causes AIDS. AIDS is a disease in which the body's immune system breaks down, making it unable to fight off certain infections, known as “opportunistic infection” and other illnesses that take advantage of a weakened immune system.

1.8.3 Adult

An adult is a person who is physically and psychologically mature, as well as socially, economically and politically responsible. In other words, an adult is a person who is fully responsible for social, economic and political engagement, agreement, responsible or undertaking (Nzeneri, 2002). Okedara (1981) in Nzeneri (2002) writes that in some Western societies, an adult is one who has attained the age of 21 or more. Based on the weakness of using age as a criterion for defining an adult, Okedara (1981) in Nzeneri (2002) suggests that an adult is better determined by the society to which he belongs.

Nzeneri (2002:157) indicates that adults are “persons regarded as adults by the society to which they belong”. An adult is one who has attained full size and strength, is full grown and mature; a person who has attained the age of maturity as specified by the law. Adult, as used in this study, refers to a person who is fully responsible for their social, economic, and political engagement, agreement or undertaking.

1.8.4 Adult Learner

The term adult learner refers to a mature person who is engaged in some learning activities. According to Nwankwo (2002:80), learning is an activity that takes place inside the individual. Learning cannot be seen but we can tell that it is present, or has occurred in a learner by judging the performance of an individual (Nwankwo, 2002:81).

According to Nzeneri (2002), an adult learner is a person who is engaged in one form of adult education or another in order to improve productivity, professional knowledge or skills. One can regard such learners in the economic sense as active producers in various sectors of the economy, public or private. They may be involved in programmes such as on-the-job training, work release, worker education and in-service training, without pay. They can also be defined as active producers in the biological sense, since most of them are married, have children and manage their homes and/or extended homes (Nzeneri, 2002). An adult learner is defined here in terms of function.

However, Barikor (2002:177) views this term in deeper sense when he writes that adult learners differ philosophically, psychologically physiologically, socially and economically from their younger counterparts. Adult learners are considered distinct from child learners due primarily to the work of Malcolm Knowles (Knowles 1970), who developed the principle of andragogy. In this study, adult learner is a term used to describe any person socially accepted as an adult who is engaged in a learning process, whether it is formal education, informal learning, or corporate-sponsored learning.

1.8.5 Teaching

In this study, teaching refers to a process of sharing new information about HIV/AIDS to adults. It is the sharing of knowledge, information or skills from a more knowledgeable person to a less knowledgeable one. According to Krech et al (1982:665), teaching involves the skill and ingenuity to reconstruct the curriculum, redesign the environment and change one's behaviour so that one's learners will have the experiences, resources and support they need for development. It is an act of helping learners to develop sensitivity, compassion and intelligence. Teaching occurs in any instructional situation. It involves the educator, the learner and the subject matter or content.

1.8.6 Teaching Aid

In modern terms, many people prefer teaching resource to teaching aid but for the purpose of this study, The researcher deliberately uses teaching aid so that all types of readers may understand. Teaching aids are materials used to assist teaching and learning (Thomson, 2006). This is anything used by the educator to help them convey the educational message to the learners. They are, human and material resources which appeal to our senses of sight, hearing, smell or touch, and which facilitate teaching and learning. Teaching aid is also seen as a tool used by teachers, facilitators, or tutors to help learners improve reading and other skills, illustrate or reinforce a skill, fact, or idea, and relieve anxiety, fears, or boredom. A teaching aid is an object or material used in a classroom in order to stimulate education and illustrate key points of what is being taught. It ranges from visual aid to computer technology, and is often presented as a game. Unfortunately, some students can rely on these too much, so the teacher may choose to give

students various forms like globes, calendars, even a black board can operate as a teaching aid in today's advanced society (SIL International,1999).

1.8.7 Illiteracy

Illiteracy is the inability to read and write, either because of lack of education or because of learning difficulties or other intellectual impairment such as brain damage. It is also the inability of a person to read and/or write well enough to meet daily needs. There are lots of different definitions of literacy. Some experts define it as having the reading and writing skills that you need to be independent in your everyday life. So, for example, if you can read instructions, write a cheque, fill in a form – anything that you need to do in everyday life – then you are ‘functionally literate’. Other people say that you are illiterate if you think that you are illiterate. In other words, if you feel that you can’t read or write as well as you would like to.

Being illiterate can have a big effect on people’s lives. For example, a study in the UK showed that people who write and spell badly are seen as careless, immature and unreliable, and often unintelligent. So it is more difficult for them to find jobs, even when reading and writing are not necessary for the work.

1.8.7 Film

Film is a coated strip for taking pictures: a thin translucent strip or sheet of Cellulose coated with a light- sensitive emulsion, used in a camera to take still or moving pictures. A film is a work of art, composed of many elements which influence the audience: acting, story, sound, visual elements, and movement, all of which create the only truly original art form of this century (Resch & Schicker 1992:22). It is a series of moving pictures on screen: a series of real or fictional events recorded by a camera and projected onto a screen (Motion pictures 2008).

Film encompasses individual motion pictures, the field of film as an act form, and the motion picture industry. Films are produced by recording images from the world with cameras wikipedia.org/wiki/film 2008. For Pramaggiore and Wallis (2008:2), film is a complex art form and cultural institution whose influence spans the 20th century and transcends it. Cinema (film)

has not only contributed to a mass culture of entertainment and celebrity – it has also provided a forum for education and critique through the tradition of social documentary, and serves as a medium of personal expression in the form of avant-garde films and home movies. However, for the purpose of this work, the word ‘film’ ‘movie’ audio/visual, and video will be used interchangeably to refer to motion pictures which have been or can be projected upon a screen in order to stimulate movement or action.

1.8.8 Film Content

This is the arrangement of settings and subjects within the frame (Resch & Schicker, 1992). For the purpose of this study, film content refers to the topics or subject matter dealt with in a motion picture. It is a general summary of all the elements observed in the film. The term “film content” is often used synonymously with “film subject” or “subject matter”.

1.8.9 Film Maker

A film maker is any person who plays an active role in the production of a film. If the film is made by one person acting as the producer, director, cameraman, editor and so forth, then this person would actually be “the film maker”. Since production is split into many aspects, this term therefore has a collective meaning.

1.9 CONCEPTUAL FRAMEWORK

Almost all research studies in the social and behavioural sciences, regardless of the discipline or programme, require a rationale. This rationale or basis is often called the theoretical framework (Radhakrishna, Toder & Ewing, 2007:692). A framework is simply the structure of the research idea or concept and how it is put together. A conceptual framework elaborates the research problem in relation to relevant literature. That is a conceptual framework is the researcher’s idea on how the research problem will have to be explored. This is founded on the theoretical framework, which lies on a much broader scale of resolution. The theoretical framework dwells on time tested theories that embody the findings of numerous investigations on how phenomena occur (Factoidz 2010).

1.9.1 The need for a conceptual framework

The use of a theory in this study will promote understanding of the nature of the problem being addressed, the needs and motivation of the target population, and/or the context for intervention, that attempts to merge the problem and the programme together (Nutbeam and Harris 2001:7). In essence, it attempts to integrate key pieces of information, especially variables, in a logical manner, and thereby conceptualizes a problem that can be tested. A theoretical framework provides a visual representation of the ‘big picture’ of the study, identifies literature review categories, and directs research objectives. It also provides a schematic description of relationships between and among independent, dependent and theorized relationships (Radhakrishna et al., 2007: 692). In other words, a theoretical framework helps build a base for the study

Without any theory, the activities of a researcher are likely to be pointless. According to Knowles (1996) in Okech (2004:14) every researcher needs a set of assumptions as a pivot to guide what he does, to be tested by the experiment, or to serve as a check on observations and insights.

1.9.2 Conceptual Framework for this Study

The conceptual framework used in this study consist of the theory (or theories) relevant to the phenomena being studied that inform and influence the research. It is the basis for reframing the research questions and for formulating hypotheses or making informal tentative predictions about the possible outcome of the study (Tashakkori and Teddlie 2003:704). The framework for this study is a combination of two theories. These are constructivist theory of learning and andragogical theory of learning. It was in the 1990s that many educators began to consider constructivism as a learning theory or educational philosophy.

One of the major tenets of this philosophy is that individuals construct their own knowledge and meaning from new information, as they interact with reality or others with different perspectives. According to constructivist theory, learning is a social and dynamic process in which the learner constructs its significance (Niaz 2011:175). That is, in the environments of constructivist learning, students are required or expected to utilize their prior knowledge and experiences to formulate new, related, and/or adaptive concepts in learning.

According to Rodriguez (1997:30) in Matthews (2000:328), even though the term constructivism is not used even once in the National Science Education Standard (NSES), it is clear that individual constructivism... is the driving theory of teaching and learning throughout the document... The role of the teacher in this type of framework is that of a facilitator, which provides guidance so that learners can construct their own knowledge. A constructivist facilitator will ensure that the prior learning experiences of the adult learners are in accordance and related to the concepts being taught.

In line with this, Jonassen (2004) suggests that "well-structured" learning environments should be useful for novice learners and "ill-structured" environments should be only useful for more advanced learners. This implies that educators utilizing technology when teaching with a constructivist perspective should choose technologies that reinforce prior learning perhaps in a problem-solving environment. "Constructivists also believe that much of reality is shared through a process of social negotiation..." Wikipedia, the free encyclopedia (2011).

Malcolm Knowles is the father of andragogy theory. He defines andragogy as "the art and science of helping adults learn" and contrasts it with "pedagogy" which is concerned with teaching children to learn (Okech 2004:14). Knowles' andragogy theory is based on four crucial assumptions. These assumptions spelt out the difference between adult learners from child learners.

- An adult person's self-concept moves from one of being a dependant personality towards one of being a self-directing human being,
- An adult person accumulates a growing reservoir of experience that increasingly become a resource for learning,
- An adult person's readiness to learn becomes oriented increasingly to the developmental tasks of his social roles, and
- An adult person's time perspective changes from one of postponed application of knowledge to immediacy of application, and accordingly his orientation towards learning shifts from one of subject centeredness to one of problem centeredness (Smith, 1999).

According to (Kabuga 2004), andragogy has potentialities for liberating both the youths and adults to believe in themselves, to think and to create. It puts an end to the long-standing problem of teacher-student contradiction where, in the words of Freire, 'the teacher teaches and the

students are taught; the teacher knows everything and the students know nothing; the teacher thinks and the students are thought about... Andragogy, therefore, shatters the myth that knowledge is the private property of teachers (Kabuga 2004). The theory posits that one person merely helps another person learn. He went on to state that with andragogy, education is a meaningful whole, seeking to exploit the best in a human being at whatever age he is. It seeks to utilize all sources of information and rejects the myth that the written word is the only source of information.

With andragogy, therefore, it is possible to educate without necessarily making literate for immediate social and economic development. It is after we have weaned ourselves from falsely equating knowledge and learning with schools and have acquired skills of how to learn that we shall become self-directed learners, making use of any resources available to turn ourselves into fully functioning liberated human beings (Kabuga 2004).

Both theories are relevant to the study because they provide explanation to show why some people learn to take specific actions to avoid illness, while others fail to learn how to protect themselves. In line with the views of both theories above, the researcher sees the framework as appropriate for teaching and learning health care actions that aim to empower people to stay away from negative consequences as the main instinct. Polit & Beck (2006) explain that theories and conceptual framework are the primary means of providing a conceptual context of a study. That is, there must be a specific theory illustrating the relevant relationships between variables in the study.

The use of these theories is to evaluate the perception, understanding and beliefs regarding HIV/AIDS and its prevention programmes. The theories provide some reasons that influence the awareness and adherence to preventive effort of the spread of the pandemic in Edo State. This study however, sees the theories as more relevant because of their emphasis on teaching and learning. Attempts to understand and explain the widespread failure of people to be part of the programme on prevention and screening tests for the early detection of asymptomatic disease also brought about the use of the theories.

According to Jonassen (2004), the theories were developed mainly to explain and formulate teaching and learning behaviors by focusing on the beliefs and attitude of individuals. The variables are based on:

Susceptibility: How strongly individuals believe they are at risk of contracting a disease such as HIV/AIDS.

Severity: Feelings about the impact of having the disease or of not having it treated, or of contracting HIV/AIDS.

Benefits: The suggested health intervention is of value, i.e. the effectiveness of the programme designed to reduce the pandemic, through the use of condoms, abstinence or a cure for HIV/AIDS.

Barriers: These are the potentially negative consequences which occur as a result of accepting certain health actions, such as physical, psychological and financial demands. That is, which barrier must people overcome to establish and maintain specific behaviours?

Cues to action: Butler (2001:247) reports that these are stimuli that provoke a health-related event. That is, individual perceptions of the level of one's belief regarding the possibility of the risk of contracting a health condition provide the force to act. Cues may be media publicity (the use of movies that motivate people to take action), illness of close relatives or counsel received from others who are superiors or professionals in the field.

The researcher's point is that these theories are beneficial in teaching and assessing health protection or disease prevention behaviors especially among the illiterate adults. They are also useful in organizing information about clients' views on the state of health and other issues on what factors may influence them to change their behavior. They are used appropriately, provide organized assessment data about learners' ability and motivation to learn and change their attitudes and perceptions. Teaching on health education programmes can be developed to better fit the needs of learners.

These theories are developed to provide a framework to explain why and how learning must be strategized. This is substantiated by several researchers and authors like Bryman, (2004), Nwankwo (2002), Nzeneri (2002), Barikor (2002). They all agree that both theories are used more frequently in teaching and learning more than all other theories. Theory is used as a major

theoretical or organizing framework for explaining and predicting learning outcome recommendations.

The above theories (constructivism and andragogy) indicate some connection with HIV/AIDS. It shows that people must learn to accept the fact that they are at risk of the health threat before even thinking of actions to take to reduce behaviours that are risky. Looking at the theories, it becomes clear that people's individual actions are based on their learning and belief system. This is no doubt the reason for most conclusions based on perception susceptibility, severity, efficacy, that is, benefits of control measures and the hindrances to prevention. The medications, perceptions and patients' beliefs about the disease are very important.

1.10 RESEARCH DESIGN

The research design (what is the design of this study and why the design was selected) is presented in Chapter 3. This section only introduces the research design. According to Strydom (2002:76), a research design includes the plan, structure and strategies used to resolve the research problem at the level of collecting information and knowledge. McMillan and Schumacher (2001:31) define a research design as the procedures used for conducting the study, including when, where and how.

According to Wiersma and Jurs (2005:13-14), there are two main methods of research, namely quantitative and qualitative. The choice of method depends on the type of information to be collected. In this study, the researcher chose to use a mixed method.

Mixed methods research involves using two or more methods in the same research study. Both quantitative and qualitative data may be collected as part of the study (Wiersma and Jurs, 2005:274). The reasons for using a mixed method included the need to increase the sensitivity, reliability and validity of the findings. Both techniques were also considered necessary in order to obtain valid results and to establish whether there was any relationship between the medium of instruction (Borland, 2001:5) that would be most effective in teaching adults about HIV/AIDS in the Igeuben area and the medium of instruction currently being used.

Based on the above, the researcher used questionnaires and interviews for the collection of data. This is quantitative research, which employs numerical indicators to ascertain the relative size of a particular communication phenomenon. The qualitative aspect employs symbols and words to indicate the presence or absence of phenomena or to categorize them into different types. Quantitative and qualitative method provide intercultural researchers with different ways of operationalizing and measuring theoretical constructs and practical concepts. While quantitative methods can provide a high level of measurement precision and statistical power, qualitative methods can supply a greater depth of information about the nature of communication processes in a particular research setting (Matveev,2002).

According to McMillan and Schumacher (2001), questionnaires are the most commonly used techniques to obtain information from subjects. The researcher experienced a number of benefits from applying both quantitative and qualitative methods in this research. Quantitative methods ensured high levels of reliability of the gathered data. Qualitative research allowed for more in-depth information about using film as a supplementary aid in teaching adults about HIV/AIDS. The researcher regards questionnaires as relatively economical because they contain the same questions for all subjects, contain statements written for specific purposes, and can ensure anonymity. Moreover, the use of questionnaires can cover a wide range of questions in a short time, compared to interview approaches. The research design and methodology are discussed in detail in chapter three.

1.11 CHAPTER DIVISIONS OF THE THESIS

This study is divided into six chapters.

Chapter one presents the problem that is being investigated. It outlines the background to the problem, the significance of the study, conceptual framework, definitions of terms, its aims and objectives, and provides a brief description of the research setting.

Chapter two examines HIV/AIDS in sub-Saharan Africa, Nigeria in particular. It reviews literature on HIV/AIDS, relevant literature on existing strategies used in teaching about HIV/AIDS, film and other media for educating adults about HIV/AIDS. It discusses the importance of various media and their challenges for teaching.

Chapter three focuses on the research methodology. This includes the various techniques that are used to collect data in this study. The chapter also discusses reliability and validity of the instruments used for data collection.

Chapter four deals with phase one of the data analysis, which includes testing the hypothesis in the quantitative segment of the research. In the second phase, presented in Chapter five, the focus is on the qualitative aspect of the research. Chapter six covers the conclusion, recommendations and implications of the study, its limitations and suggestions for further research.

1.12 CONCLUSION

In this chapter, attention is given to the background to the study, the statement of the research problem, its objectives and the clarification of terms. The following chapter investigates what literature reveals about the role played by film in the teaching of adults especially the illiterate adults.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

Chapter one provided the setting for the study and, thus, contained an introduction to the study and a description of the research problem. It is now almost three decades since HIV/AIDS was first identified and, since that time, the body of research into the disease has increased significantly. This chapter presents a literature review on the relevant themes of this thesis, namely, the basic facts regarding HIV/AIDS, the transmission of HIV, a brief global history of the pandemic, HIV/AIDS in Africa, HIV/AIDS in Nigeria, the impact of the epidemic on Nigeria, fighting HIV/AIDS, perceptions and misconceptions regarding AIDS in Africa, existing strategies for teaching adults about HIV/AIDS, film and its value in teaching, the rationale for using film as a teaching aid, the characteristics of film as an educational tool, and HIV/AIDS and film.

The main reason for reviewing the relevant literature on a research topic is to obtain both a broad knowledge and a better understanding of the existing information on the specific research topic, for example, HIV/AIDS and the concept of film. This, in turn, will enable the researcher to build on the work of others, particularly in view of the fact that significant developments in new information are often based on previous research.

In addition, based on the literature review, the researcher will be able to form and structure the research problem. It is always of immense assistance to a researcher if they are well informed about procedures or methods which others have used and which are similar to those they are intending to use, particularly if such procedures or methods have worked well for them. The researcher will also come to be aware of the challenges which others may have encountered. This, in turn, will enable the researcher to select the correct methodology that will provide valid answers to the research questions posed (Kumar, 2005).

2.2 THE BASIC FACTORS REGARDING HIV/AIDS

A lack of basic information and also misinformation about the HIV/AIDS pandemic constitutes the greatest obstacle to managing the pandemic. Sound knowledge is essential for effective action as ignorance tends either to paralyse people or to cause them to act in a negative way. As regards the HIV/AIDS pandemic they may also conclude that HIV/AIDS is someone else's problem. New knowledge about HIV/AIDS may give impetus to the immediate need to do something about the global reality of HIV/AIDS and also enable serious and effective plans to be strategised and action to be taken (Mae-Wan Ho, Burcher, Gala & Veljkovic, 2005).

2.2.1 AIDS/HIV: A Brief Exposition

AIDS is a disease that may leave a person vulnerable to all kinds of opportunistic infections that take advantage of the weakened immune defences (Mae-Wan Ho et al., 2005). According to Irwin, Millen and Fallows (2003:xxv), the acronym AIDS stands for Acquired Immune Deficiency Syndrome, which is a medical term for a set of symptoms, opportunistic infections and laboratory markers indicating that an individual is in an advanced stage of HIV infection, with an impaired immune system. Although some people may develop AIDS far sooner, it usually takes an average of 10 years from the time of infection with HIV to the onset of clinical AIDS. According to Olufemi (1992), AIDS is an illness that is characterised by one or more indicator diseases, depending on the status of the laboratory evidence of the HIV infection.

Mae-Wan Ho et al. (2005), quoting from the Medline Plus Encyclopaedia, report that AIDS is the final and most serious stage of the human immunodeficiency virus (HIV) disease. Thus HIV causes AIDS with the virus attacking the immune system and leaving the body vulnerable to a variety of life-threatening illnesses and cancers. According to the Centre for Disease Control, AIDS begins when a person with HIV infection has a CD4 count of below 200 (Cochrane, 2004; Singhal & Rogers, 2003). The common symptoms experienced include fever, sweats (particularly at night), swollen glands, chills, weakness and weight loss.

The abbreviation HIV stands for human immunodeficiency virus, which is the virus that causes AIDS (Cochrane 2004). Schoub (1999), Kalipeni, Craddock, Oppong and Ghosh, (2004) all found that, once HIV is introduced into the bloodstream, it attacks certain cells of the immune

system, known as ‘helper T-cells’ or CD4 cells, which are responsible for helping the body to fight off infections. HIV invades the CD4 cells, reproduces within the infected cells, and then bursts out into the bloodstream.

2.2.2 Transmission of HIV

Schoub (1999) explains that HIV is transmitted or spread in various ways, including unprotected sex with an infected partner, sharing the needles or other drug injection equipment which has been used by an infected person, through blood transfusions or through blood products received from an infected person. The virus may also spread from a mother to her child before, during or after birth (breastfeeding). HIV/AIDS is a blood-borne disease.

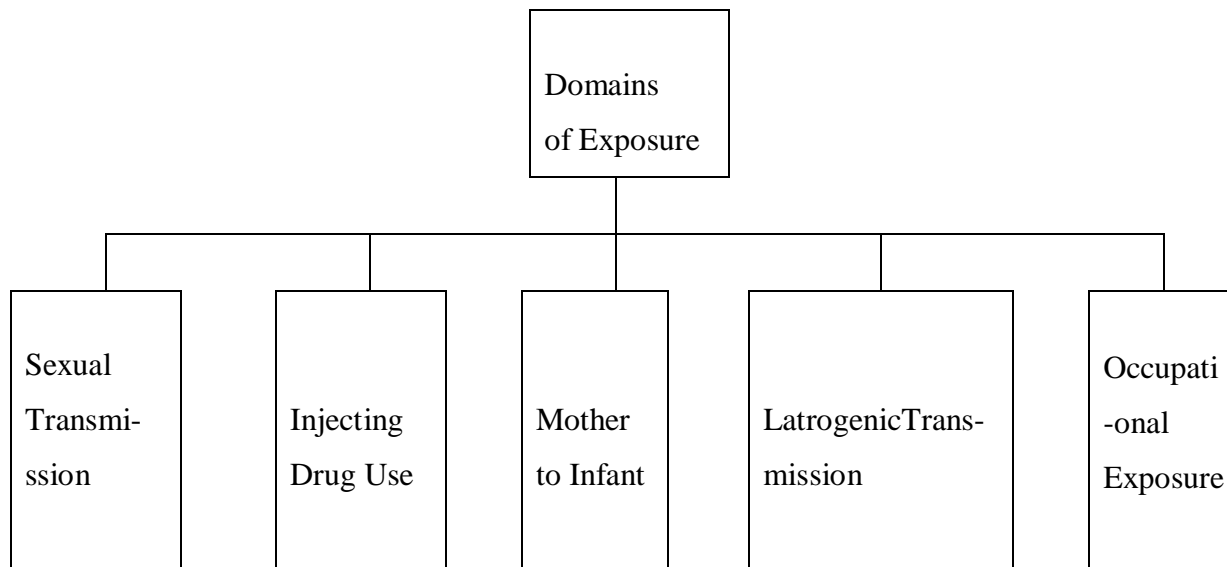
According to Kartikeyan, Bharmal, Tiwari and Bisen (2007), the fact that HIV-positive people may remain free of symptoms (asymptomatic) for several years greatly increases the chances that they may unwittingly pass the virus on to others through sexual contact, needle sharing or breastfeeding. Often people living with HIV/AIDS in the rural areas have different views (Kartikeyan et al (2007) in the case of HIV/AIDS.

For rural dwellers, HIV/AIDS is perceived either as a punishment from the gods for promiscuity or an attack from witches. Also those suffering from HIV/AIDS are often seen as having been unfaithful or possessed by demons. These are some of the reasons behind stigmatising those with the infection with the main cause being that people are ignorant about both the pandemic itself and how it may be contracted.

The medical interpretation of HIV/AIDS has impacted significantly on the status of those affected by it, as well as the manner in which it has spread in Africa. The truth is that the disease is transmitted mainly through unprotected sexual intercourse, with traditional surgical practices also making a significant contribution. This has created concern about the pandemic which is easily confined in the medical field, thereby keeping information and understanding about the disease even more closely in the hands of those who are inaccessible; that is, away from the majority of African people. According to Pratt (2003:33), the disease is transmitted through sexual activity and exposure to infected blood or blood components and, parentally, from mother

to infant. Just as cholera is a water-borne disease, so HIV is a blood-borne disease. Potential for transmission can be conveniently categorized into five domains of possible exposure, as outlined below.

Figure 2.1 The five domains of possible exposure to HIV Pratt (2003:33)



Pratt (2003:33) remarks that, most of the people throughout the world who have become infected with HIV have become so as a result of being sexually exposed to the virus because of unprotected, penetrative, heterosexual, vaginal intercourse with an HIV-infected partner. This is because HIV may be present in seminal, pre-ejaculation, vaginal and cervical secretions. However, the virus is also present in the blood of infected individuals. Kartikeyan et al. (2007:48) support this view, noting that the efficacy of transmission is about 90-95 percent when the routes of transmission are blood, blood products, needles and syringes, and about 50-90 percent in case of the transplantation of organs and tissues. HIV-infected blood is a major but easily preventable route of transmission. On the other hand, ‘unprotected’ sexual intercourse means the male insertive partner is either not using, or is not correctly using, an intact latex or polyurethane condom, or else the female partner is not using, or is not correctly using, an intact, polyurethane female condom. In addition to unprotected, penetrative, heterosexual, vaginal

intercourse, HIV may also be easily transmitted during unprotected, insertive and receptive heterosexual or homosexual anal intercourse and, although less likely, during oral sex.

According to the magazine *Soul City* (2004), most people contract HIV/AIDS from unprotected sex with persons who have the HIV virus in their bodies. A pregnant woman who has the virus may pass it on to her baby either when she is pregnant, gives birth or breastfeeds. Approximately one in every three babies born to HIV-positive mothers will contract the HIV virus while pregnant women who are HIV positive may become ill with AIDS more quickly (*Soul City*, 2004: 4–5).

The human immune system protects the human being from attacks of viruses, fungi, bacteria and other germs that may often attack the body. In view of the misconceptions and misgivings surrounding HIV/AIDS, Kagiso Education (2005:88) highlights several ways in which it is not possible for HIV either to be spread or contracted. These include living with a person who is infected with HIV/AIDS, touching or holding someone with HIV, sharing cups, plates, knives or forks with such a person, sharing a toilet, coughing, sneezing, or talking with someone who is infected.

2.3 A BRIEF GLOBAL HISTORY OF HIV/AIDS

AIDS first manifested approximately 25 years ago and has mystified doctors as it became one of the worst plagues in human history. In a detailed article, Gottlieb and colleagues (1981) in Singhal & Rogers, (2003) linked an immune deficiency with this new cluster of infections.

The United States Centre for Disease Control and Prevention (CDC) coined the term *AIDS* for acquired immunodeficiency syndrome. Volberding, Sande, Lange and Greene (2008), note that the USA, the country where, in 1981, cases of AIDS were first recognised, has the most severe HIV/AIDS epidemic in the industrialised world (Volberding et al. 2008).

Mae-Wan et al. (2005) state that, in 1981 and 1984, leading researchers, including those from the Center for Disease Control (CDC), proposed that a virus, termed the *human immunodeficiency virus (HIV)*, was the cause of the epidemic in the United States and Europe, and also in Africa. The hypothesis that HIV causes AIDS gained instant acceptance within the scientific community.

Despite the fact that HIV and AIDS are related, they are also different. A person may be infected with the HI virus but not have AIDS and not everyone who contracts HIV contracts AIDS. In addition, AIDS is determined clinically while HIV is determined serologically. This means that it is possible to have a blood test to check for the HI virus. However, if the blood test is positive this does not mean that the individual has AIDS.

AIDS, on the other hand, is diagnosed if an individual is HIV positive and also has certain other diseases and conditions. This means that AIDS is determined clinically – by examining the patient. AIDS may take months, or even years, to develop. AIDS also differs from person to person although the reason for this is not known (Infectious Diseases 2008).

In Africa it is not possible to accept fully the origin of HIV/AIDS without taking into consideration certain etiological variables, including cultural, social, and economic factors which are prevalent on the Africa continent with regard to the sex lives and lifestyles of the rural poor, on one hand, and the rich, urban dwellers on the other.

The international tracking and monitoring of human disease is one of the main functions of the World Health Organization (WHO) in Geneva. On a national level, disease surveillance and the charting of the origin and development of both infectious and non-infectious diseases is of cardinal importance to the maintenance of public health and institution. For this purpose, agencies of varying sizes and formats have been established in most developed and many developing countries of the world. The largest and best known of these institutions is the Centre for Disease Control and Prevention (CDC) in Atlanta, Georgia, in the United States of America. It was, in fact, at this institution that the first indications of an impending AIDS epidemic became evident in the autumn of 1980 (Schoub, 1999:1–2).

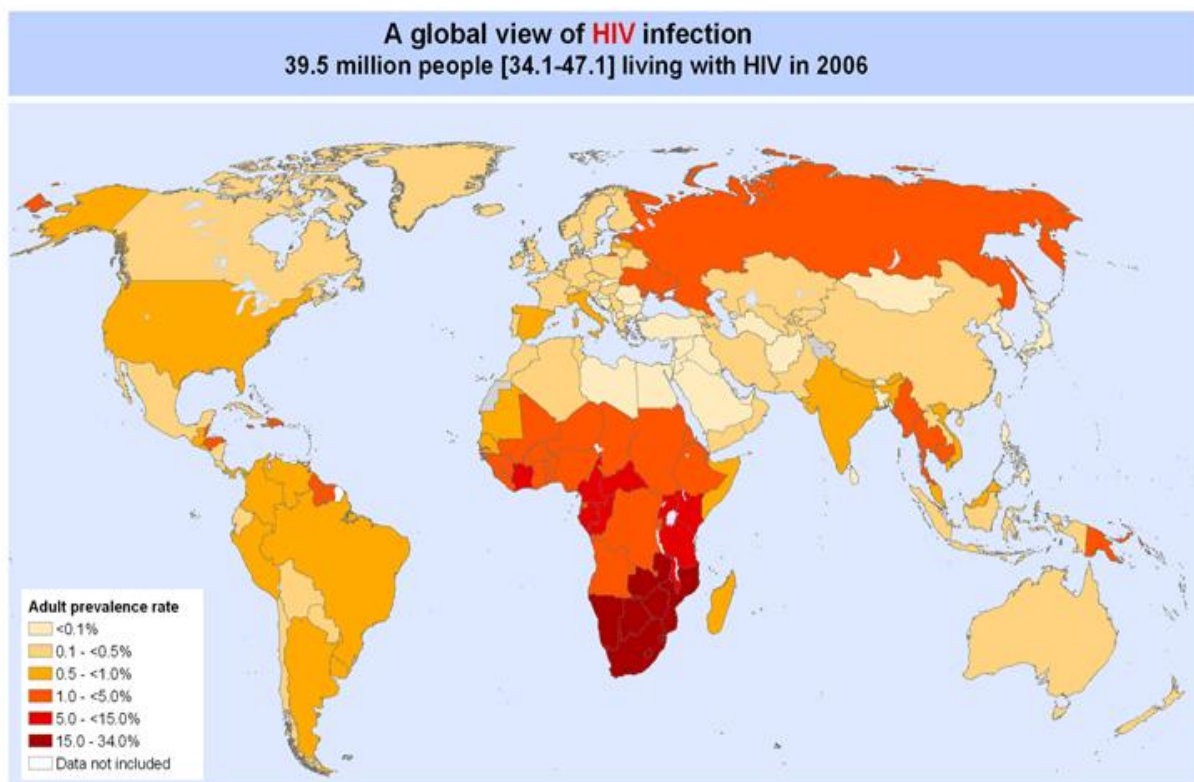
As regards orthodox AIDS science and historiography, the issue of the causes of AIDS was definitively laid to rest when Margaret Heckler, then US Secretary of Health and Human Services, stood on the podium at a press conference on April 23, 1984, and announced that HTLV-III (later known as the Human Immunodeficiency Virus or HIV), discovered by Gallo, was ‘the probable cause’ of AIDS. Thereafter, the majority of AIDS researchers reached

consensus regarding the hypothesis that the retrovirus HIV, and HIV only, was the cause of AIDS (Cochrane, 2004: xx).

HIV is very similar to the Simian (monkey) Immunodeficiency Virus. Scientists are still trying to discover how the Simian virus mutated and crossed over to humans and they are very close to an answer (Yahoo answers 2006).

World Map

2.2 A global view of HIV infection per continent in 2006



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: WHO / UNAIDS
Map Production: Public Health Mapping and GIS
Communicable Diseases (CDS)
World Health Organization

 World Health Organization
© WHO 2007. All rights reserved

2.4 HIV/AIDS IN AFRICA

AIDS in Africa has had a short but devastating history, with HIV/AIDS, easily the most serious disease without a cure that the world has faced, continuing its march around the world. According

to UNAIDS, as of December 2002, 42 million people worldwide had contracted HIV, the virus that causes AIDS. With almost 70 percent of the global total of HIV positive people, sub-Saharan Africa is bearing the brunt of the havoc and destruction that HIV/AIDS has caused (Kalipeni, Oppong, Craddock, & Ghosh (2004:47).

Kartikeyan et al. (2005:5) support this view when they report that sub-Saharan Africa is currently suffering by far the most devastating effects of the AIDS pandemic in the world. Volberding et al. (2008) also confirm this in their findings that sub-Saharan Africa remains the hardest hit region; accounting for 29.7 million people living with HIV and for 2.8 million new HIV infections in 2006. In 2005, this region had an estimated 25.8 million people living with HIV/AIDS, almost one million more than in 2003. Nearly 25 percent of the AIDS-affected people in this region are in the age group of 15 to 49 years. In addition, this region accounts for 83 percent of all AIDS-related deaths. However, AIDS is not only an African problem, but a global medical and moral crisis that demands a global response. To think of AIDS as an exclusively African problem is historically and morally wrong, as well as being epidemiologically inaccurate (Cochrane, 2004).

If Africa's history has left the continent particularly vulnerable to the initial onslaught of HIV/AIDS, then the socio-economic conditions in many other regions are now, in turn, endangering their populations. The use of alcohol and drugs increases the risk of becoming infected with HIV, the reason being that alcohol and drugs affect the judgement and lower the inhibitions of an individual. In other words, drinking or taking drugs may cause a person to take risks that s/he would be less likely to take when sober, for example, having unprotected sex. Another source of HIV is intravenous drug use. In fact, any activity where there is the possibility of blood exchange is risky. This includes sharing needles for any reason, including steroid drug injection, tattooing, female circumcision or body piercing (NIDA 2011).

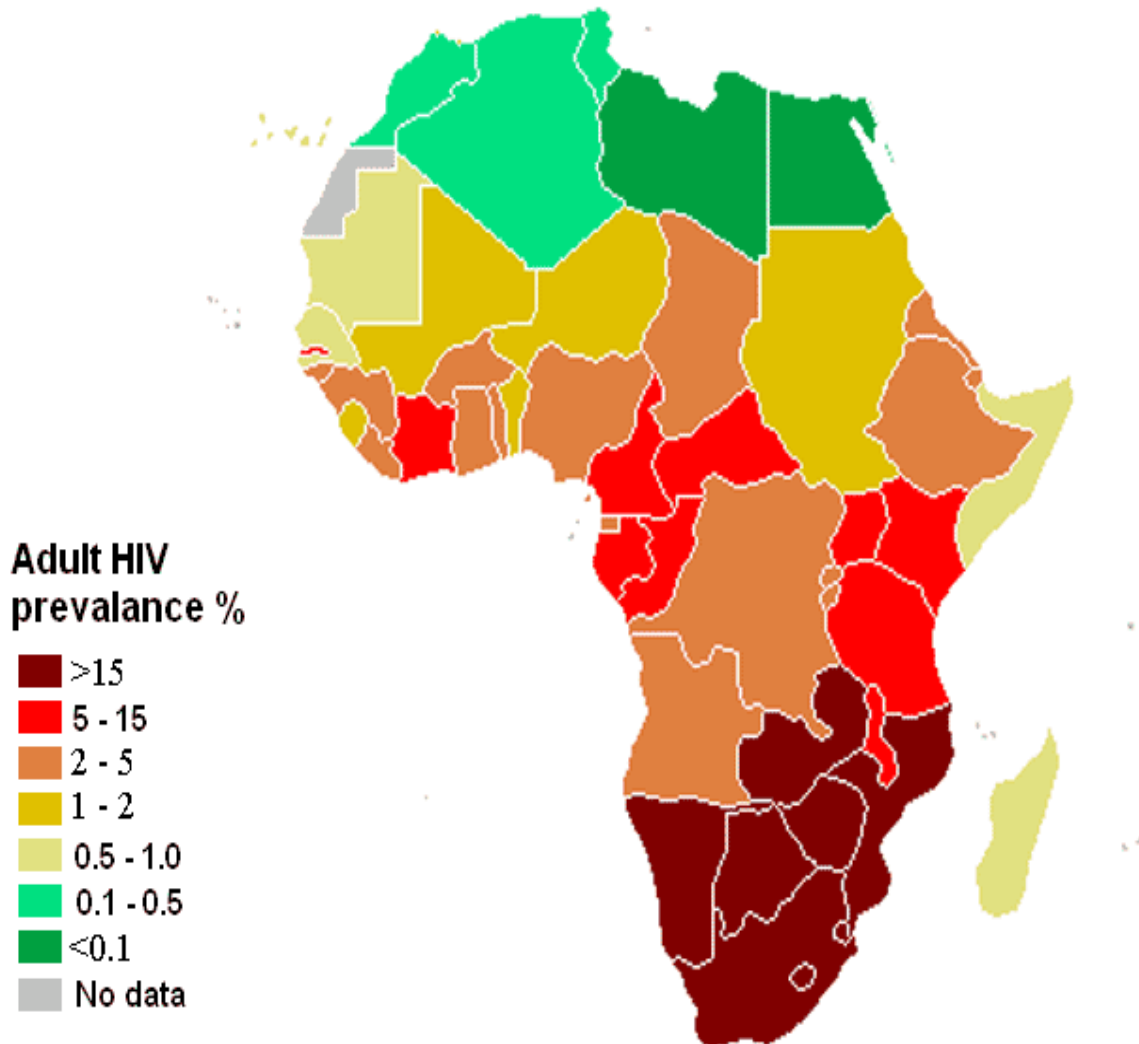
The International Labour Organization (ILO, 2000:1) maintains that HIV/AIDS threatens every man, woman and child globally with the pandemic constituting the most serious social, labour and humanitarian challenge of our time. HIV/AIDS has had a catastrophic effect on Africa, devastating its population, tearing apart the very social fabric of its societies and threatening its

economies. Its toll of debilitating illnesses, widespread and indiscriminate death, and deteriorating quality of life and life expectancy threatens to reverse the hard won social and economic gains of African countries and, ultimately, the future of the continent (ILO, 2000:1).

According to Kip (2008:31), the true cost of this pandemic is incalculable. This author goes on to report that the sub-Saharan Africa region is the worst affected region in the world, with countries in Eastern and Southern Africa, in particular, registering extremely high prevalence rates. Over 2 million people reportedly died from AIDS in 2003 in Sub-Saharan Africa. HIV/AIDS in Sub-Saharan region has brought a different dimension to people's daily lives. There is the burden that children orphaned by AIDS place on extended families, funerals which interrupt economic and agricultural activities, the changes in demographic profiles, as well as the stigma which exacerbates the existing suffering of those infected and affected by HIV/AIDS (UNAIDS, 2004:19, in Kip, 2008:31).

IMAGES FOR HIV PREVALENCE IN AFRICA

Figure 2.4 Map of Africa indicating prevalence of HIV infection per country in 2006



2.5 HIV/AIDS IN NIGERIA

For various reasons it is not as easy to talk about HIV/AIDS in Nigeria as it is to talk about any other illnesses. The feelings associated with HIV/AIDS and the attendant stigmatisation are the main reasons for this. In discussing the unique features of AIDS, Walker, Reid and Cornell (2004) note that the disease carries a social stigma. This is based on the fact that the disease often results from sexual intercourse. This suggests that people are ignorant about how the disease is

spread, and this eventually leads to stigmatization. However, people are being educated today through magazines, newspapers, pamphlets, and one on one contact and, hopefully, this will help counteract the stigma. Nevertheless, the stigma means that most parents are not likely to talk to their families about the disease.

The Niger Delta of Nigeria comprises six states, namely, Edo, Delta, Rivers, Cross Rivers, Akwa-Ibon and Bayelsa. HIV hotspots exist in every state and the rates of infection are increasing. Some parts of Nigeria are more badly affected by HIV than others, but there is no state or community that is unaffected. Nigeria is characterised by great ethnic, cultural and religious diversity with the culture of the country encouraging men to take sexual risks and discouraging the women from questioning their partner's sexual activities. Socio-cultural norms, particularly gender norms, often discourage people from using condoms even when they risk contracting HIV. Men usually determine the circumstances of intercourse and often refuse to protect either themselves or their partners. Customs such as female genital mutilation, wife sharing, widow inheritance, scarification, and blood covenant are still practised in Nigeria. These factors have influenced the spread of HIV in Nigeria (Ladan 2008).

All the 36 states in Nigeria have a general infected population of over 1 percent, with the first AIDS case in Nigeria being reported in 1986. Since then, the epidemic has grown steadily (FMH, 2004:19). The Niger Delta is one of the six geopolitical zones in the country. It is in this zone that the Edo State falls and where this study was conducted. By all indications, the HIV/AIDS epidemic in the country has continued to grow, mainly through heterosexual, unprotected sexual encounters, mother-to-child transmission and contaminated blood products (Federal Government of Nigeria 2003).

The pandemic is clearly growing in Nigeria. According to NACA (2010) and Kalipeni et al. (2004), an estimated 3.6 percent of the population in Nigeria is living with HIV and AIDS. However, the HIV prevalence is much lower in Nigeria than in other African countries, such as South Africa and Zambia. The size of Nigeria's population (approximately 152 million) means that, by the end of 2009, there were 2.98 million people living with HIV while approximately 192,000 people died from AIDS in Nigeria in 2009 (UNGASS 2010:27-28).

According to the report by Averting HIV and AIDS 2009, the Nigerian government was, at first, slow to respond to the increasing rates of HIV transmission and it was only in 1991 that the Federal Ministry of Health made its first attempt to assess Nigeria's AIDS situation. The results of this assessment showed that approximately 1.8 percent of the population of Nigeria was infected with HIV. Subsequent surveillance reports indicated that, during the 1990s, the HIV prevalence rose from 3.8 percent in 1993 to 4.5 percent in 1998. In 2005 a new framework was developed to cover the period from 2005 to 2009. Despite increased efforts to control the epidemic, by 2006 it was estimated that a mere 10 percent of HIV-infected women and men were receiving antiretroviral therapy and that 7 percent of pregnant women only were receiving treatment to reduce the risk of mother-to-child transmission of HIV.

Estimates using the 2001 HIV/syphilis sero-prevalence sentinel survey among women attending antenatal clinics indicate that more than 3.5 million Nigerians, in a population of 140 million, had been infected with the virus by the end of 2001. The epidemic in Nigeria has extended beyond the commonly classified high-risk groups, and is now found in every section of the population. With the adult prevalence rate standing at 5.8 percent in 2001, the nation is said to be on the threshold of an exponential growth of the epidemic (FMH 2004:19). However, the National Strategic Framework 2005-2009 was reviewed and a new one that incorporates universal access targets was put in place for the period 2010-2015. In 2008, the prevalence among the pregnant women was 4.6% which could be considered a progress from 5.8% in 2001. Despite that, more interventions are needed to limit the spread of HIV in Nigeria. It is based on this that the researcher wants film to be used in creating awareness and educating the illiterate adults. Current estimates by the Federal Ministry of Health (FMOH) indicate that 2.98 million people were living with HIV/AIDS in Nigeria in 2009 with a total AIDS death of 192,000. One of the most remarkable social and economic impacts of HIV/AIDS is the ever increasing number of AIDS orphans which was estimated at 2.12 million in 2008 and 2.175 million in 2009. (UNGASS 2010:27-28)

According to Kalipeni et al. (2004:73), Nigeria's HIV/AIDS epidemic is reducing life expectancy, as well as increasing both the disease burden and the number of orphaned children. HIV/AIDS is not like most other diseases as it attacks people in the most productive age group and it is absolutely deadly. Accordingly, it has the ability to impact severely on the economic

situation in Nigeria, especially in Edo State because of the belief system and the culture of the people of the state. The effects of HIV/AIDS on the economy is threefold, namely, a decrease in the labour supply and an increase in costs and a detrimental effect on food production. The total economic output of the country will, undoubtedly, be affected by the death of young adults who are at their most productive ages. If HIV/AIDS was more common among the literate, then the impact would be stronger than the AIDS deaths indicate. As regards an increase in costs, the researcher will take into account expenditure on medical care, drugs and funeral expenses as some of the direct cost of HIV/AIDS while time lost as a result of illness, the cost of the recruitment, training, and replacing of workers and the care of orphans constitute some of the indirect cost of HIV/AIDS. In addition, if the bills related to HIV/AIDS are paid out of savings, then the decrease in investment will lead to a huge reduction in economic growth. It is, thus, not possible to over-emphasise the economic effect of HIV/AIDS, as regards individuals and their families, society at large, businesses and the macro economy.

The impact of the pandemic on households is yet another major aspect that must not be forgotten. The impact on the household commences as soon as a member of a household starts to manifest any HIV-related illnesses or it is proved that a member of a household is infected with the virus. According to Kalipeni et al. (2000), the 1999 HIV/syphilis sero-prevalence sentinel survey shows that the disease and death caused by HIV/AIDS will inhibit the development of the country as such as well making individual families and communities poorer.

HIV/AIDS in Nigeria is not only a problem of the poor as it affects, infects and inflicts hardship on both the poor and the rich. For instance, poverty as one of the main factors in the economy of a country may reduce investment in human development, employment opportunities, and protection for workers, as well as limiting access to health and social services, support and treatment for HIV/AIDS. It will be recalled that HIV/AIDS spreads more easily in environments in which access to socio-economic opportunities and basic services is in jeopardy. Although the reported national prevalence rates have been declining in the last five years, there are significant regional differences in this vast and socio-economically diverse country, with prevalence rates in 2005 ranging from as low as 1.6 percent in the south-west to as high as 10 percent in the northern central parts (Ojieabu, Erah & Okafor, 2008:28).

Edo State, with a population of 3.2 million (BBC 2006), had a prevalence rate of 4.4 percent in 1999. This increased to 5.2 percent in 2004, and then declined to 4.6 percent in 2005. This reported decline in the prevalence rates would suggest that the epidemic is stabilising or, better still, that it is being controlled. However, it may also disguise the worst phases of the epidemic, with roughly equally large numbers of people being newly infected with HIV as are dying of AIDS (Ojieabu et al., 2008:28).

In Nigeria, HIV-infected people often have to overcome stigma and discrimination. In addition, they are exposed to some of the most painful aspects of HIV infection, including prejudice, rejection, hurt and ostracism; all of which may usually be attributed to cultural and religious beliefs, poverty and poor education. An individual's level of education may affect his/her ability to make informed decisions, not only for him or herself but also for the future generation. The researcher assumes that the stigma and discrimination in the country arise most often from ignorance and poor levels of education as regards HIV/AIDS programmes. According to Ojieabu et al. (2008:29), in the last few years there has been a significant improvement in the access to funds for addressing the problem of HIV in the country as a result of financial support from many governmental and non-governmental organisations, including the President's Emergency Plan for AIDS Relief (PEPFAR), the Global Fund and the World Bank.

According to UNAIDS (2005:5), AIDS remains a complex and incurable problem which has devastated individuals, communities and countries. A global report on AIDS and HIV describes the HIV/AIDS epidemic as both a crisis and the greatest challenge the world is currently facing (FMH 2004). AIDS is a leading cause of death worldwide (Karim & Karim, 2005:31) and, as such, is perceived as a threat to life in Nigeria. No other virus has experienced such a vigorous global spread as HIV. In addition, unlike other diseases, the concern is not for the infected person only, but also for the chain of people infected by that one infected individual and those whom he/she will probably infect.

The first two cases of HIV and AIDS in Nigeria were identified in 1985 and were reported at an international AIDS conference in 1986. In 1987 the Nigerian health sector established the

National AIDS Advisory Committee. This was followed shortly after by the establishment of the National Expert Advisory Committee on AIDS (NEACA).

When former president Olusegun Obasanjo became president of Nigeria in 1999, HIV prevention, treatment and care became one of the government's primary concerns. The President's Committee on AIDS and the National Action Committee on AIDS (NACA) were instituted and, in 2001, the government set up a three-year HIV/AIDS Emergency Action Plan (HEAP). In the same year, Obasanjo hosted the Organisation of African Unity's first African Summit on HIV/AIDS, Tuberculosis, and Other Related Infectious Diseases. In 2005 a new framework was developed, covering the period from 2005 to 2009. However, despite increased efforts to control the epidemic, by 2006 it was estimated that a mere 10 percent of HIV-infected women and men were receiving antiretroviral therapy while 7 percent only of pregnant women were receiving treatment to reduce the risk of mother-to-child transmission of the disease (Averting HIV/AIDS 2009).

As mentioned earlier the UNAIDS/WHO report for 2002 estimated that 42 million people worldwide were infected with the virus. Of this number 5 million were newly infected. The total number of people who had died of AIDS had risen to 3.1 million by this time, compared to 2.5 million in 1998 (UNAIDS/WHO, 2002:2). The 2004 UNAIDS report revealed that 39.4 million people were living with the virus, with 4.9 million having acquired it in that year (UNAIDS, 2004:1). Stine (2004:336) points out that Africa accounted for 77 percent of these cases. In addition, 3.1 million people had died of AIDS. The implication of these statistics is that, if nothing significant is done to curb the rapid spread of the pandemic, the disease will, inevitably, get out of control.

The expansion and improvement of HIV and AIDS education around the world is, thus, critical in order to prevent the spread of HIV because each year millions more people are becoming infected. Effective HIV and AIDS education using a variety of media, especially film, may help to prevent these new infections by providing people with information about HIV and about how it is passed on. Individuals will, thus, be equipped with the knowledge to protect themselves from becoming infected with the virus (Averting HIV/AIDS 2009). It is clear from the above

discussions that the rate of infection is continuing to increase globally, especially in sub-Saharan Africa. The main concern is that measures to halt the disease appear to be unsuccessful. In the 1990s, various programmes were established to fight the disease, and people were warned about it (Egan, 2005:5). However, despite these measures, the virus continued to spread rapidly. The researcher is, thus, of the belief that addressing HIV/AIDS should be a global responsibility and not just the task of the poorer countries or of individuals.

The fight for greater openness about HIV/AIDS should be assisted by new technologies, new approaches and the expansion and use of the media; like newspapers, magazines, newsletters, radio, folksongs, poetry and, particularly film could be used. Film enables individuals and groups to share information on HIV/AIDS and to focus local, national and international attention on HIV/AIDS problems as they arise. In addition, this same tool could be used to address the myths and stigma associated with the disease. This medium of film is different from the other forms of media in that it is both seen and heard. Films may act as a reservoir of important teaching data and information on HIV/AIDS. In other words, film is an effective and efficient way of presenting facts to its audiences, thus enhancing cognitive and innovative perception of the pandemic.

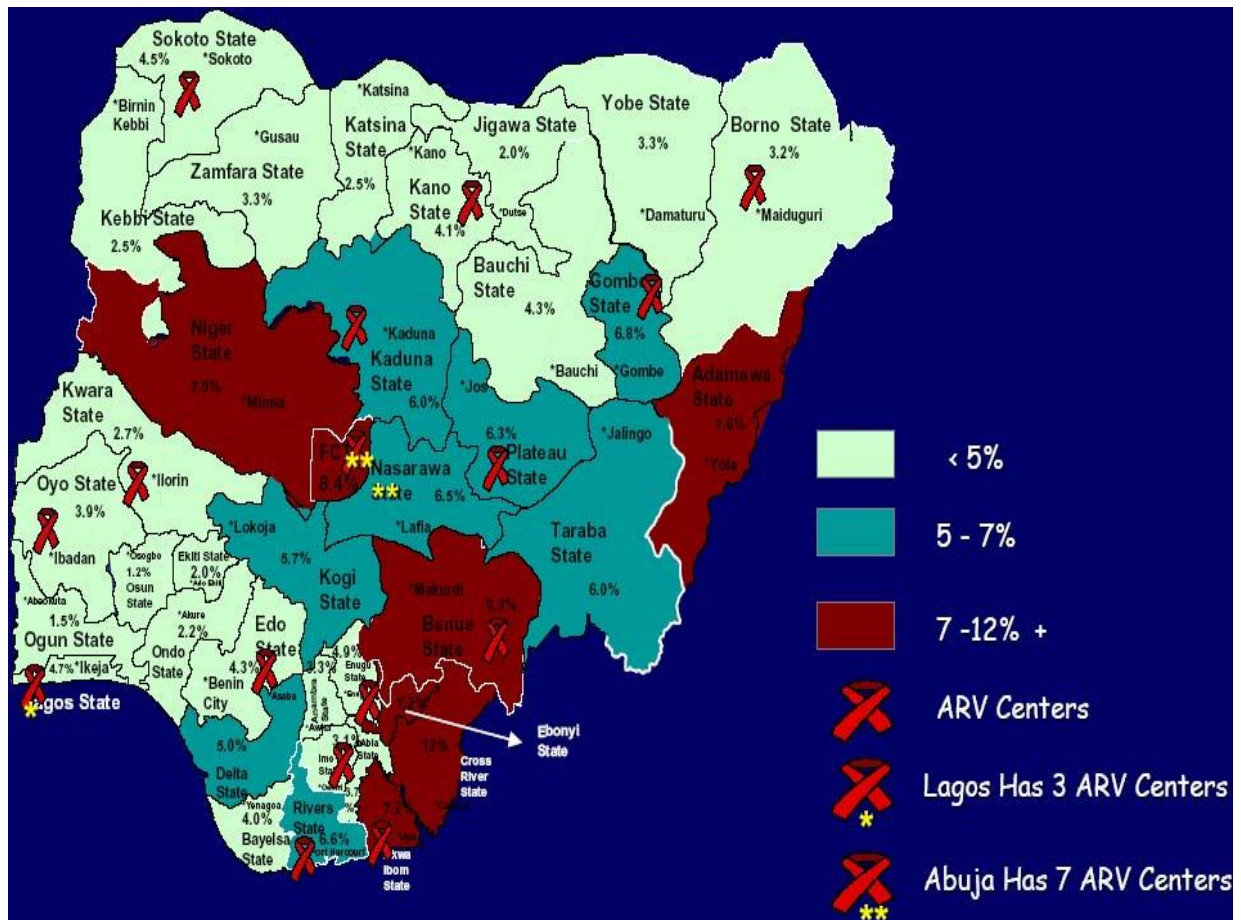
Qakisa (2003:45) points out that the purpose of HIV/AIDS health communication and campaigns is to educate by improving health, thus reducing the risk of HIV infection, and promoting the wellbeing of both individuals and communities. However, as a result of poor conceptualisation and narrow strategic approaches most HIV/AIDS campaigns have been unsuccessful in achieving this goal (Qakisa, 2003:45). It is for this reason that the researcher perceives film as a better way forward; using film in an HIV/AIDS campaigns could be a supplementary strategy for the achievement of the goals that have not been realised using other media.

However, this does not mean that it is not possible to use other forms of media successfully; rather, that film would be of greater benefit to the rural populations, in particular, as a result of the greater illiteracy in rural areas and the fact that the disease appears to be spreading at a faster rate among illiterate people. If more films on HIV/AIDS were to be produced and shot using individuals who are both infected and affected by the virus and then shown to the rural

populations, it is possible that the pandemic could not only be limited or even halted but also be managed more effectively. UNAIDS, the WHO and UNICEF all support the view that, since no cure or vaccine for HIV/AIDS has been discovered, the prevention of new infections must be the cornerstone of all efforts to combat the disease (UNICEF/UNAIDS/WHO, 2002:5). Accordingly, the researcher is of the opinion that preventive measures through educating people with film on the pandemic may be a major ‘vaccine’ available for preventing the disease.

Map of Nigeria

Figure 2.5 HIV prevalence in the 36 states of Nigeria and the Federal capital territory in 2006 (FMH 2010)



2.6 IMPACT OF THE EPIDEMIC IN NIGERIA

There is increasing evidence that HIV/AIDS spreads more rapidly where there is poverty, illiteracy, a grossly unequal distribution of income and wealth, unequal gender relations,

unsustainable livelihood, large-scale population movements, and civil disorder (Volberding et al., 2008:769), with ignorance and illiteracy having strong links to poverty and disease. This is, sadly, the situation in the rural communities. It is an incontrovertible fact that poverty is linked to the HIV/AIDS pandemic and that AIDS, in turn, contributes to poverty. As indicated earlier, according to the FMH (2010) report, the Federal Ministry of Health in Nigeria made its first attempt to assess Nigeria's AIDS situation in 1991. The results indicated that approximately 1.8 percent of the population of Nigeria were infected with HIV. Subsequent surveillance reports have revealed that, during the 1990s, HIV prevalence rose from 3.8 percent in 1993 to 4.5 percent in 1998 (Averting Aids 2009). This figure could explode to 90 million by the end of 2012 if people are not properly informed. This may, undoubtedly, best be done through the use of films on the pandemic, enabling the people to explore the totality, as well as the reality, of HIV/AIDS. Despite the fact that there is limited information on the impact of the pandemic on the socioeconomic development of Nigeria, the information gathered shows that the impact of the epidemic in other sub-Saharan African countries is no different in Nigeria.

The most obvious impact or consequence of HIV/AIDS is an increase as regards the demographic of death. It is estimated that 1 400 000 children of 14 years or younger have lost either their mothers or both parents to HIV/AIDS since the beginning of the epidemic in 1999 with an estimated 250 000 deaths from AIDS in 1999 (UNAIDS/WHO, 2002).

The reduction in the life expectancy of Nigerians is one important effect of HIV/AIDS with the country suffering reduced life expectancy over the past decades since independence. In other words, with AIDS claiming so many lives, Nigeria's life expectancy has declined significantly. In 1991, the average life expectancy for women was 54 years and 53 years for men. In 2009 these figures had fallen to 48 for women and 46 for men (UNAIDS/WHO, 2006).

According to Volberding et al. (2008:770), AIDS has been shown to be the leading cause of adult death in Abidjan and Kinshasa, as well as in the rural communities of Uganda and Tanzania. In Africa, without interventions to reduce HIV-related mortality, the figure could explode. The only way in which the socioeconomic ravages of this pandemic may be halted would be for industrialised countries, such as the United States, France and Britain to fund global

prevention efforts. In addition, it is essential that the pharmaceutical industry also increase its efforts to facilitate a low cost AIDS drug (Volberding et al., 2008:770).

Below is a diagram of HIV prevalence in Nigeria as label NC, NE, NW, SE, SS, and SW, Where NC = North Central, NE = North East, NW = North West, SE = South East, SS = South South and SW = South West.

Figure 2.6 shows HIV prevalence by location in all the zones. A similar pattern is seen in the South-South and North-Central Zones, with both having the highest urban prevalence of 8.2% each. North-West had the lowest urban prevalence of 2.7%. With respect to rural prevalence, the South-South had the highest (4.2%) while South-West had the lowest (1.3%) (HIV Prevalence by Zone, Urban and Rural)

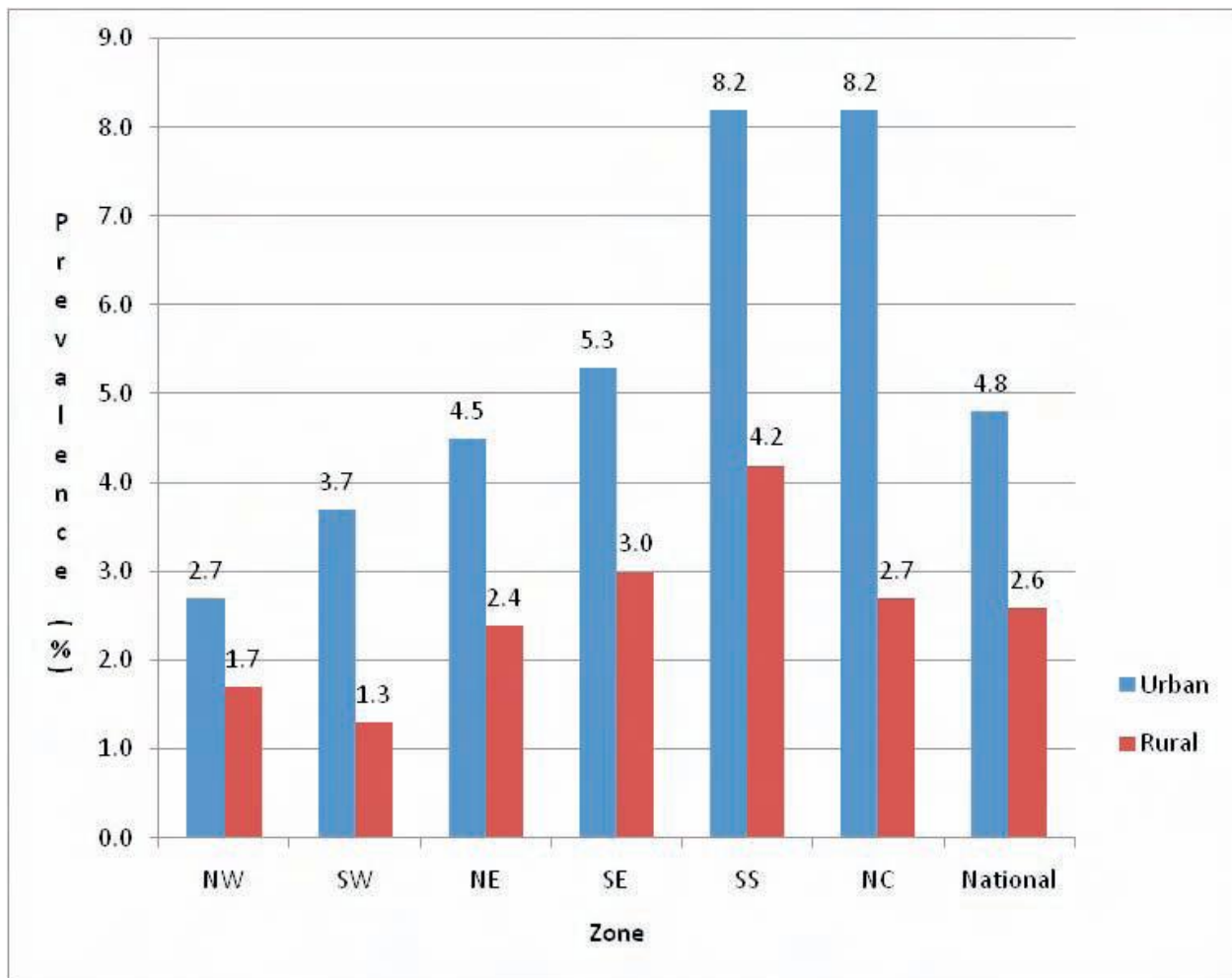
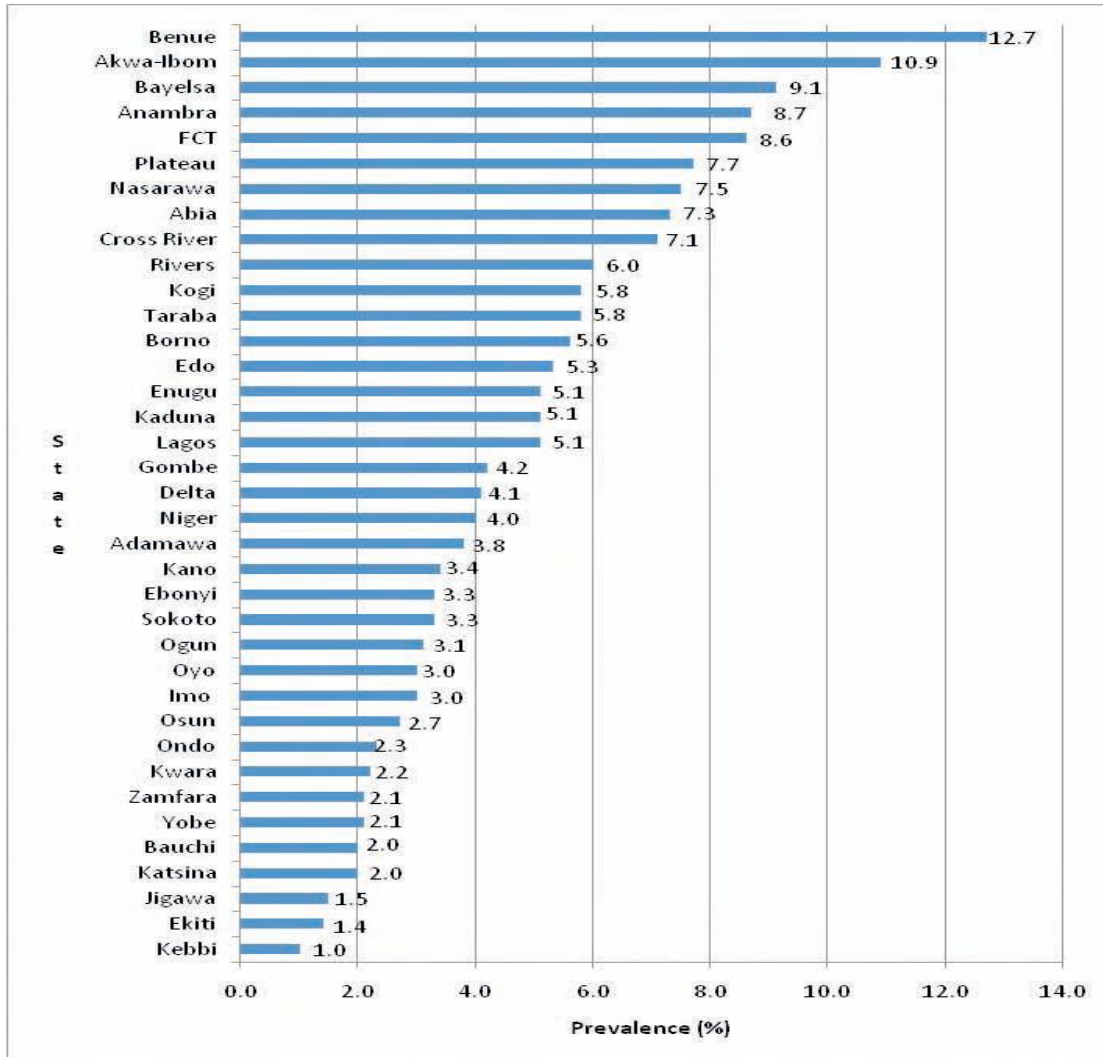


Figure 2.7 HIV Prevalence by State



As shown in Figure 2.7, there were marked differences in the HIV prevalence recorded in the various states. The state ranking of HIV prevalence showed that Benue State had the highest prevalence of 12.7 percent, followed by Akwa-Ibom 10.9, Bayelsa, Anambra, and FCT with a prevalence of 8.7, 8.6, and 7.7percent respectively. The lowest HIV prevalence of 1.0 percent was recorded in Kebbi State. Nine states only recorded a HIV prevalence of 2.7 percent and below while the rest recorded 3 percent and above (FMH 2010).

2.7 FIGHTING HIV/AIDS: INTERVENTIONS AND TARGETS

The major problem that has been identified in the fight against HIV/AIDS is a lack of coordination in the planning and implementation of interventions for combating the disease (African Development Forum, 2000:7), with the manner in which programmes are run being reported to be one of the reasons for their failure. According to Campbell (2003:3), prevention programmes have an important role to play in curbing the further spread and future impact of HIV/AIDS. However, to date, many of the HIV-prevention programmes in Africa have been relatively unsuccessful.

In her work entitled 'Letting them die: why HIV/AIDS intervention programmes fail', social psychologist, Catherine Campbell, criticises many of the existing HIV prevention efforts in sub-Saharan Africa for providing a biomedical and behavioural understanding of sexuality, with little attention to the social context. It is essential that the social context be seen as important in promoting and supporting behavioural change, particularly in poor communities where people often have less control over their behaviour than their wealthier counterparts (Campbell, 2003:3). If they are to be effective, programmes must focus on the social context in which behaviour occurs. As a result, rather than merely focusing on individual health and behavioural change, there is a need to target the entire local community as the 'locus of change' (Campbell, 2003:3).

The African Development Forum (2000:2) reports that there is a lack of coordination of interventions, with no clear picture of who is doing what, what works and what did not work. In addition, the failure to implement programmes often lies in their construction, with the construction of these programmes being autocratic. In other words, the programmes are top-down only, with negligible participation on the part of the individuals in the community, including parents (African Development Forum, 2000:11).

Deutsch, Michel and Swartz (2003:8) maintain that programmes to fight the disease are not successful because they have been unsystematically developed and run separately, autonomously and irregularly. This implies that it was not possible to evaluate such programmes. Deutsch et al. (2003), therefore, conclude that there is scope for the further improvement of intervention programmes. Together with the planning of programmes, De Jong (2003:159) points out the

necessity of identifying the best method for reaching targeted populations in order to avoid the possibility of not reaching all the targeted populations. Hence, she insists that targeting should be carried out properly.

Based on the above, the researcher proposes to use film to create a greater HIV/AIDS awareness among illiterate adults in Igueben. The intention is to complement other modes of educating adults about the pandemic. According to English and Steffy (1997:114), films constitute alternatives to written materials. As a teaching medium, film is especially powerful in several ways. Accordingly, as a medium, film would be able to illustrate the connection between HIV/AIDS and ignorance, as well as depict the mode of transmission of HIV/AIDS. Films without missing words are able to mimic life. The viewer is able to learn things without any explanation being provided of a leader's behaviour or actions (English & Steffy, 1997:108). In addition, there is no single approach that is sufficient to create an awareness of the disease among adults.

Nevertheless, effective and expressive approaches such as film media have the potential to reach everyone, especially rural illiterate adults. In fighting the disease, it has been realised that AIDS as an issue is too complex to be addressed by using a single approach as its causes encompass a combination of factors. Accordingly, the responsibility must be shifted to all societal levels in terms of a multi-sectoral approach. Such an approach is a way of including various segments of society, from the national to the community level, with the aim of allowing and encouraging everyone to contribute to fighting the disease (Commonwealth Secretariat, 2002:51).

Awareness or information about HIV/AIDS may be disseminated through the various media available in both the State of Edo and in all sub-Saharan regions. Stewart, Paradath and Bamford(2004:43) reiterate that either the incorrect information or the absence of knowledge of HIV/AIDS often acts as an obstacle to the text and management of the pandemic. The rate of HIV transmission in Sub-Saharan Africa is extremely high but, with the help of public health through formal and informal campaign programmes, it is believed that this will be under control with a strong focus on subpopulations.

Different information media, including public service announcements in newspapers, magazines, radio, leaflets and pamphlets, have been used in the campaign against HIV/AIDS, but the limitation of these forms of media is that they benefit only those who are educated or literate, especially in the urban communities. The researcher is assuming that those in the rural communities are not able to read and, thus, despite the fact that information is written and printed in their mother tongue it will still not make sense to them.

It is for this reason that the researcher is drawing attention to the use of film in HIV/AIDS programmes in the Igueben Local Government Area of Edo State. It is believed that people may benefit from seeing what HIV/AIDS victims look like and how the virus is contracted because, for them, seeing is believing. This implies that the role of film may be vital because film helps the viewers not only to hear but also to see. According to Buseh, Glass, McElmurry, Mkhabela and Sukati (2002:534), the essence of using the media is the fact that the different forms of the media are powerful tools for communication and they may assist in changing the attitudes and perceptions of societies. However, this is possible only when they are properly structured and used for the purpose for which they are intended.

Buseh et al. (2002:528) point out that majority of those respondents who participated in their study on the primary and preferred sources of HIV/AIDS and sexual risk behaviour information among adolescents in Swaziland had indicated that newspapers, magazines and flyers had been the sources of their information. Stewart et al. (2004:43) report that, in Botswana in 2003, several HIV/AIDS-related educational videos designed to educate people about the impact of the pandemic and ARTs (Anti retrovirus) were released. Included in these educational video messages were the importance of knowing one's status, the reasons why condoms should be used, the hope offered by ARTs, and why ART regimens should be adhered to for the rest of one's life. These videos were shown in the waiting rooms of 120 clinics and hospitals and, as a result, many people received information about the treatment and how this treatment could benefit them. They also learnt about the use of drugs and possible side effects. It is for these reasons that the researcher embarked on exploring the use of film as a supplementary aid for teaching adults about HIV/AIDS in Igueben. If other countries have used film in educating their citizens about the pandemic with proven results, then such films would, surely, assist the Igueben

Local Government Area to reach out to its inhabitants and enable them to learn more about HIV/AIDS. The essential point is that adequate and accurate information about the pandemic promotes the prevention messages.

2.8 EXISTING STRATEGIES FOR TEACHING ADULTS ABOUT HIV/AIDS

In response to the growing HIV/AIDS epidemic in Nigeria, several strategies have been adopted for creating awareness and prevention of the pandemic by both governmental and non-governmental organisations. Among these strategies is the use of written text both national and international organisations in Nigeria. Apart from the awareness and prevention campaign, it is also hoped to increase the use of family planning, child survival, and HIV/AIDS services.

Despite the fact that the use of written texts for the campaign is, undoubtedly, laudable the researcher wonders how effective this strategy is with illiterate adults, especially in the rural areas such as Igueben; Nigeria. The public awareness and sensitisation drives in the HIV/AIDS campaign in Nigeria in recent times may be said to be at its peak and is coming on the heels of the understanding of the impact of the HIV/AIDS pandemic on the country. There has, thus, been a concerted effort to stem the tide of the spread of the dreaded disease in order to avert the danger and consequences of the pandemic. Public sensitisation and awareness/prevention campaigns are part of the efforts geared towards minimising risky behaviours by building and strengthening moral faithfulness, especially in terms of sexual matters between both sexes.

There are several anti HIV/AIDS campaigners in Nigeria, including the Federal Ministry of Health, the Federal Ministry of Information, as well as federal and state government parastatals. In addition, there are also other campaigns being run by specialised and non-specialised non-governmental organisations (NGOs), labour-based organisations (LBOs), faith-based organisations (FBOs), education-based organisations (EBOs), parents, teachers and other sundry bodies. These are all using various ways and means to carry out and sustain their campaigns; often through the use of radio jingles, talk-show programmes, newspaper and magazine advertisements, pamphlets, handbills, posters, and outdoor billboards. Certain of the campaigns are focused predominantly on radio communications and community health workers. Other

means used by these campaigners include door-to-door campaigns, and the use of musical concerts and roadside shows.

The reason behind all these efforts is to ensure that information about the pandemic reaches the general public which is the main target of these campaigns. The results from this study show that, in combination, these media activities reached a high proportion of the literate population, that is, those who are able to read and write. The results of a study carried out by Keating, Meekers and Adewuyi (2006) and which assessed the effects of a media campaign on HIV/AIDS awareness and prevention in Nigeria – the VISION Project – showed that, in combination, these media activities also reached a high proportion of the target population with exposure to radio communication being the most successful of the media activities, with 59 percent of the population reporting to have heard at least one advertisement or radio programme. Exposure to TV programmes proved to be the least successful media source, with 24 percent of the population reporting to have seen at least one VISION programme. Exposure to printed advertisements was also lower than radio programme exposure, with approximately 47 percent of the respondents having seen an advertisement about either reproductive health or HIV/AIDS. Community health workers and visits to the clinic were also important sources of information with over 25 percent of the population having been exposed to one or the other.

There is need for both different as well as more strategies aimed at reaching subgroups within the population in order to increase awareness of HIV/AIDS and help prevent the pandemic. Television is very much like film and, with television being the least successful media source, as reported above, then there is concern about how effective television is as a means of conveying information to the rural people. The researcher is of the view that programmes that specifically target illiterate adult populations, females, the jobless, and unmarried individuals, as well as disseminate information on the pandemic through the use of film are highly needed. The overall differences between the life expectancy ten years ago and now as well as the prevailing belief system in the area are indicators that more needs to be done to increase HIV/AIDS awareness and influence behavioural change.

The focus of the researcher in this study is primarily on the use of film by various campaigners as a supplementary aid in teaching adults about HIV/AIDS in Igueben and addressing the scourge using diverse means. A Chinese proverb may be used as an overarching statement for this action, namely, tell me and I forget, show me and I remember, involve me and I understand.

2.9 THE NATURE OF FILM

As indicated earlier in this work, the terms film, video, and movie will be used interchangeably. That film is exceptional must be acknowledged compared to other media as regards the dissemination of information. Film helps to explain the reality of the disease and, thereby, leaves the illiterate adult in no doubt about the pandemic. The fact is that film is both visual and auditory (audio visual) as compared to the other media used in campaigns. In addition, film has the capacity to reach a wider audience faster than any other media. An important fact to note about film is that it is different from radio, magazines and leaflets in that it is self-explanatory, unlike forms of the media which need a facilitator or a teacher to provide explanations. It is for this reason that the researcher reiterates that film should be used in awareness and preventive programmes.

The fight for greater openness about HIV/AIDS should be assisted by new technologies, new approaches and the expansion and use of the media; radio, folksongs, poetry and, particularly film could be used. Film enables individuals and groups to share information on HIV/AIDS and to focus local, national and international attention on HIV/AIDS problems as they arise. In addition, this same tool could be used to address the myths and stigma associated with the disease. This medium of film is different from the other forms of media in that it is both seen and heard. Films may act as a reservoir of important teaching data and information on HIV/AIDS. In other words, film is an effective and efficient way of presenting facts to its audiences, thus enhancing cognitive and innovative perception of the pandemic.

Qakisa (2003:45) points out that the purpose of HIV/AIDS health communication and campaigns is to educate by improving health, thus reducing the risk of HIV infection, and promoting the wellbeing of both individuals and communities. However, as a result of poor conceptualisation and narrow strategic approaches most HIV/AIDS campaigns have been unsuccessful in

achieving this goal (Qakisa, 2003:45). It is for this reason that the researcher perceives film as a better way forward. That is to say, using film in an HIV/AIDS campaigns could be a supplementary strategy for the achievement of the goals that have not been realised using other media.

However, this does not mean that it is not possible to use other forms of media successfully; rather, that film would be of greater benefit to the rural populations, in particular, as a result of the greater illiteracy in rural areas and the fact that the disease appears to be spreading at a faster rate among illiterate people. If more films on HIV/AIDS were to be produced and shot using individuals who are both infected and affected by the virus and then shown to the rural populations, it is possible that the pandemic could not only be limited or even halted but also be managed more effectively. UNAIDS, the WHO and UNICEF all support the view that, since no cure or vaccine for HIV/AIDS has been discovered, the prevention of new infections must be the cornerstone of all efforts to combat the disease (UNICEF/UNAIDS/WHO, 2002:5). Accordingly, the researcher is of the opinion that preventive measures through educating people with film on the pandemic may be the only ‘vaccine’ available for this disease.

2.10 THE VALUE OF FILM

The medium of film can facilitate and improve the quality of instruction. It may have a positive impact on and benefit a greater number of people in the community. The use of appropriate films can help to bring the reality of HIV/AIDS to people who are unable to read, thereby eradicating the myths about the disease. A discussion of film here relates to content analysis, where people with HIV/AIDS tell their own stories and hear the stories of others. In this way a sense of liberation may be achieved by publicly disclosing one’s status and message and ignoring others’ judgement, and support is gained from meeting other people who share the same experiences. The value of using film is in saving young people from the pain they once experienced (Aids care 2004, vol.16:32).

A trainer or instructor moving away from a basic “chalk and talk” design to “pamphlet and condom” sharing, may find that the use of film can add significant value to almost any presentation. It may also be useful in exploring issues of corporate culture, image management

and the relationship of public communication to policy and other artifacts of organizational life (Meisel, 1998).

Bone and Johnson (1992) point out that films teach and that such films are often referred to as “educational”. Educational films can be but are not always entertaining; entertaining films can be but are not always educational. The lack of work and experience of some students can be overcome by film clips which allow students to experience a greater feeling of reality, thus enabling them to understand academic concepts which they may not otherwise have grasped. The primary research question in Bone and Johnson (1992) was: can the use of film clips in the classroom contribute to learning and retention of knowledge for graduate students? After viewing the clip, the class discussed the scenes and a brain-storming session was held in order to reinforce their understanding.

The results of the study mentioned above (as well as others conducted in Germany and USA) confirmed that the approach increased student motivation, attendance, participation and the virtual experience of the workplace, and allowed students to move through different intellectual maturation levels as they progressed through their course. Film clips gave rise to animated class discussion, and students were more likely to remember concepts after the class was over (Bali & Wickramasinghe 2007).

The work of Bone and Johnson (1992) highlights the value of film as a teaching medium used to demonstrate concepts in a variety of ways. The significance is that the principal intent of many educational films is to persuade, to educate, and to teach. Film – moving pictures – is important in teaching illiterate adults in rural communities because people believe what they see. Without seeing, most people in Igueben would still not believe that this disease (HIV/AIDS) exists. One of the major forces in the development of film was that it could be used to teach things much better than before.

Film is widely accepted as a medium of entertainment, and many people learn through entertainment. Its effectiveness in teaching people about HIV/AIDS however, may be largely unknown (Hazra, Rabindranagar & Asansol, 2009). Systematic investigation into the reactions of

people with HIV/AIDS should encourage reliable techniques (for making films) to be developed much more rapidly than under present conditions. Filming people who are HIV positive, in response to their request, and showing such films to communities who have little or no knowledge of what the disease is and what it means to be infected with it will improve prevention and awareness campaigns. This could be expensive, but there is no doubt that it may be the easiest approach to educating illiterate people.

2.11 FILM AS A TEACHING RESOURCE

Film can be a very influential and convincing resource for teaching, transmitting ideas and information and showing reality. Film can serve many functions in a teaching programme. The functions that will work best depend on an individual's teaching style, teaching goals and course content. Champoux (1999) describes six ways of using film:

2.11.1 Film as Case Study

Case analysis is the most obvious place to use films and perhaps the first that one thinks of when considering film. A film with a solid plot and coherent story will work well as a case (Champoux 1999:6). Bali and Wickramasinghe (2007) support this view and note that film can be used to portray case study analysis. Films which are content-rich in terms of intricacy of plot, can work in lieu of the more traditional, paper based case studies distributed to students in the classroom. Scenes from well-acted and well-directed films present material more dramatically and engagingly than print. Well chosen film cases help develop the student's analytical skills. Film can also help students to identify several reasons for their resistance.

2.11.2 Film as Experiential Learning Strategy

Students can analyze the scenes in small groups using some general knowledge of problem solving and individual decision making, and making group decisions to recommend a particular approach. Certain films may be suitable for demonstrating concepts in experiential learning where particular experiences are new to all persons involved. This is a "trial and error" approach to problem solving within a group environment, and is analogous to teamwork in contemporary organizations (Bali and Wickramasinghe, 2007:141).

2.11.3 Film as Satire

Satire is an effective art form for conveying concepts. It uses humour and ridicule to contrast pretence and reality. By distorting with exaggeration, understatement and pretence, satire focuses attention on the faults of people and societies (Pramaggiore & Wallis, 2008).

(Bordwell & Johnson 2003) sees satire as a depiction of behaviour through language, visuals, or other means that has as its aim the humorous criticism of individual or group behaviour. In attempting to reach this goal, satirists often use irony or other styles, such as parody, black comedy, or surrealism. The tone of a satire may be tolerant amusement or bitter indignation or something in between (Bordwell & Thompson 2003). In this exploration, satire will be regarded as that which distorts reality with no pretence of fairness. A good satire can leave a memorable picture of concepts one wants to emphasise.

2.11.4 Film as Metaphor

Metaphors serve many functions in prose and poetry, and can serve similar functions in film when used as a teaching resource. They clarify complex thoughts, bring vividness to abstractions, magnify a thought for dramatic effect, and provide insight. A vital function of metaphor is the expression of imagination and the stimulation of imaginative images in a reader or listener. Metaphor does not simply describe, rather, it offers a new way of experiencing those facts. Metaphors often leave lasting impressions that a person can easily recall (Champoux 1999:6). Bali and Wickramasinghe (2007) reflect this phenomenon in yet another way: movie directors often facilitate the portrayal of concepts by way of metaphor. The aim of the metaphor, for academic purposes, is to leave the student with a powerful image which is easily recalled.

2.11.5 Film as Meaning

Film is an excellent medium for adding meaning to theories and concepts. The visual and auditory effect of great films can convey a message better than printed or spoken words. Film may be an observation or a general statement about a subject. Meaning in films may be explicit, a generalization made within a film; implicit, a generalization a viewer makes about a film; or symptomatic, an explicit or implicit meaning that coincides with the belief of a large group of

people at a particular time and place (Pramaggiore & Wallis 2008). In this study it is used as a medium for adding meaning to theories and concepts more effectively than through the use of printed or spoken words.

2.11.6 Film as Experience

The unique qualities of film described above can create strong experiences for viewers. (Bordwell and Thompson, 2004) believe that the perception of

experiences derived from everyday life.

You were able to play the ABAC game because you had learned the alphabet. You may have learned it in everyday life. Our ability to spot cues, to see them as forming systems, and to create expectation is ``guided by our real-life experiences and our knowledge of formal conventions. Movies can be used to demonstrate aspects of culture (organizational or country).

Italian culture-based films, for example, *The Godfather* (1972) show aspects of Italian culture and behaviour which may otherwise be difficult to teach students (Bordwell and Thompson (2004)).

2.12 MOTIVATED ASPECTS OF FILM

According to Sapolsky, Rhonda, Neuman and Eli (1992:2) the individual who is able to produce the cheapest and the fastest product wins. Applying the statement to this study would suggest that any organiser of HIV/AIDS campaigns who is motivated both to produce and to deliver the best possible quality education film ‘the cheapest and the soonest’ wins. The educational use of film will exploit the broad motivational qualities of the medium. Film encompasses the qualities and the capacity to motivate the learner and the teacher as well as literate and illiterate parents. In 1997 a Corporation for Public Broadcasting survey in North America revealed that film technology rendered educators both effective and creative as well as yielding better learner products (Edwards 1990). Clearly, the same effects of film may well apply to the Igueben situation.

Most writers examine the motivational benefits of film from different angles with Edwards (1990) perceiving it as involving aspects that promote the thought processes of the right hemisphere of the brain. Zhang (1999:1) acknowledges the motivational capacity of film and point out that attracting the attention of the learner is the starting point of effective instruction. These are all reasons why those involved in the fight against HIV/AIDS should take advantage of using film in their campaigns. The fact remains that adults require initial triggers in order to participate actively in any learning process, whether the subject is interesting or not. O'Flynn et al. (2003: 109) agree with this viewpoint in their theories, stating that drawing the learner's attention both to the fact that s/he is actually going to learn something and also to what s/he will be learning, is the first step in the learning process. Learners become motivated if the learning situation appeals to them.

It may be assumed that everybody has heard about the pandemic in Igueben. Nevertheless, if educational opportunities are not properly provided at this early stage, some of the adults may receive incorrect information about the pandemic and develop an 'I don't care attitude' because of the false attraction of the pleasures of life at the expense of their health. It is not uncommon to hear about cases of adults who choose to abandon the pursuit of the health and safety of their own lives and those of their families, preferring instead to engage in risky fun and other premature, informal sexual activities. If such vulnerable people are to participate fully in educational activities regarding HIV/AIDS, a strong, facilitating stimulant is clearly necessary. This is in line with King's (1975:7) statement to the effect that: 'If you want to look at something twice, film is the answer.' Film may be shown repeatedly within the limits of its own technical lifespan.

Brand, (2010) observed that students respond in a meaningful way when teachers provide a positive environment in the classroom, thereby enhancing motivation and increasing achievement outcomes as a natural by-product. It is important to note at this point that the more aware the organisers' of HIV/AIDS programmes are of the type of environment which attracts and engages illiterate adults, the more motivated these adults will become and the more willing to participate in the campaigns.

Brand (2010) likened the above to a home which is filled with warmth and appreciation and where the environment is conducive to the entertaining of visitors. Visitors would want to return and they would reciprocate the positive feelings. Accordingly, it is essential that the teacher gains control of his/her classroom and that s/he exercises this control in a positive, firm and endearing manner to enable the students to realise that the teacher is 'with-it' but, at the same time, 'is not a pushover and is well aware of what is happening in the classroom' To truly leave no one behind in the HIV/AIDS awareness/campaign therefore requires significant professional development of organisers and campaign managers in order to build the necessary capacity to accomplish their task.

2.13 PERCEPTIONS AND MISCONCEPTIONS REGARDING AIDS IN AFRICA

According to Kalipeni et al., (2004:47), HIV/AIDS in Africa has reached epidemic proportions, particularly in the so-called AIDS epicentre in Central and Southern Africa, where up to 25 percent of the urban population may be infected. The rates of infection are assumed to be even higher for certain sectors of society, such as commercial sex workers, pregnant women in urban areas, and truck drivers.

A study conducted on the knowledge, perceptions, attitudes and practices with regard to HIV/AIDS among truck drivers and commercial sex workers in India revealed that the majority of these two groups were aware of the main ways in which HIV is transmitted (Moon, 2002:23–24). However, some did have misconceptions in this regard, and believed that AIDS was the final stage of STDs. The report further mentioned that AIDS aroused fears, since the respondents knew that there was no cure and that this, in turn, implied death. The reason for fear is often that people do not know what the right thing is to do nor the right place to go.

Some of the respondents in the study also believed that HIV was transmitted through mosquitoes, while others believed that it was spread through infected toilets (Moon, 2002:23–24). However, despite the fact that HIV is spread through blood contact does not mean that it is possible to contract the disease from mosquito bites and those people who are worried that biting or bloodsucking insects may spread HIV need to be informed to the contrary. There are, however, several studies showing evidence that people believe that they may contract HIV/AIDS

through mosquitoes, bloodsucking insects and infected toilets, particularly in areas where there are lots of mosquitoes as well as a high number of cases of HIV. When insects bite, they do not inject the blood of the person or animal they have last bitten. Studies have also shown that the HIV virus lives for a short time only inside an insect (HPM 2010).

Such beliefs are evidence of a high level of ignorance regarding the pandemic and these misconceptions may increase the statistics of those infected and, thus, reduce life expectancy. Such a level of ignorance increases vulnerability to the disease because individual knowledge of the mode of transmission is the first step to safety.

According to Kalipeni et al. (2004:73), there is, for several reasons, a significant threat of a major HIV outbreak in Nigeria, including the fact that knowledge about HIV in the country is extremely limited. Adrian-Paul (2004:34) highlights this phenomenon in yet another way when he mentions that there are numerous misconceptions among people regarding the way in which HIV may be transmitted through everyday contact, including shaking hands, hugging, coughing or sneezing, as well as using public toilets or public swimming pools. The sharing of bed linen, eating utensils or food, as well as contact with animals, mosquitoes or other insects, were also believed to result in the transmission of HIV. It is, thus, essential that people be made aware that studies have shown that HIV is not spread through touch, tears, sweat, or saliva. In other words, it is not possible to contract HIV by

- breathing the same air as someone who is HIV positive
- touching a toilet seat or doorknob handle after an HIV-positive person
- drinking from a water fountain
- hugging, kissing, or shaking hands with someone who is HIV positive
- sharing eating utensils with an HIV-positive person (HPM, 2010).

There are several myths and misconceptions about HIV/AIDS in Nigeria and these myths and misconceptions have hampered the fight against the disease in rural Nigeria, especially with several communities still clinging to unfounded beliefs regarding the cause, prevention and cure of HIV/AIDS. There is also much talk about the growing epidemic of HIV/AIDS in the country and it is, thus, essential that people be provided with the correct facts and information. The issue

is not whether people have heard about HIV/AIDS, but the information which they pass around to others and the deductions they make in interpreting what they have heard.

Some communities believe HIV is as a result of witchcraft and curses, while others claim it is possible to cure HIV by having sexual intercourse either with an albino, a younger partner or a virgin woman. Studies have also revealed that, in some communities, there are people who believe that it is not possible for old people to contract HIV; that having unprotected sex just once with an infected partner is not risky since the virus cannot be transmitted and that the virus may be transmitted only if two people of opposite sexes have intercourse. It is, indeed, a lack of adequate knowledge about these issues that leads to misconceptions and these misconceptions lead, in turn, to the development of myths.

According to William et al. (1998) in Kalichman, Benotsch, Suarez, Catz, Miller & Rompa, (2000:325), individuals with low health literacy will demonstrate poorer knowledge and understanding of their HIV-related health status, more treatment optimism, and a greater belief that ARTs may reduce the chance of HIV transmission than their more literate counterparts. This is also in line with the findings of another study to the effect that a lower level of health literacy is associated with less knowledge and understanding of one's own HIV status (FAO 2008).

FAO (2008) reports that, contrary to conventional wisdom, AIDS is becoming a greater threat in rural areas than in the cities of the developing world. The increasing links between the rural and urban areas because of trade, migration and improved transportation networks have resulted in a greater prevalence of HIV in the rural areas. AIDS is a mainly rural issue for the following reasons (FAO 2008):

- More than two-thirds of the populations in the 25 worst affected African countries live in rural areas.
- Information and health services are not as readily available in rural areas as they are in cities. Rural people are, therefore, less likely to know how to protect themselves against HIV and, if they fall ill, they are less likely to receive treatment than their urban counterparts.

- The costs associated with HIV/AIDS are borne largely by rural communities, as HIV-infected urban dwellers of rural origin often return to their communities when they become ill.
- HIV/AIDS affects various economic sectors disproportionately, for example, agriculture, transportation and mining, all of which are characterised by large numbers of migrant workers.
- Most rural adults are not able either to read or to write and, therefore, they lack access to written information on AIDS prevention and awareness.
- Poverty and ignorance may render rural women, in particular, vulnerable to sexual abuse which may lead to infections.

Despite the abundant information about HIV transmission in other continents of the world, there is still a knowledge gap existing among the people in Africa. According to a study conducted by Bennell, Chilisa, Hyde, Makgothi, Molobe and Mpotokwane (2001) in Kip (2008:37), there is a common misconception among children, youths and adults that AIDS is a disease of ‘immoral people’. Several studies have also shown this finding to be valid in Nigeria. In Bennell et al.’s study, 75% of young women and nearly 60% of young men agreed with the statement that ‘only immoral people can get AIDS (Bennell et al, 2001; in Kip 2008).

In view of the important role of film in indigenous settings throughout Nigeria, especially in the rural areas, an innovative approach for disseminating information on HIV/AIDS prevention should emphasise the use of film. The initiative to use film to create HIV/AIDS awareness among illiterate adults in Igueben is intended to complement other modes of educating adults about the pandemic. Quan-Baffour (2007:210) notes that no single approach would be sufficient to create an awareness of the disease among adults. In the Nigerian context, films are often shown to criticise or to warn people about pertinent social issues. As indicated above, Nigeria films revolve around pertinent social issues relating to marriage, death, poverty, farming, hunting, politics, sex, immorality, promiscuity and corruption in high places.

In the researcher’s native area of Edo State people have similar misconceptions. They believe that hanging clothes on the same washing line as someone who is infected, attending the same school, or sitting on the same seat as an infected person will automatically mean that they will

become infected. Some people even park their cars away from their apartments if they realise that an infected person is living in the same building as them. More than half of primary school learners and almost one quarter of secondary school learners believe that ‘you can simply tell by looking that someone is HIV positive’. This means that they would automatically suspect a thin person of having HIV/AIDS.

Bennell et al. (2001) in Kip, (2008) also report that common misconceptions among primary school learners include the belief that ‘traditional healers can cure AIDS’ and that ‘having sex with a virgin is one way to cure AIDS’. These beliefs are also common among rural adults. Apart from the traditional healers passing on incorrect information to the people, most rural folks (both children and adults) also receive incorrect information from their parents, relatives and friends. This is mainly because these adults have little or no knowledge about the pandemic. If a person is not able to read and does not have much correct information about HIV/AIDS, then what kind of information could you expect from such a person? In addition, young women appear to be more ignorant than young men in not knowing that the main way in which HIV/AIDS may be transmitted is through sexual intercourse. However, young men were more likely to believe that having sex with virgins is a way of curing AIDS. Bennell et al. (2001) in Kip, (2008)

A study conducted by Family Health International (2006) in Ghana on HIV/AIDS issues revealed that some people believe that HIV/AIDS does not exist and that they are not vulnerable to it. Some of the misconceptions among young Ghanaian men include the following: ‘Some people do not believe the disease exists. Even if they believe, some people feel they are invincible or immune to infection’ (Ritzenthaler, 2005:39).

Despite the fact that approximately 90% of young men and women in most sub-Saharan African countries have heard about HIV/AIDS, some still believe that they are not at risk of infection (Bankole, Singh, Wong, & Wilf, 2004:11). This reveals the genuine level of ignorance among these people. Bankole et al. (2004:11) went on to report that in three countries in West Africa, namely, Nigeria, Ghana, and Niger, and one country in East Africa, namely, Tanzania, approximately three in ten young women see themselves to be at some risk with this statistic being the same for young men in these countries (Bankole et al., 2004:11). According to Bankole

et al. (2004:12), men were more aware than women that it is possible to carry the virus and still appear healthy. They point out that in Nigeria, Niger, Chad and Ethiopia, approximately 50 to 80 percent of young men believed that appearance does not necessarily reveal one's HIV infection status. This finding was also observed in Mali, Mozambique, Senegal, and Burkina Faso. For this reason the researcher is of the opinion that the use of film may conscientise people about HIV/AIDS in Africa, especially in the Igueben Local Government Area of Edo State, Nigeria.

In a study conducted by Adedimeji (2005:21) in Nigeria, many of the participants acknowledged that they were at risk of HIV infection (58% of young men and 36% of young women). Brink (2003:19) reported that 32% of the population in Botswana are of the opinion that condoms do not provide protection against infection with many of the people in this area believing that condoms are contaminated with the virus. Some people also believe that condoms contain worms (Brink, 2003:19). The discussion so far has indicated that most people are ignorant about HIV/AIDS, mainly as a result of a lack of correct information. In view of these findings different strategies to AIDS education should be considered and the approach to AIDS education should include both the audio and video transmission of information.

2.14 PREVIOUS RESEARCH ON FILM

In previous research certain researchers have paid special attention to the use of film-mediated education on specific subjects, others on the general impact of film, while others have tried to investigate collaborative multimedia operational aspects in terms of which film is combined with other educational media. Examples of all these may be seen in the work of Alexander, Pavlov and Lenahan (2007:20-23), entitled 'Light, camera, action: using film to teach the ACGME competencies'; English and Steffy's (1997:107-115) work entitled 'Using film to teach leadership in educational administration'; Shouse's 'Taking Lulu seriously: what we can learn from To Sir with Love' (365-366); and Benicia's 'Social studies in the dark: using docudramas to teach history' (2005:9-12). All these accomplished works provide meaningful, clear and viable evidence of the way in which film may be used effectively to communicate information about HIV/AIDS to the people of Igueben.

2.15 THE RATIONALE FOR USING FILM AS A TEACHING AID

The widespread availability of films makes them both an ideal and an accessible resource for higher education purposes. Bali and Wickramasinghe (2007:140) confirm that film may be used to explain concepts in a variety of ways. These ways may have a bearing on teaching and learning styles, as well as module and course aims. The use of different techniques and a variety of films or videos provides the viewer with a wealth of possibilities within his/her environment (Bali and Wickramasinghe 2007:140), including the following:

- Films and videos enable everyone to share in the current history that is being written: wars, assassinations, organ transplants, political debates and the HIV/AIDS epidemic.
- Films and videos broaden viewers' sphere of experience: they are a window on the world and they offer the viewer images that s/he would otherwise not have seen, for example, the bottom of the sea, the surface of the moon, the inside of the body and the reality of HIV/AIDS.
- Films and videos allow the viewer the opportunity of experiencing great events and seeing important personalities in action, both good and bad, and especially those with HIV/AIDS (Bali and Wickramasinghe 2007:140).
- Films and videos strengthen the sense of human communality and unity, for example, an event that deeply affects a city, a region, a country or the world may invoke an immediate reaction, as in the case of disasters, flood, earthquake and the HIV/AIDS epidemic (Bali and Wickramasinghe 2007:140).

Champoux (2007) adds that the lack of experience of students may be overcome by film clips which enable them to experience a greater sense of reality and allow them to appreciate academic concepts which they may otherwise not have been able to comprehend. This is true of film (video or television) but it goes beyond merely having a bearing on teaching and learning styles. Seeing films on HIV/AIDS may make people seek advice from legal non-governmental organisations (NGOs), go for testing and take the preventive measures suggested.

English and Steffy (1997) support the view that film may be used to teach diverse topics such as psychology, legal issues, social development, leadership, systems theory (family), organisational behaviour, project management, and business management and ethics, while there is no doubt that this may also be applicable to the dissemination of information regarding HIV/AIDS.

Essentially, films are perceived as real. In addition, most adults already have substantial practice in understanding and analysing film. As Bluestone (2000) notes, 'Films when linked conceptually to the content of a curriculum, can increase students'.

In view of the fact that film is such an integral part of most adults' experience, the organisers of HIV/AIDS campaigns would rarely have to spend much time learning how to understand and analyse film because an individual's knowledge is a function of his/her previous experiences, mental structures and beliefs, which are then used to interpret objects and events. Each student may have a specific viewpoint, which is different to the others, but which is nevertheless correct (as they depend on individual perspectives).

Research has shown that different types of media result in different cognitive and learning processes for an individual. It has also been argued that some people may learn new concepts more easily when they are presented in both verbal and visual forms, and that visual media make concepts more accessible to a person than text alone, and may help with recall (Pramaggiore & Wallis, 2008). This is the main reason why the researcher is highlighting the use of film in teaching about HIV/AIDS.

However, like any powerful tool, it is essential that film be chosen and used with care. A poor use of film in training or teaching will have the same sleep-provoking effect as any other dull approach, and will waste a potentially good learning opportunity. Accordingly, the choice of the correct video type and technique is as important as the film itself (Meisel, 1998:251).

Early research confirmed that film is a highly effective means of teaching and learning. Pramaggiore and Wallis (2008) reviewed two screenings of a film, related to depth soundings, and which lasted 50 minutes were 6 percent below that of a group who had the more traditional type of instruction lasting three hours. They concluded that an hour's worth of film-based instruction is equivalent to three hours of a traditional lecture, and that students show better retention and understanding of key concepts after film-based instruction. Based on this, the researcher assumes that film may be used in rural communities because film may assist in areas where trained workers are lacking and, thus, help to balance learning opportunities.

Bailey and Ledford (1994) in Benicia (2005:10) highlight this phenomenon by stating that, because film engages the visual sense of students, more senses are involved than with the traditional type of instruction. This uniqueness makes film an ideal aid in teaching rural, illiterate adults about HIV/AIDS. They further suggest that the process of attracting the attention of students' results in better retention and commitment of ideas and information to long-term memory.

Retention is also stimulated by the viewers' emotional involvement in the film. When our emotions are aroused, information is more likely to be retained. For example, when illiterate adults actually see the physical appearance of HIV/AIDS victim in a film they will not be able to forget the physical effects of the disease on individuals. Studies support the importance of ensuring that the emotions of students are involved in the learning process. For example, neuroscientists have established that the storage and strength of memories may be increased if learning occurs on both the emotional and the cognitive level (Le Doux, 1997:10, in Benicia, 2005:10).

Benicia (2005) believes that film is unparalleled in its capacity to provide a powerful reconstruction that portrays how historical people witnessed, understood and lived their lives. In other words, film helps students to become acquainted with historical culture. Benicia (2005) goes on to say that film creates enthusiasm, raises the interest level, and increases the comprehensibility of the topic being taught. He maintains that students who are able to visualise significant events change their thoughts and attitudes about various historical events. This is also the expectation of the HIV/AIDS programme organisers who would like to see the level of participation of adults in the programmes enhancing the comprehensibility of the subject of HIV/AIDS. Based on the above, the researcher assumes that, when people, especially rural adults, are able to visualise an event on HIV/AIDS, they may change their perception of and behaviour regarding the disease.

Communities and groups in most countries of the world have always had ways of ensuring intra- and intergroup communication. As a means of sending messages within a given community,

community media may be verbal (songs, drama and proverbs), nonverbal (gestures and facial expressions), or symbolic (rituals, artefacts and tokens). Film and video as tools with which to disseminate information may have a marked influence on society, not only by transmitting information and knowledge or by entertaining, but also by mobilising people and persuading them to adopt new behaviours (Hausmann, 2004).

As a result of the impact of oral tradition, people in villages usually think in terms of images and visuals. Film and video may translate thoughts and abstract concepts into identifiable experiences to be shared. This is the main reason why adult educators would be able to communicate their educational messages to adults by teaching through the medium film. As an educational tool, film may also increase the power of comprehension and memory.

According to the FAO (1990, in Hausmann, 2004:77), '[a] person typically retains about 10 percent of the information s/he reads, 20% of what s/he hears, but a full 80% of what s/he sees and hears and discusses. This is the potential of an audio-visual projection as a teaching tool'. If used by HIV/AIDS organisers for awareness and prevention programmes, film may make people act in new ways, adopt new practices and form new habits as a result of films on HIV/AIDS that show them how they may benefit in this regard.

According to English and Steffy (1997:107–108), film as a teaching medium is especially powerful in the following ways:

1. It presents a longitudinal view of a leader and his/her decisions in their context. Short of an actual life observation, film is without parallel in showing the interaction between a leader and his/her belief system.
2. Film is able to portray a view of artistry in leadership. Film often shows 'great leaders' – men and women – who are able to move large groups of people towards noble or ignoble actions. Film based on historical sources such as biographies or historiographies may provide moving examples of leadership artistry in action, that is, master practitioners of the craft of leadership.
3. Film is able to illustrate the connection between a leader's beliefs and values and his/her actions. Because the full range of emotions may be portrayed in a film, a viewer is able to

assess the relationship between beliefs, values and actions. S/he may also respond to leadership prompts in the same way as followers may have reacted during the leader's own time.

4. Film is able to depict the relationship between leadership cadres and networking, since leaders rarely work in isolation. Rather, they must move through and with followers, and leaders have disciples, who, ultimately, also become leaders. Film offers a cogent and interactive perspective regarding how leaders motivate disciples and create leader cadres who believe in causes and change.
5. Film is able to depict a leader's moral code. Films about leaders may reveal the elements of morality that apply to them. Morality involves voluntary choices and the presence of a centre or anchor of values. Choices involve discrimination and boundaries, as well as judgements and consequences.
6. Films represent discourse on many levels. Written texts cannot use visual, facial cues or other nonverbal messages. Film mimics life, and a viewer may learn things without any explanation of a leader's behaviour or actions. The use of visual images in the human experience may accentuate the emotions and bypass analytical thoughts.
7. Film is a comfortable, familiar medium for contemporary students, and may hold their interest in the theories and concepts being discussed. This is because they are able to see the theories and concepts in action, and in more than just a figurative sense, therefore, theories and concepts leap off the screen.
8. Students may hone their analytical skills by analysing film scenes using the theories and concepts that they are studying. They may also see and experience worlds beyond their own, especially if the scenes differ markedly from their own environment
9. Film offers both cognitive and affective experiences. It may provoke good discussions, as well as assessment of one's values and of the self, if the scenes have strong emotional content

In view of the above, the researcher recommends that film be used in HIV/AIDS programmes because it can enrich, enhance, reinforce, broaden and supplement the other media being used in HIV/AIDS awareness and prevention programmes; media such as newspapers, newsletters, magazines, leaflets and pamphlets.

2.16 FILM AND ITS VALUE IN TEACHING

A review of the literature on film theory and film studies suggests some unique features of film that make it an uncommonly powerful teaching tool for illiterate adults. Film creates images which are vividly seen by people. Within the context of HIV/AIDS it enables them to view actual cases of HIV/AIDS victims and how these people contracted the disease. An early film theorist, Siegfried Kracauer (1973) in Champoux, (2007), highlighted this view of film when he stated that a unique property of film is its ability to ‘... make one see and grasp things which only the cinema is privileged to communicate’ (Kracauer, 1973 in Champoux, 2007). Teachers often now use mainstream entertainment films as a substitute for books, and sometimes as a supplement to textbooks. Teachers also use film as a source of information, and as material to be critically analysed. They do this in order to help the learners gain an understanding of the lesson been taught.

Weinstein (2001) in Benicia, (2005:9) points out that it is not possible to separate classrooms today from the cultural environment, and neither is it possible to overlook the pervasiveness and influence of mass media. Using film to engage students in the study of history is a way of meeting students on their own turf. Hence, film may also be of use to HIV/AIDS organisers as well as to those participating in the programmes about the pandemic. Using film to engage the community in the awareness and prevention HIV/AIDS campaigns would also be a way of meeting them on their own ground. In addition, it is hoped that it would enable the participants to identify those behaviours that place them at risk, identify and take ownership of personal, risk-reduction goals, and formulate steps for achieving these goals, thereby helping to reduce or manage the pandemic.

Meisel (1998:251) points out that the average person watches a great deal of television and, although social critics find this to be a cause for concern, it says much about the power of video as an educational tool. This researcher asserts that video has both immediacy and a singular ability to focus attention on its subject as well as present the viewer with a wealth of possibilities in his/her own community. The researcher is also of the opinion that one of the benefits of using

film in educating the rural illiterate is that film may be used to provide the individual with a self-paced learning experience.

In film a variety of attributes are brought together at the same time and these merge to form a whole that is then perfected by expert editing. Film may, therefore, be used by the organisers of HIV/AIDS programmes both to attract attention and to encourage participation and, thus, to appeal emotionally to large audiences. There is also great value in the use of film in the awareness and prevention campaign programmes on HIV/AIDS because film may be used to meet the specific needs of literate and illiterate individuals, as well as the underprivileged and privileged alike. Accordingly, it makes sense to assist both trained and untrained organisers of HIV/AIDS programmes in aspects where they are lacking and, thus, help to balance expected opportunities.

According to Meisel (1998:251), one learns to pay attention to film and, in view of the prevailing communication norms; this attribute makes film a useful tool for teaching and training. In addition, film is a medium that is matched by few other presentation media. Film brings the heightened emotionality of conflict and other human interactions (large or small) to life, and this is extremely instructive when separated for observation. It may be used to illustrate a technique (active listening, decision-making styles, strategic planning meetings, etc.), as well as to bring to life phenomenon that need to be visually presented in order to be understood. Film is able to create the maximum impact in terms of an important issue, for example, child labour in the less developed nations and HIV/AIDS (currently a global issue). It also presents the larger picture in instances where words alone are not able to describe something adequately, for example, ethical dilemmas and the collision between nature and technology (Meisel, 1998:251).

Globally, the most important issue today, in terms of health, is HIV/AIDS. There is currently no cure for the disease and people are becoming infected on a daily basis. Film may, thus, be used to create maximum impact in both the awareness and the prevention campaign as regards the pandemic. If film were used in the control of HIV/AIDS, it would, without a doubt, attract the viewers' attention, teach them something they do not already know about the pandemic and,

possibly, strengthen their approach to living by showing to them such positive values as love, honesty, integrity, boldness, faithfulness, and unselfishness.

For years, educators have strived to find ways in which to enhance instruction, with media in the classroom being an extremely popular method in this regard. The history of these media dates from the use of filmstrips and 16 mm films to the latest, student-produced podcasts and video casts (Brown 2008:56). Media has not only become an essential aspect of instruction but, in several school districts, it has become a subject in itself.

2.17 CHARACTERISTICS OF FILM AS AN EDUCATIONAL TOOL

According to Goldenberg and O'Bannon (2008), film provides us with an opportunity to learn in an enjoyable way, outside of the traditional classroom environment, and is extremely effective as a teaching, learning, inspirational and motivational tool. A well-prepared organiser could use film to stimulate participation and discussion, facilitate learning about a particular aspect of HIV/AIDS, or re-emphasise material which has been presented in magazines, newspapers, leaflets, and radio programmes.

By moving away from traditional lectures in showing a film, especially when combining film with the methods of framing and debriefing, the organisers of HIV/AIDS programme will be able to provide a form of active learning that may be extremely successful. If used by HIV/AIDS organisers in awareness and prevention programmes, the researcher is of the opinion that film may make people act in new ways, adopt new practices and form new habits as a result of films showing them how they could benefit in this regard. In addition, the researcher believes that when people, especially rural people, are able to visualise a significant event pertaining to HIV/AIDS by watching a film, they will, no doubt, change their perceptions of and behaviours regarding the disease as a result of the fact that they will have seen the effect of the disease for themselves and drawn positive conclusions about the disease.

There is a misguided notion that films are a waste of time and not relevant to the curriculum. There is also the belief that showing a film in a classroom environment is an easy way out for instructors. In reality, however, there are educational benefits to using film as a teaching tool.

As regards the different characteristics attributed to film by various agents of change, it would appear that the use of film and video in adult education has several advantages, as well as disadvantages. The advantages listed by certain researchers and the FAO (1990, in Hausmann, 2004:78) include the fact that film usually reaches a wider audience as compared to other media at one time and, at the same time, may transcend the problem of illiteracy. Audio-visual tools also enable people to absorb more information. Film uses both sight and sound and, therefore, it attracts the attention and may be of great emotional appeal to a large audience. It compresses time and lessens spatial differences and is, thus, a highly persuasive and effective medium of communication.

2.18 HIV/AIDS and Film

The purpose of HIV/AIDS health information and campaigns is to educate by improving health, reducing the risk of HIV infection and promoting the wellbeing of both individuals and communities. Most HIV/AIDS campaigns have been unsuccessful in achieving these goals because of poor conceptualisation and narrow strategic approaches (Qakisa, 2003:45). Qakisa, (2003:45) goes on to say that media institutions are important in society, especially as regards promoting a health issue such as HIV/AIDS, because they legitimise an issue so that it is seen as being relevant. In addition, they raise awareness and provide a framework of meaning (Qakisa, 2003:46).

However, most of the organisations involved in HIV/AIDS programmes and campaigns have not yet realised the important role which film, may play in their campaigns and they are, thus, unaware of how this media is far more important than newsletters, magazines, pamphlets and condom distribution. The researcher is, therefore, of the opinion that the film industry, in conjunction with the organisers of HIV/AIDS campaigns, should produce films depicting HIV/AIDS and all the disease entails, including the stigma surrounding it. In addition, these films should bring those who are infected and affected into the shows so as to give them the opportunity to speak for themselves.

The researcher is also of the view that the government of Nigeria – federal, state and local – should be part of this exercise by giving maximum support to both the producers of such films

and to those taking part who are prepared to disclose their HIV/AIDS status. This can also be shot on television programmes such as ‘Supper Story’, which is a national TV programme shown on the award winning station NTA (Nigeria Television Authority).

People in the Igueben Municipality have been denied the visual education that would enable them to cope effectively with an increasingly visual environment. The need to offer or use film has not been regarded as urgent by many organisations, for example, faith-based organisations, NGOs and the National Action Committee on AIDS (NACA), which are involved in HIV/AIDS programmes.

During the era of the silent film, it was assumed that film was the universal language because people from different language backgrounds were able to understand certain images and symbols. Film should not be pitted against literature, but should be integrated into the curriculum as one art among other arts (English & Steffy, 1997). According to Wegner (1977:6),

“film is the most influential art form since the advent of literature. However, it is not an enemy of literature, but rather an integral part of event-changing, literary communication. What the written text was to the highly developed oral tradition, film has become to the printed text. One stage evolves into the other, and it would be naïve to believe that film is the final stage of literary evolution in the history of mankind”.

Literature and film may co-exist in a manner similar to television and radio. The advent of television did not eliminate radio, but rather reinforced its role in our lives. In addition, radio did not destroy the legitimate stage, nor did film but, instead, theatre changed (Wegner, 1977:7). This is, in fact, what the organisers of HIV/AIDS campaigns should bear in mind. The use of film does not negate the use of other media in HIV/AIDS campaigns but it should, rather, be seen and used as a supplementary aid, especially in the rural areas where the majority of the people are illiterate. Film is the most influential and seductive tool available for use in teaching and in convincing and transmitting ideas and information, or simply as showing the world as it

is. Audiences respond more emotionally and react more quickly to film than readers do to books, including pamphlets, magazines, and newsletters.

If film does, indeed, have such potential, then it is distressing to see how little it is being used in HIV/AIDS awareness and prevention campaigns. We are continuously surrounded by the effects of film and television and yet, in most instances, the organisers of such campaigns have failed either to use film or to teach members of their organisations what film is capable of achieving. Wegner (1977:10) correctly views film as an educational tool, as long as it does not lose ‘its powers as a medium of entertainment’. According to Wegner, film is the most important art form of the Marxist Revolution.

Film will hold people’s attention and aid the organisers of HIV/AIDS programmes in achieving their instructional, awareness and prevention objectives. The exclusion of the use of film from HIV/AIDS awareness/prevention campaigns is very much like trying to teach literature without including full-length plays and novels and it is time that we freed ourselves of the prejudicial belief that it is not possible for anything so amusing also to be educational. Pramaggiore and Wallis (2008:3) maintain that watching a film may be both emotionally satisfying and intellectually stimulating.

According to Benecia, 2005 (2005:10), research has suggested that, too often, the way in which history is taught falls short of helping students either to acquire and retain content or to learn the skills and habits of mind that comprise historical thinking. History textbooks are usually written by committees with the aim of suiting the standard of the most populous states. This is precisely the picture that HIV/AIDS awareness and prevention campaign organisers have in mind. Helping the people of the Igueben Municipality to learn about HIV/AIDS through the medium of film may offer an effective antidote to the widespread criticism of HIV/AIDS education and awareness campaigns.

Although commercial films are designed to entertain, they may also engage people emotionally as well as intellectually. Film offers the potential to motivate people, help people obtain access to diverse perspectives, develop empathy with characters and situations in contexts different to their

own, and to connect their lives, values and concerns to those of people in the past. The researcher is of the belief that film may help people to develop their own insights into different aspects of life, particularly when analysed as a primary source reflecting the time period and culture in which they were made.

2.19 SUMMARY OF THE LITERATURE STUDY

The relevant literature available on both HIV/AIDS and film formed the basis of this research study. The literature review covered various topics including current knowledge on the transmission of HIV as well as the nature of the virus, its global history and the perspective of the pandemic in both Africa and Nigeria. In addition, the literature review also covered the impact of the epidemic on Nigeria, the interventions targeting HIV/AIDS, perceptions and misconceptions of the pandemic as well as film and its value in teaching or as an educational tool.

It emerged from the literature study that HIV is transmitted through either sexual activity and/or exposure to infected blood or blood components, and parentally, from mother to infant (cf. 2.3.2). However, the virus is not transmitted through touching, holding, sharing a toilet, coughing, sneezing or talking with someone who is infected or from living with someone with HIV/AIDS.

As noted in the chapter global perspective of HIV/AIDS, the pandemic was first recognised in the United States of America in 1981. The Centre for Disease Control (CDC) named the disease AIDS – Acquired Immune Deficiency Syndrome. Thus, HIV/AIDS appeared over 25 years ago. The CDC maintained that the recreational drug was the cause of AIDS but, in 1984, a United States government researcher proposed that a virus, now known as the human immune virus (HIV), was the cause of the epidemic (cf. Chapter 2.4). This proposal was accepted by the scientific community. The global report on the acquired immune deficiency syndrome (AIDS) and the human immunodeficiency virus (HIV) describes the HIV/AIDS epidemic as a crisis and the greatest challenge the world has ever faced.

It is not possible to accept fully the origin of HIV/AIDS in Africa without taking into consideration certain etiologic variables, namely, social, economic and cultural factors which are characteristic of the African continent with regard to the sexual lives and lifestyles of the rural poor, on one hand, and the rich urban dwellers on the other (cf. 2.4). Thus far Sub-Saharan Africa remains the most affected region. The most devastating effect of AIDS is the fact that the pandemic currently accounts for 29.7 million people who are living with and dying from HIV (70%) in sub-Saharan Africa.

For whatever reason, HIV/AIDS in Nigeria is not as simple as compared to other illnesses (cf.2.6), mainly as a result of the emotions associated with HIV/AIDS and the stigmatisation. It would appear that the HIV/AIDS epidemic has continued to grow, largely as a result of heterosexual, unprotected sexual encounters, mother-to-child transmission and contaminated blood products. While there are zonal variations, HIV is prevalent in all six geopolitical zones of Nigeria, and HIV hotspots may be found in every zone where rates of poverty and unemployment are increasing. The reason for the stigmatisation and discrimination associated with the virus in the country is closely linked to ignorance and the low level of education as regards HIV/AIDS programmes.

There is increasing evidence that HIV/AIDS spreads more rapidly where there is poverty, a grossly unequal distribution of income and wealth, unequal gender relations, unsustainable livelihoods, large-scale population movements, and civil disorder (cf.2.7). The most obvious impact or consequence of HIV/AIDS is an increase in terms of the death demography with the reduction in the life expectancy of Nigerians to 48 years being one extremely important effect of the pandemic (Nigeria's-life-expectancy 2010). The pandemic has eroded the increases in life expectancy which the country had attained in past decades since independence.

The lack of coordination in the planning and implementation of HIV/AIDS interventions is the main problem in the fight against the disease. Prevention programmes have an important role to play in curbing the further spread and future impact of HIV/AIDS. However, the programmes aimed at fighting the disease have not been successful mainly because they have been unsystematically developed and run separately, autonomously and irregularly. If a programme is

to be successful it is essential that the best method for reaching the targeted population be identified.

For several reasons there is a severe threat of a possible major HIV outbreak in Nigeria including the fact that knowledge about HIV/AIDS in the country is extremely limited (cf. 2.9). There are numerous misconceptions among the people as regards the way in which HIV may be transmitted through everyday contact, for example, shaking hands, hugging, coughing or sneezing, as well as using public toilets or public swimming pools. It is also believed HIV may be transmitted by sharing bed linen, eating with utensils used by HIV/AIDS sufferers or sharing their food, as well as through contact with animals, mosquitoes or other insects. However, probably the most serious misconception is the belief that the gods and witches/wizards may inflict the disease on people.

It may be concluded from the discussion on film and its value as a teaching tool (cf. 2.10 and 2.12) that the integration of film into HIV/AIDS programmes will make the various components of film support each other. In addition, it would also appeal to some of the senses of illiterate adults and, thus, serve valuable informational, instructional and motivational purposes.

A study of the documents on existing strategies for teaching adults about HIV/AIDS revealed that there is need for both different and more strategies aimed at reaching subgroups within the population in order to increase the awareness and prevention of the pandemic (cf. 2.8). Television closely resembles film and if, as reported in chapter 2.8, it is the lowest media source, then there is concern about how effective these means of conveying information to rural people actually are. The findings revealed that programmes that specifically target illiterate adults, females, the jobless, and unmarried individuals, as well as programmes that disseminate information on the pandemic through the use of film/movies are needed. Such action is supported by the Chinese proverb: Tell me and I forget, show me and I remember, involve me and I understand.

The findings show that there is increasing evidence that film/movie has been used successfully to teach and educate adults in various field of study (See 2.11 and 2.12).

In general, the results clearly show that there is a very little, if any, use made of film/movie by the organisers of HIV/AIDS campaigns in their fight against the disease in the study area. Information drawn from the responses to the questions contained in the questionnaire revealed that none of the participants in this study had seen a film on any occasion. Moreover, the situation is worst in the rural areas that are extremely remote and where they do not have electricity or are still enslaved by culture. The availability or lack thereof of electricity is usually the easiest, most immediate, and spontaneous explanation for the failure on the part of governmental and non-governmental organisations to use film in their campaigns. However, the power holdings of Nigeria (PHN); meaning those in charge of providing electricity have failed the country for more than twenty decades and, thus, people have come to rely on generators which are a more reliable, although more costly, form of generating electricity. It should, therefore, be possible for the organisers of HIV/AIDS campaigns to be provided with such facility or equipment (generator).

2.20 CONCLUSION

This chapter has discussed some of the literature available on the research topic. The overall situation of HIV/AIDS in Nigeria was discussed, with reference to relevant literature. This discussion revealed the seriousness of the disease and the critical state in which the country finds itself. Targeting interventions and their weaknesses were also highlighted. Finally, the researcher examined studies on instruction about HIV/AIDS, but did not find any studies dealing specifically with film. This supports the researcher's proposal to use film as a supplementary aid for teaching adults in Edo State about HIV/AIDS.

The next chapter discusses the research design and methodology used in the course of this research study.

CHAPTER THREE RESEARCH DESIGN

3.1 INTRODUCTION

In chapter two, the researcher examined the issue of HIV/AIDS globally, in sub-Saharan Africa and in Nigeria in particular. The literature on HIV/AIDS and relevant literature on film and other media and their importance in educating adults about HIV/AIDS was also reviewed. This chapter discusses the epistemological stance in the field of curriculum. This was examined and justified the research design. This shows the unit of analysis and covers the site selection criteria. The chapter also describes the data sources used and discusses the way in which the data were collected and analysed (Yin 2003). In addition, the chapter discusses the sample selected and the processes of establishing validity and reliability as they pertain to this study.

In this research study the research set out to explore the role of film as a supplementary teaching aid for teaching adults about HIV/AIDS in the Igueben area in Nigeria.

3.2 EPISTEMOLOGICAL STANCE

According to Reus (2006), qualitative research may be classified in terms of the three underlying assumptions about what constitutes 'valid' research, namely, positivist, interpretive and critical, and which research methods are appropriate. Gummesson (1991) and Walsham (1995), report that the epistemological orientation of a study should be made explicit in order to inform the reader about the way in which to review the study. In this study the researcher assumed an interpretive stance as he was attempting to understand phenomena through the meanings that people generally assign to them (Reus, 2006).

According to Walsham (1993) an epistemological stance on interpretive approaches refers to the knowledge of reality which may be gained only through social construction such as documents, shared meanings, tools and language and so forth. Kaplan and Maxwell (1994) are of the opinion that, in an interpretive research project, there are no predefined dependent and independent variables, but the focus is on the complexity of human sense-making as the situation emerges.

This might be the reason why Orlikowski and Baroudi (1991) in Reus (2006) declare that the interpretive approach is inductive and concerned with discovering and interpreting social patterns. In other words, the meaning of an event, experience or feeling is constructed by people in their day-to-day life or activities.

Gruber (1995:907-928) defines ontology as a specification of a conceptualization. That is, an ontology is a description (like a formal specification of a program) of the concepts and relationships that can exist for an agent or a community of agents. This definition is consistent with the usage of ontology as set-of-concept-definitions, but more general. The researcher is of the belief that the ontological view in the study is constructivist.

The use of interviews in this study, in particular, offers the researcher an opportunity to explore the way in which everyday life is experienced and how meaning is understood. In this study, the researcher is striving for a unique opportunity to probe, explore and negotiate the participants' experiences regarding their knowledge and perception of HIV/AIDS (Bryman, 2004).

3.3 RESEARCH DESIGN

Strydom (2000:76) defines a research design as the plan, structure and strategies used to resolve the research problem at the level of collecting information and knowledge, while McMillan and Schumacher (2001:31) define a research design as the procedures used for conducting a research study, including the when, where and how. Mouton (2001:55) adds that a research design is a plan or a blueprint of the way in which the researcher intends to conduct the research. Babbie and Mouton (2002:72) support this view in maintaining that a research design is the drawing of a plan that will be followed during a study in order to answer the research question. In other words, the research design sets the parameters of a research study within which the researcher will be working and the theoretical framework that will be applied.

The research design also has implications for internal and external validity as regards the application of the research findings. Wiersma and Jurs (2005:83) offer the useful analogy that a research design is a plan or strategy for conducting research. It also deals with matters such as

the selection of the participants for the research and the preparation for the data collection. According to the work of Brink, Rensburg, & Walt (2006:9), a research design is a set of logical steps taken by the researcher to elicit a response to the research questions and to control variance.

A research design includes the following: a plan, structure and strategy that will ascertain whether the eventual validity of the research finding is maximised (Polit, Beck & Hungler, 2001:165). It also includes an outline of the process the investigator will follow from formulating the hypotheses or research questions and their operational implications to the final analysis of the data (Polit & Beck 2006:203).

Descriptive Design

Basically, a descriptive research approach documents and describes the behaviours, attitudes, characteristics, events, beliefs and processes that characterise a specific phenomenon. The documented information on the phenomenon is analysed and classified in order to gain new insights into the phenomenon (Brink et al 2006:102). Mouton (2001:21) posits that a research approach is descriptive when either a phenomenon is described or the relationship between variables is examined. In other words, a study is descriptive when it intends to describe a phenomenon accurately within its context and is based on data that have been collected. The emphasis of a descriptive study is on an in-depth description of an individual group, situation or organisation. The descriptive design was applied in this study by the researcher as the study described the use of film as a phenomenon accurately within its context and was based on data which had been collected. These data were then analysed and classified in order to provide new insights into the phenomenon.

Survey Design

In this study a survey was used in order to gather data from a sample of the population for the purpose of examining the characteristics, opinions or intentions of that population. This is in accordance with the view of Rasool (2000:130), Brink et al(2006:111), and Polit and Hungler (2004) that the survey method is effective if the intention is to obtain information, using questionnaires and structured interviews and, thus, collect data about the present and indicate

what people are thinking, planning and doing. Accordingly, the survey design was deemed appropriate in this study as the researcher went out to the field to gather data from a sample of the population for the purpose of examining the characteristics, opinions and intentions of the population. This was done through the use of questionnaires and structured interviews.

Exploratory Design

This study used exploratory research. According to Yin (2003), an exploratory research design is often used in order to define the research question precisely and to postulate hypotheses. This is, thus, the reason why the data are collected before any theories or specific research questions are formulated in an exploratory case study. The purpose of using an exploratory research is to break new ground (Mouton, 2002:72), establish facts, gather new data and determine whether there are interesting patterns in the data (Mouton 2001). In addition, this form of research tends to be flexible and open. Exploratory studies are often conducted when little or nothing is known about the phenomenon of interest (Brink et al 2006:120).

Barnes (1985:84) supports this view when he states that the aim of exploratory research was to determine how to design a particular study. The researcher may be aware of the general problem, but may need to obtain a better grasp of it, make it more manageable, and clarify hypotheses. As noted earlier, HIV/AIDS awareness campaigns through the use of teaching aids such as pamphlets, leaflets, newspapers, magazines and the distribution of condoms may be a good idea when used in the capital city of a state because the majority of people in a city are generally literate. However, such campaigns would probably not have any significant impact on rural communities because the majority of the adults in rural areas are usually not able to read, speak or understand written information in English or even in their home language. They are, thus, not able to read in order to learn about the disease (Goldburg, 2004). Discussions and the sharing of information about condoms and pamphlets are the methods most commonly used by the awareness campaigns conducted by NGOs and government departments and these campaigns have not been able to drive home the message to the illiterate, rural adult population as expected.

The written media employed in such campaigns may not reach many adults on account of illiteracy. Hence, the aim in this study was to explore the use of film as a supplementary aid for

teaching adults about HIV/AIDS and, thereby, gather accurate information on these issues (Mouton, 2002:102). The study was conducted in two phases. Phase 1 involved a quantitative research design while Phase 2 followed the general principles of qualitative research and involved semi-structured interviews.

3.4 RESEARCH METHODOLOGY

Polit and Hungler (2004:656) explain that methodology refers to steps, procedures and strategies for gathering and analysing the data in a research investigation. During the first phase of this research, quantitative research was used while the second phase utilised qualitative research methods.

3.4.1 Research Methods

According to Wiersma and Jurs (2005:13–14), there are two main methods of research, namely, quantitative and qualitative, from which a researcher may choose when conducting a research. The choice of method of research depends on the type of information to be collected. According to Polit and Beck (2006), Kumar (2005) and Wiersma and Jurs (2005), it is left to the researcher to choose which method will suit the study in question or, better still, to use both methods in order to enrich the study, and obtain valid results. In this study, the researcher used both quantitative and qualitative methods. The researcher used quantitative method because of the purpose and objectives of the study. The purpose of the study was to explore the role of film as a supplementary teaching aid, in teaching illiterate adults in the Igueben area about HIV/AIDS. The researcher also used a qualitative method, because he wanted to obtain insights into the perceptions and views of illiterate adults with regard to educating illiterate adults about HIV/AIDS, through different media. The participants were directly involved in the study and were able to provide valid information which the researcher was able to use for the final suggestions and recommendations on the use of film in the dissemination of information among illiterate adults regarding HIV/AIDS. In order to achieve the above and also to meet the objectives, quantitative, observation and qualitative methods were viewed to be the best approach.

Accordingly, quantitative research, which employs numerical indicators to ascertain the relative size of a particular communication phenomenon, was used in the first phase of the study (see

chapter 4). The second phase used qualitative research, which employs symbols and words to indicate the presence or absence of phenomena or categorise the phenomena into different types (see chapter 5). Quantitative and qualitative observations provide the researcher with different ways of operationalising and measuring theoretical constructs and practical concepts. While quantitative methods may provide a high level of measurement precision and statistical power, qualitative method supplied a greater depth of information about the nature of the communication processes in a particular research setting. Both approaches were also considered useful in order to obtain valid results and to establish relationships, if any, between the medium of instruction (Borland, 2001:5). In the context of this study the researcher explored the most effective aid in teaching adults about HIV/AIDS in the Igeuben area and the relationship between this method and the current media of instruction which include written text such as magazines, newspapers and leaflets.

3.4.1.1 Quantitative Method

It was decided to use a quantitative research method in this study as a result of both the characteristics of this method as well as its advantages. Quantitative research relies on the collection of numerical data. These numerical data are often used instead of words to measure and explain the trends in the researcher's findings. This type of method is objective, formal and follows a systematic process in which numerical data are utilised in order to obtain information.

According to Burns and Grove (2005:23) and Wiersma and Jurs (2005:14), quantitative research is used to describe variables, examine their relationships and determine the effects and causes and interactions between these variables. De Vos (2005) points out that the main aims of quantitative research are to test hypothesis, measure the social world objectively and to predict and control human behaviour. According to Babbie and Mouton, (2002:49) the quantitative researcher believes that the best or the only way of measuring the properties of phenomena and/or the attitudes of individuals towards certain topics is through the quantitative research method. This means that, once numbers have been assigned, the perception is always quantitative.

3.4.1.2 Qualitative Method

Burns and Grove (2007:61) affirm that the qualitative research method involves a systematic, subjective approach which is used to describe life experiences and situations in order to give them meaning. Parahoo (2006:59) maintains that qualitative research focuses on the experiences of people as well as stressing the dynamism and uniqueness of individuals. Thus, in a real sense, the qualitative method used in this study was aimed at eliciting the participants' accounts of meaning, perception and experience. Compared to the quantitative method, qualitative research is more than merely a set of data gathering methods. The participants were directly involved in the study and were able to provide information which the researcher was able to use for the final suggestions and recommendations on the role film/movie can play in the teaching of illiterate adults about HIV/AIDS.

Wiersma and Jurs (2005:13) and Polit and Beck (2006:508) affirm that qualitative research was an inquiry into phenomena, usually in a detailed and holistic fashion, through the rich collection of materials using a flexible design. Just as in the case of a quantitative research method, this method has both advantages and disadvantages. In this study, the presence of the researcher in the field was an advantage because his very presence rendered the findings more valid in the sense that he was able to witness respondents' reactions. Indeed, besides witnessing their experience the researcher conducted one-on-one discussions with the participants with carefully selected subjects, whom he believed would provide "rich, contextual and detailed data" (Mason, 1997:42), based on their experiences of and opinions related to the phenomenon being studied. Accordingly, having been in the field, the researcher was able to understand some of the behaviour as well as able to obtain more detailed information because of the follow-ups he conducted.

Wiersma and Jurs (2005) reiterate that qualitative research is a particular approach to enquiry based on a particular set of assumptions about knowledge and the nature of reality itself. It is for this reason that the researcher selected this approach because the research questions often start with either what or how and, thus, the initial forays into the topic describe what is going on. According to Denzin and Lincoln (2000:8), the term qualitative refers to an emphasis on the qualities of entities and on processes and meanings that are not experimentally examined or

measured in terms of quantity, amount, intensity or frequency. This type of method is based on the collection of non-numerical data, such as words and pictures (Johnson & Christensen 2004:312).

The reason behind using this method was that it is empirical in nature; that is, the research was based on questionnaire, observation and interviews. Therefore, in view of the fact that a particular topic needs to be explored, the researcher chose to use qualitative research in order to be able to identify the variables easily. This is also because theories need to be developed since they are not available to explain the behaviour of either the participants or the population in the study. Another reason for using this method was because of the nature of the kind of data needed, with the data being in the form of words and arising from both structured and unstructured interviews. Based on these, the researcher collected the data in an attempt to understand the subjects' experiences and insights about the phenomenon, that is, the role of film in educating illiterate adults about HIV/AIDS. The researcher was able to hear from participants how they view the use of the current medium of information and their experience as well as their view on the proposed medium. In this way, the researcher was able to uncover the true behaviour shown by people when observed in their own real life context. This will be discussed in chapter five.

It is prudent to state clearly at this point that the quantitative and qualitative research methods complement each other because different kinds of information are generated (Burns & Grove 2005:23). However, in view of the fact that both methods have limitations, the researcher made use of both so as to increase the reliability of the findings. Creswell (2003: 158) and Wiersma and Jurs (2005) affirm that a combination of quantitative and qualitative research approaches is extremely powerful and also reinforces the completeness of the study as well as its reliability. According to Brink, Rensburg & Walt (2006, in Burns & Grove, 2005:23), a qualitative technique is regarded as effective in obtaining insightful information as the respondents may participate in semi-structured interviews. It is an umbrella concept covering several forms of inquiry that help us understand and explain the meaning of social phenomena with as little disruption of the natural setting as possible.

The researcher also conducted qualitative research in order to promote a greater understanding of not just the way things are, but also why they are this way (Gay, 2000:22). In essence, the key philosophical assumption on which all types of qualitative research are based is the view that reality is constructed by individuals interacting with their social worlds. Qualitative researchers are interested in understanding the meaning that people have constructed, that is, how they make sense of, and the experiences that they have in, the world (Burns & Grove, 2005:203).

Wiersma and Jurs (2005) indicate that the use of statistics is advantageous at various stages in a research study, for example, in determining sample size, the validity and reliability of research instruments, the sampling procedure and data analysis. Thorndike and Dinnel (2001:3) support this view by describing statistics as techniques used to summarise quantities of information. In addition, statistics assist researchers to ‘draw sound conclusions’.

Accordingly, the use of statistics may help the researcher to give meaning to the raw data collected in order to measure. This is especially in the case of this study where it is assumed that a relationship may exist between the use of film and other methods in HIV/AIDS awareness and prevention campaigns.

3.5 THE RESEARCH POPULATION AND SAMPLE

In this section the population, samples and sampling procedures used in this study will be described.

3.5.1 Population

According to Burns and Grove (2005:203), a population is the total group of persons that meets the designated sets of criteria established by the researcher. The target population of this study is the entire population of Igueben. According to wikipedia/Igueben 2011 in the most recent census in 2006, the population of Igueben stood at 69 639. In this study, the population would comprised all adult males and females in Igueben to which the researcher has reasonable access and who organise and participate in the HIV/AIDS programmes in the area.

Polit and Hungler (2004) explain that the target population comprised the entire set of individuals who share some common characteristics. It may also be seen as a complete list of all the individuals who belong to a defined group of people. In short, a population is any group that is subject to research interest.

For this study, the population was accessible since the researcher is a native of this region, and had been involved in HIV/AIDS campaigns and research in this area for years prior to embarking on the current research project. It was also possible to identify sufficient subjects to yield useful conclusions, as the subjects were willing to participate in the research study.

3.5.2 Sample

According to Burns and Grove (1997), a sample refers to the small portion of the population that a researcher is studying in the particular site or setting (Burns & Grove 1997:293). Burns and Grove (2005) also maintain that sampling involves selecting the events, behaviours, group of people or materials with which to conduct a study (Burns & Grove 2005:305). Johnson and Christensen (2000:156) explain that sampling is the process of drawing a representation from a population based on research purposes. They point out that the reason for studying the characteristics of a subset selected from a large group is in order to understand the characteristics of the larger group. In other words, in sampling, the population is reduced to a manageable and representative size.

It should be noted that sampling saves time, money and human resources, but only if the factors listed in this section are observed. Varkevisser, Pathmanathan and Brownlee (2002 Module 11:4) assert that sampling is the process of selecting a number of study units from a defined study population. In other words, sampling is the process of selecting objects or people who are representative of the total population being studied. The fact that the sample must be representative means that it must possess all the important characteristics of the population from which it is drawn; that is, a sample must look like the population in as many ways as possible. However, it is the population in which the researcher is interested that determines the sample. According to Kumar (2005), the actual sample size for a population-based study is based mainly

on the following three factors: the estimated prevalence of the variables of interest, the desired level of confidence and the accepted margin of error.

The sample in a research project comprises the group of people in respect of whom the researcher wishes to draw conclusions (Babbie & Mouton, 2001:100). The reason for this is the fact that it is not possible to study all the members of the target population. Accordingly, in this research project, the sample comprised 200 adults, both male and female, all from the Igueben Local Government Area (LGA). This number was necessitated as a result of constraints as regards financial and human resources as well as time and distance. While the pilot study was conducted in Pretoria; South Africa, earlier on, the main work was conducted in Igueben; Nigeria. This Local Government Area was selected based on the fact that, as a sample, the area is characterised by one of the problems identified in chapter one, namely, the high level of illiteracy in the area (Ojieabu, Erah and Okafor 2008; Anoth & Koopman, 2003).

3.5.3 Sampling procedures

Wiersma and Jurs (2005) and Johnson and Christensen (2000) attest to the fact that it is possible to collect information from a sample that has been drawn from a predetermined population, as well as from a large group of people, by means of a set of carefully designed and administered questions. A purposive (non-probability) sampling approach was used in this research to select the study participants. Kemper, Stringfield and Teddlie (2003:279–280) and Brink, Rensburg & Walt (2006:132), agree that purposive sampling is a process in terms of which a sample is selected from the elements or members of a population through non-random methods, including convenience sampling. The researcher used a specific criterion or purpose to replace the principles of cancelled, random errors. Brink explains convenience sampling as a type of non-probability sampling that involves the selection of the most readily available people or objects for a study (Brink et al 2006:132). Kemper et al. (2003:280) note that purposive sampling techniques are commonly associated with qualitative methods but may also be used in studies with either a qualitative or quantitative orientation. Purposive sampling techniques are also quite common in mixed methods studies.

Sampling is often defined as the process of selecting a portion (component) of the population that is representative of the entire population. The numbers that are selected are, therefore,

referred to as the sample (Polit & Beck 2004:291.) Bryman (2004:87), adds that a sample has to be representative of the population it purports to represent to enable the researcher to make generalisations about the findings from the sample to any wider and similar populations.

According to Brink et al (2006:136), there are no rigid rules that may be applied to the determination of sample size. However, both scientific and pragmatic factors influencing the sample size must be considered when deciding on the number of subjects to be included in a study. Burns and Grove (2005:543) and Singleton (2010:155) point out that the researcher may use purposeful sampling in selecting individuals who are possessed of a certain expertise and who are experienced. Polit and Beck (2006:506) support this view in stating that sampling procedures are a technique in terms of which the researcher selects participants based on personal judgement about who is the most relevant to a particular study. This explains why the number above was relevant and was necessitated in this study.

It is also essential that the participants be able and willing to participate in a research study and that they provide voluntary, informed consent. Sample size refers to the number of elements that are included in the sample. Brink et al (2006:135) and De Vos, Strydom, Fouche and Delport (2002) suggest that 'a study with an over-large sample may be deemed overly sensitive'. A large sample is, therefore, no guarantee of an increased degree of accuracy in the findings (Brink et al. 2006:136). The illiterate adults male and female were seen as an ideal population for the investigation. Permission was obtained from the head of the community. For the purpose of this study, illiterate adults at the municipality were approached to take part in the exploration. The participants were purposively selected from the community.

3.6 DATA COLLECTION

This section deals with the techniques or instruments used in the collection of data. According to Burns and Grove (2007:77) and Polit and Beck (2006:498) data collection is the precise, systematic gathering of information relevant to the research purpose or problem as well as the research question. The various data collection techniques which were used include observation, questionnaires and interviews (individual and focus groups).

Observation

Since the researcher is the primary instrument for data collection and analysis in the research process in qualitative research, it usually involves fieldwork (Merriam 1987:7). The researcher therefore enters the study with little or no biases, motivations or perspective that could influence the research procedures and findings. In this research, the researcher observed how the organizers of HIV/AIDS in the area go about their campaign; using written text in the dissemination of information about HIV/AIDS among illiterate adults. He also observed how participants view the motivation and involvement in the campaign without the use of film. He looked at what people do, listened to what people say, and interacted with the interviewees. The researcher observed and recorded behaviour without attempting to change the observed behaviour. This helped to establish a relationship of trust with the researcher which developed and encouraged participants to expose what they may regard as confidential. More accurate responses were obtained as the researcher clarified questions that the respondent had and followed up leads to probing. In addition, it was necessary that the researcher come to an understanding about the concept of HIV/AIDS in this area as well as the kind of perceptions that the people of the area have of the virus.

The term observation is often used in research, especially in qualitative research studies. The observing and recording of behaviour without attempting to change the observed behaviour, regardless of the techniques employed in the study during the course of the data collection, is known as observation (McMillan & Schumacher, 2001:207). As one of the tools for collecting information, the technique relies strongly on the researcher seeing and hearing things and recording his/her observations rather than relying on the subjects' responses to questions or statements. Walsh (2001:67) supports this view in stating that, in a participant observation study, the researcher enters the group or situation that s/he is studying. In other words, participants observers endeavour to 'get to know' the group or the situation from 'the inside'. They need to try to understand the motives and the meanings of the people whom they are studying from the point of view of those people. The objective of this technique was to enable the researcher to gain a deeper insight into the actual lives, beliefs and activities of the group in their 'natural settings' (Walsh, 2001:67). This was made possible for the researcher in this study because his

own experience of the area also gave him access to data that had not been drawn from either a questionnaire or interview.

However, the role the researcher plays during observation depends on the degree of inferences or judgement that is required. High inference observations may be judgemental and this may influence the behaviour of the participants. On the other hand, low inference observations require the observer to record specific behaviours without jumping to conclusions.

Questionnaire (Quantitative Data Collection)

The use of a questionnaire was deemed to have value for the purposes of this study. Johnson and Christensen (2004) affirm that questionnaires are the most commonly used instruments for obtaining information. The questionnaire is seen as a relatively economical technique in view of the fact that it contains the same questions for all the subjects, is able to ensure anonymity and contains statements written for specific purposes. In addition, the use of questionnaires is cheaper than interviewing the entire sample. Questionnaires also avoid the problem of interviewer bias.

Questionnaires may also cover a broad range of questions in a shorter time as compared to interviews as well as enabling data to be collected from an extremely broad cross-section of the area. Brink (2001) also maintains that it is possible to distribute questionnaires to a large sample, thus enabling abundant information to be collected within a short space of time and relatively cheaply (Brink, 2001:153). Polite and Beck (2006:499) point out that 'research in education should ask a variety of questions, move in a variety of directions, encompass variety of methodologies, and use a variety of tools'. Sternberg adds that the use of interviews is suitable for an individual's own account of the cognitive processes (Sternberg, 2003:20).

The questionnaire in this study comprised questions focusing on demographic data on the respondents, namely, gender, age, religion, marital status, level of education and employment status. This information was deemed relevant in determining whether or not this demographic data could have any influence on the participants' knowledge and perceptions as regards HIV/AIDS issues (see annexure B, page 198).

Instrumentation

Only one questionnaire was designed for the purposes of data collection in this study. Two hundred copies were distributed. The questionnaire consists of 28 questions that were divided into five sections (demographic data, knowledge and awareness of HIV/AIDS, understanding of the way in which film may be used, perceptions of the use of film in teaching about HIV/AIDS, and suggestions for the teaching of HIV/AIDS). In other words, the same questionnaires were used for all the participants – illiterate and literate, male and female and the organisers of the HIV/AIDS programmes (see appendix D). Accordingly, the questionnaire was formulated in such a way that the same text could be used for all groups. A Cronbach's alpha co-efficient internal consistency reliability of .89, 0.65 was obtained. The instrument was personally administered to the participants by the researcher.

Interview (Qualitative Data Collection)

The reason for using individual interviews is the fact that such interviews help in the exploration of the meaning behind behaviour, as well as in verifying information collected from group interviews. According to Polit and Beck (2006), a qualitative technique is regarded as effective in obtaining insightful information as the respondents participate in the interview. Interview sessions provide the opportunity to gather information which is both live and firsthand. According to Brink et al (2006:151), structured interviews are formalised so that all the respondents hear the same question in the same order and in the same manner. In other words, the questions must be presented to each respondent in exactly the same way. The interview questions consist of 26 items that are divided into five sections as well. These were administered on 15 interviewees. These were illiterate adults of the Igueben Local Government Area. As earlier noted in chapter 2, these people speak Esan, Bini Pidgin English and since the researcher is from the area, he used these languages especially the pidgin English. This took 30-35 minutes each.

As pointed out earlier, qualitative research is an umbrella concept covering several forms of inquiry that help us understand and explain the meaning of social phenomena with as little disruption of the natural setting as possible. The respondents in this research study were all individual adults from Igueben. They all were verbally fluent in the means of communication,

namely, Esan, Bini and Pidgin English. In addition, they were able to communicate their experiences, feelings and thoughts in relation to the research phenomenon in either of these two languages. All the respondents used in this study met these criteria and they expressed their willingness to communicate freely and openly with the researcher. This assisted the researcher in managing the interview within the context of the focus of the research study and collecting relevant data from all the participants. The reason for this is to minimise the role and influence of the interviewer and to allow a more objective comparison of the outcome.

This section comprised open-ended questions relating to the respondents' knowledge and perceptions as regards HIV/AIDS and suitable teaching and learning strategies on HIV/AIDS, including film and its advantages. In addition, there were questions aimed at assessing the level of participation of adults in programmes, their knowledge and perceptions about the stigma attached to people already living with the virus, as well as general questions on the individuals' feelings of self-worth and possibilities for the future (see Annexures C and F).

Qualitative Data Analysis

The analysis of qualitative data requires originality and is often both an interactive and an active process, as well as a labour-intensive activity. The process of data analysis often follows data collection. Streubert and Carpenter (1999:28) report that the actual process of data analysis takes the form of clustering similar data. In order to analyse the data generated, Tesch's open-coding approach to analysis was used (De Vos, AS, Strydom, HJ, Fouche, CB, Poggenpoel, M, Schurink, 998:33–344; Creswell, 2003:192–193). The researcher followed Tesch's eight detailed steps of data analysis as discussed below:

1. The first step involves the researcher's obtaining a sense of the complete data by reading through all the interview transcripts carefully, as well as listening to the audio tapes before the transcription. The researcher may then jot down some ideas as they come to mind.
2. The researcher selects one interview and goes through it again while reflecting on the following question: 'What is this about?'. In other words, the researcher reflects on the

underlying meaning contained in the information. He/she may write down any thoughts in the margins.

3. After the researcher has completed this task for several respondents, s/he makes a list of all the topics arising from the interventions, clusters together similar topics and forms columns that are arranged in terms of major themes and topics.
4. The researcher abbreviates the topics as codes and these codes are then written next to the appropriate segments of the text. The researcher tries to ascertain whether any new categories may emerge.
5. The researcher changes the most descriptive wording for the topic into categories. He then endeavours to reduce the categories by clustering together similar topics. Lines are drawn between the categories to depict interrelationships.
6. The researcher makes a final decision regarding the abbreviations for each category and arranges these codes in alphabetical order.
7. The researcher assembles the data materials belonging to each category together and a preliminary analysis is performed.
8. The researcher records the existing data to reveal the interpretations of the categories of information where necessary. He conducts a preliminary analysis in steps.

3.7 ETHICAL AND PRACTICAL CONSIDERATIONS

Ethical matters were not ignored in this chapter. However, this was done to protect the participants throughout the study.

The concept of 'ethics' is closely linked to the notion of morality. The word 'ethics' is derived from the Greek word *ethos*, meaning a person's character or disposition. Ethics concerns the system of moral principles by which individuals may judge their actions as right or wrong, good or bad (Denscombe, 2002:174). Polit and Beck (2006:499) support this view of ethics in terms of research as a system of moral values that apprehends the degree to which research procedures adhere to professional, legal and social obligations as a result of participation in a research study. Singleton (2010:47) maintains that ethics helps human beings to act in moral and responsible ways. Research ethics involves the application of ethical principles to scientific research. Pera and Van Tonder (2005:4) point out that ethics is a code of behaviour that is considered to be

correct. This code of behaviour that is considered to be correct must be known and taken seriously by all researchers. These codes were established in order to guide the moral choices in terms of the researcher's behaviour in relationship to others and, especially, in relation to his/her research project.

The main purpose of ethics in research was to ensure that no harm is inflicted on research participants as a result of the research activities. Ethical considerations are fundamental to the design of any research that involves human beings in order to try to protect the rights and dignity of the research participants. It is also essential that a study be conducted with fairness (Burns & Grove 2005). During this study, the following ethical issues were observed, namely, informed consent, right to anonymity, beneficence and respect for persons (Brink et al2006:32-35). These are discussed in the following sections.

Informed consent

Polit and Beck (2006:328) stress that a fundamental ethical principle of social research involves never coercing anyone into participation. In other words, participation must be without any intimidation or victimisation. Based on this principle, the purpose of the study, the data collection method and participation must be made clear to the participants (Burns & Grove, 2005:193). In this study this happened both verbally and in written form. The respondents showed they had understood the information provided to them and each one signed a consent form (see Annexure E).

Permission to Conduct the Study

Permission to conduct the study was obtained from the traditional ruler, known as the Enogie of Igueben, and also from the Local Government Chairman (See Annexure B) as well as from the Research and Ethics Committee of the Department of Education, Unisa. The ethical principles of beneficence and respect for participants were adhered to.

Confidentiality

Burns and Grove (2003:201) posit that it is essential that private information shared by an informant must not be shared with others without the authorisation of the said informant.

Anonymity is said to exist if it is not possible for the informant to be linked to his/her individual responses, even by the researcher. In other words, the respondent has the right to anonymity and to the assurance that the data collected will be kept confidential and that the information provided will be used purely for research and findings made available only if they are needed. Polit et al. (2004:143) add that confidentiality implies secret. This means that no information divulged by the participants will either be made public or available to others although the information may be made known to certain people only; including health care teams or research teams (Griffiths:2009:191).

Anonymity

Anonymity was made possible in this research study because neither the names of the respondents nor those of the institutions involved formed part of the questionnaires. This was done to protect the respondents and also to make it impossible to link any aspect of the data to any specific individuals or institutes. Burns and Grove (2002:188) maintain that anonymity is assured when even the researchers are not able to link a participant with the data from that person.

Lobiondo-Wood and Haber (2006) add that confidentiality and anonymity are guaranteed by ensuring that the data obtained are used in such a way that no other researcher knows the source. The interview schedule in this study is designed in such a way that the study achieved anonymity for all the respondents. Numbers may be allocated to the interview schedules to enable the researcher to analyse the data. This is also to ensure the confidentiality and anonymity of the informants.

Beneficence

The right to protection from discomfort is based on the ethical principle of beneficence. This principle stresses that the researcher does no harm to the participants. It also imposes a duty on researchers to ensure that the individual participant and society in general benefit from the research and that any potential harm is minimised. Polit and Beck (2006:87) support this view by stating that research related to human beings should be intended to produce benefits for the research subjects themselves and either for other individuals or society as a whole. As regards

this study, there was no obvious risk or anticipated negative effects physically, psychologically or economically for the respondents as the study was non-experimental. In addition, the participants' rights to full disclosure were taken into account.

Again the researcher assumed that, in view of the fact that the research was conceptualised in terms of the tenets of the Health Belief Model (HBM), the implementation of the recommendations and strategies drawn from the data will, primarily, benefit the health officials as well as the governmental and nongovernmental organisers of HIV/AIDS programme. In other words, the recommendations and strategies may assist the organisers in their campaigns and enhance the adherence of all to the ABC of HIV/AIDS, namely, Abstain, Be faithful and Condomise. Ethical matters were taken into consideration throughout the study with the researcher showing respect for human dignity and justice throughout the study and protecting the welfare of the participants.

3.8 VALIDITY

It is essential that any tool used in a research study be both valid and reliable. This is possible only if the tool measures what it is intended to measure (Salkind, 2003:115). According to Russell (2000:46–47), validity is concerned with the accuracy and trustworthiness of instruments, data and findings in research, while Guion (2002:2) explains that validity helps make researchers' evaluations more credible and, thus, provides information which they may defend with confidence.

On the other hand, Cargan and Lanham (2007) see validity as the degree to which a measure assesses what it purports to measure. In other words, a valid study should demonstrate what is actually real or tangible and its instrument (valid instruments) should measure what it is meant to measure. Based on this, Salkind (2003:115) maintains that the validity of an instrument is often defined within the context of the way in which the text is being used. In Mouton's (2001:122) view, validity is the extent to which an empirical measure adequately reflects the real meaning of the concept under consideration.

In order to ensure the validity of the study, the researcher used triangulation. Triangulation refers to the use of several methods to collect and interpret data about the subject matter in order to provide an accurate representation of reality. In addition, triangulation allows for cross-validation between the data sources and the data collection strategies (Schumacher & McMillan, 2001; Streubert & Carpenter, 1999:299). Triangulation also helps to overcome the intrinsic bias that comes from single observer theory studies (Burns & Grove, 2005:225). For example, verbal clarifications were triangulated by the researcher's study of the written reference made by the participants in phase one of the study. Triangulation reveals the varied dimensions of a phenomenon and helps create a more accurate description (Streubert & Carpenter, 1999:299)

Validity is concerned with whether an instrument accurately measures what it is supposed to measure, given the context in which it is applied (Brink 2006:167). According to Griffiths (2009), validity refers to how closely what we describe, assess or measure in our research resembles what is in the world or what is happening in the world. In other words, it is essential that the researcher's instruments produce adequate and accurate data. Johnson and Christensen (2004) point out that the testing of a questionnaire's validity is not proved but, rather, it is supported by an accumulation of evidence. Neuman (2000) agrees and explains the four types of validity, namely,

- face validity
- content validity
- criterion related validity
- construct validity

For the purpose of this study face and content validity were used (Burns and Grove 2005).

Face Validity

The judgement of the scientific community that the indicator really measures the construct is termed face validity. Questions or items on a scale that had logical links with the research objectives were formulated by the researcher. The questions and items in the questionnaire and structured interview covered the full range of issues to be measured. In addition a pilot study was

conducted during the course of this study to check if the questions were relevant. This added some strength to the study.

According to Brink (2001:168), face validity serves to assess whether the items or questions presented appear to measure the main concept of the study. Brink (2001:168) goes on to explain that this approach, however, does have a weakness as it does not sufficiently confirm validity as it is too vague. It is, thus, recommended that another method be used in conjunction with face validity.

It is on this note that the intuitive judgement of a subject expert was sought. This led the research questionnaire to be sent to various experts for face validity confirmation.

Content Validity

According to Cargan and Lanham (2007:232), content validity is concerned with ensuring that the research instrument covers all the features of a particular concept of a study. In other words, the instrument should address the fact that all the concepts of the definition represented are measured. This type of validity is, thus, concerned with the adequacy of coverage of the content area that is being measured – something that is extremely important for testing knowledge (Burns & Grove 2005:376). In other words, the researcher ensures the validity of the instrument by constructing the instrument based on theoretical forms of knowledge. According to De Vos (2005), the content validity of an instrument ensures that the instrument adequately represents or includes the entire content area or specified domain and indicates whether the variables are representative of the total phenomenon.

For these reasons, the following steps were taken to ensure the validity of this study:

- The data collection tool was tested prior to the actual study using 11 respondents in South Africa. However, these people did not participate in the main study, which took place in the Edo State of Nigeria.
- Existing questionnaires previously used in similar research were analysed and relevant items were tweaked for use in this research.

- The respondents in the main study were drawn from the Igueben Local Government Area of Edo State Nigeria and comprised both male and female adults in the area.
- The researcher's promoters examined each item in the questionnaire as well as the questions to be used in interviews in order to ensure the appropriateness of both the questionnaire items and the interview questions.

Triangulation

Triangulation refers to qualitative cross-validation and assesses the sufficiency of the data according to the convergence of multiple data sources or multiple data collection procedures (Wiersma & Jurs, 2005:256). In other words, it refers to the use of several methods used for collecting and interpreting the data about a phenomenon in order to produce a correct or valid representation of reality. It may also mean the use of different research approaches as regards one research question.

According to Streubert and Carpenter (1999:299), triangulation is to ensure that the most comprehensive approach is used to solve the research problem as a single approach may be inadequate to justify the validity of the study. Accordingly, the researcher in this study decided to use triangulation in order to overcome the intrinsic bias which arises from the single observer and single theory studies. It was also used to allow the researcher to corroborate the numerous themes that emerged. The notion is that the researcher may feel more confident about a result if different methods lead to that same result. If a researcher uses one method only, then the temptation is strong to believe in the findings of that one method. "How do we know that the results of this research represent the real thing, the genuine product?" (Cohen & Manion, 1989). Creswell (1994:158) explains that this genuine product is to be the result of triangulation to find congruence among sources of information. In this research study, validity was achieved through literature study, observation and individual interviews on how participants perceived the use of written text in dissemination of information about HIV/AIDS and how organisers managed their campaign in order to create awareness and ways of prevention. In this study, structural coherence was enhanced by consistently focusing on the participants' experience of HIV/AIDS campaign in the area.

3.9 RELIABILITY

According to Polit and Hungler (2004:205), reliability refers to the degree of consistency with which the research instruments measure a specific attribute. Johnson and Christensen (2000:100) refer to this reliability as the consistency or stability of the scores obtained from tests and assessments procedures, while De Vos (2005:105) maintains that it is the extent to which an independent administration of the same instrument yields the same results under comparable conditions. In other words, it is the consistency of an instrument regardless of what is being measured. Polit and Hungler (2004:205) and Varkevisser et al. (2002 Module 22:6) point out that it is the degree of consistency, accuracy and precision with which an instrument measures an element. In short, the essence of reliability is to ensure that anyone using the same instrument is bound to achieve consistent, predictable, stable, adequate and equivalent results.

Lankshear and Knobel (2004:161) maintain that reliability should be seen as the stability of response to a data collection tool, irrespective of the number of times the data tool is administered to the same respondents. This implies that no instrument may be considered reliable if it does not give similar or, possibly, the same result each time it is conducted among the same respondents. This also has to do with the homogeneity of the variables.

In this study the reliability of the questionnaire was assured by consulting an expert in questionnaire design both to review and advise on the questionnaire and the interview schedule. The researcher also conducted a pretesting of the instrument on a pilot group of eleven. The feedback received helped the researcher to adjust the questionnaire before distributing it to the participants in the main study, after obtaining the approval of the researcher's promoters.

Established techniques (McMillan & Schumacher, 2001: 258), were used while developing the items, in order to enhance the reliability of the questionnaire. Simple items were composed to minimise misinterpretation. The items in the self-completion questionnaire were retested in the achievement tests in order to clarify the results. The questionnaire made use of a 6-point scale in order to augment objectivity and consistent interpretation. 28-items were created for each construct in order to guarantee reliability, due to the fact that the number of items in a questionnaire is directly linked to reliability of the survey.

3.10 PRETESTING THE INSTRUMENT (PILOT STUDY)

The pretesting of an instrument refers to a trial which is conducted in order to ascertain whether the instrument is clearly worded and free from biases. The aim of this exercise is also to determine whether the instrument is relevant in terms of collecting the desired information. According to Griffiths (2009:196), a pre-testing is a small study undertaken early in research that guides the design of the research. The questionnaire and the interview questions were sent to the supervisors for comments. The questionnaire and the interview questions were discussed with the supervisors and finalised as correct and suitable for collecting data from the population. In May 2010 the pre- testing was done. In this phase of this research study, the questionnaire and interview questions were pretested in Pretoria, South Africa using eleven illiterate Nigerian adults residing in the city. The aim of this pilot study was to identify any difficulties in understanding the questions, the sensitivity of the language, the time each interview will require and the appropriateness of the wording in terms of the interviewees' educational and socio cultural backgrounds.

This is in accordance with the view of Burns and Grove (2003:41), who argue that the pre-test is used to check the time taken to complete the interview schedule, whether it is either too long or too short, too easy or too tough, to check the clarity of the questions asked, to eliminate any ambiguous or inadequately worded questions and to make any adjustments that may be deemed necessary.

It emerged during the pretesting that some of the participants had difficulty in understanding some of the questions. In addition, a few typing errors were identified and corrected. Three of the respondents reacted to question 23 (What do you think of the use of a condom?) in a personal way; thinking the researcher wanted to probe into their sex lives ('That is my private life or you want to ask me how often I use a condom?'), as compared to their reactions to question 13 (Have you seen a condom before?) This, majority agreed that they have seen a condom. Approximately 75 percent of the people interviewed did not know the full meaning of the acronym HIV/AIDS.

One of the respondents did not complete the questionnaire for personal reasons. The researcher tried recording the interviews but the respondents had all met at different places and at different

times. In addition, they all refused point blank to allow the interviews to be recorded, maintaining that HIV/AIDS is a shameful thing to talk about and they did not want to be known or identified through their voices in case they were stigmatised. Each interview lasted between 30 to 45 minutes. The pretesting interview schedule was then returned to the researcher's supervisors for further scrutiny. Based on this, the researcher's supervisors at Unisa were concerned of the time frame of 30 to 45 minutes; that this could be shorter or longer based on the probing. It is necessary to note that data derived from the study and the participants in the pretesting were not included in the final analysis of the main study.

3.9 CONCLUSION

This chapter discusses the research methodology that was used to collect the data for the study. The chapter also described the design, population, sampling procedures, data collection instrument and procedures used in the collection of the data. In addition, the chapter discussed the measures taken to ensure validity and reliability as well as the ethical issues related to data collection. The findings obtained from the implementation of the methodologies explained in this chapter are presented in chapter 4 (Phase 1) and chapter 5 (Phase 2). As earlier noted, the study was conducted in two phases. Phase 1 involved a quantitative research design while Phase 2 followed the general principles of qualitative research and involved semi-structured interviews.

CHAPTER 4

DATA PRESENTATION AND ANALYSIS

4.1 INTRODUCTION

The previous chapters dealt with the background to the study, literature review, research design and methodology pertaining to this study. This chapter focuses on the presentation and analysis of the data in phase 1 which involved a quantitative research method. The data analysis involved data cleaning, organisation of the data for the purposes of analysis, the data analysis itself, a description of the data and the interpretation of the findings (Trochim, 2006). Despite the fact that it is not possible to generalise the results of this study to film as a supplementary aid in teaching adults about HIV/AIDS in Nigeria, the study has identified key important features of the use of film in Igueben, among both the literate and the illiterate. The findings of this study have, thus, provided powerful benchmarks for exploring the use of film in the fight against the HIV/AIDS pandemic in the rural communities in countries such as Nigeria.

The overall purpose of this study was to explore the use of film in teaching adults about HIV/AIDS in Igueben, Nigeria. Accordingly, the study reviewed the use of film in education in terms of awareness and prevention campaigns. The focus of this study was the Igueben community, also referred to as the Igueben Local Government Area.

Based on the introduction and the background that was presented in chapter 1, the researcher formulated the following research questions:

1. What is the level of awareness and understanding of HIV/AIDS in the Igueben area?
2. How possible is it to use film to enhance learning process in ways not possible with other teaching aids?
3. Can the use of film on HIV/AIDS predict the responses of illiterate adults in HIV/AIDS awareness campaign?
4. To what extent may film-related educational strategies be applied to fight the HIV/AIDS pandemic in Igueben, Nigeria?
5. What is the role of film on the efficiency of current HIV/AIDS campaigns in determining the optimum value at which current efficiency is greatest?

4.2 DATA COLLECTION

The data were collected by means of a structured questionnaire which comprised different sections:

Section 1: Respondents' demographical data.

Section 2: Respondents' knowledge and awareness of HIV/AIDS and their preventive practices, if any.

Section 3: Respondents' understanding of the way in which film may be used to enhance the learning process

Section 4: Respondents' perceptions of the use of film in teaching about HIV/AIDS.

Section 5: Respondents' suggestions for the teaching of HIV/AIDS.

The population for the study consisted of male and female adults in Igueben with a sample of 200 respondents selected from various levels or categories of adults. Data were, thus, collected from the 200 respondents, using a structured questionnaire.

The information collected was kept safely and protected by a secret code which was known only to the researcher for access purposes.

4.3 DATA ANALYSIS

The completed questionnaires were submitted to a statistician at UNISA for the data to be processed and analysed using the SPSS Version 17.0 computer programme – microcomputer programme. The data were converted into percentages and collated in the form of tables, graphs and figures in order to render the data presentation more meaningful. The data were analysed according to the sections and items included in the questionnaire. The questions contained in the questionnaire comprised categorical variables which were analysed in specific ways. As a measure of reliability, Cronbach's alpha coefficient was computed at 0.839, indicating a high measure of internal consistency as regards the items in the questionnaire (Polit & Beck, 2006:11).

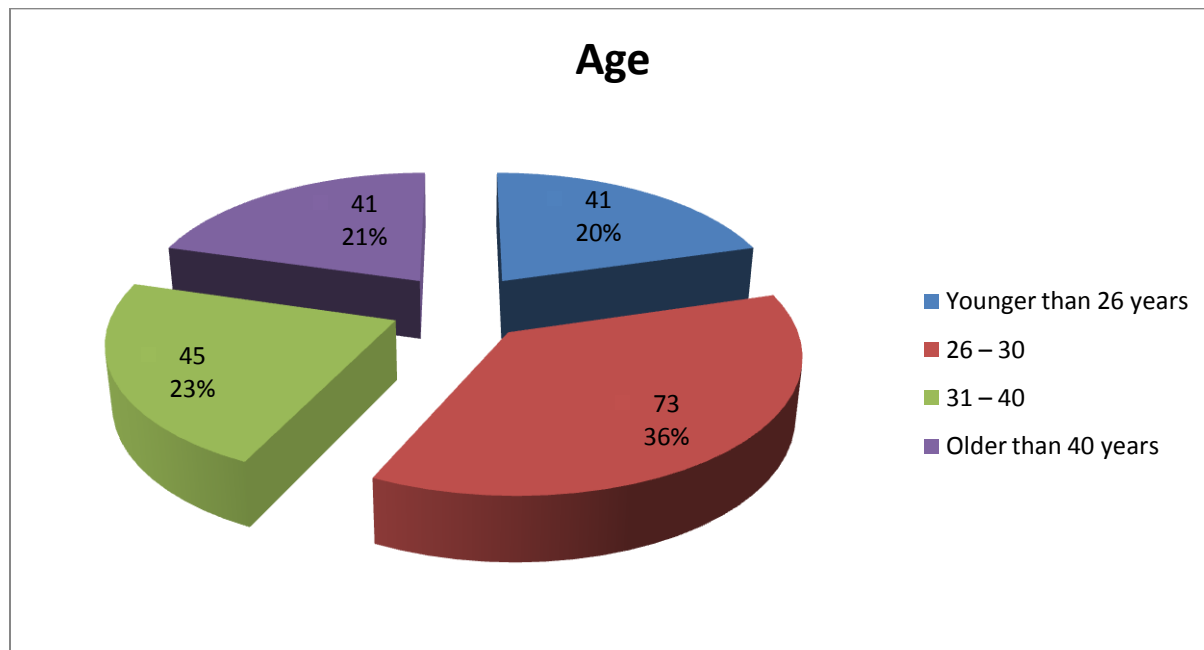
4.3.1 Section 1: Demographical data

This section covered the respondents' ages, gender, and highest level of education attained, marital status, and religion.

4.3.1.1 Age distribution

The respondents were asked to select their age from a list of age groups.

Figure 4.1 Age distribution of the respondents in the quantitative phase (n=200)



4.3.1.2 Age distribution of the study population

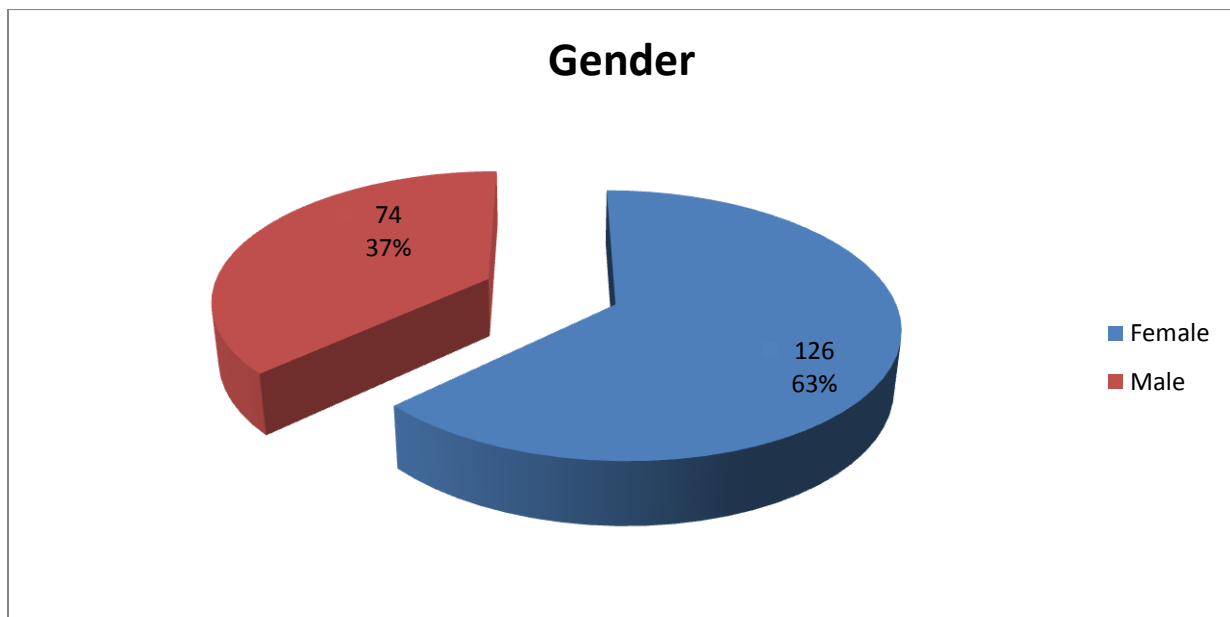
The graph above depicts the age distribution of both the groups. A significant percentage of respondents were from the 26 to 40 age bracket. The ages of the respondents at the time of the study were used for the purposes of analysis. In order to guide the analysis, the researcher grouped the ages into the following categories: less than 26, 26 to 30, 31 to 40, 41 and above. The ages and gender of the participants were regarded as important factors in determining and assessing the participant's life experience which, in itself, is generally considered as an essential quality of the participants. It also helped with the distinction between those participants who had watched the film on HIV/AIDS and those who had not watched the film. The significance of this is that the two set of participants would naturally hold different views regarding the pandemic as it affects the region. As may be seen in Figure 4.1 above, the majority of the participants fell in the average 26 to 40 years of age – the most productive period of the work life.

4.3.1.3 Gender distribution of the respondents

The respondents were asked to indicate their gender. Figure 4.2 depicts the respondents' gender distribution. There were more female participants (63.0%) than male participants (37.0%). This is understandable because, as at the time of this study, most of the men in the area were on the farm while the women were either at the market or at home, taking care of their children.

It is assumed in this study that gender affects the sexual behaviour and decision making powers of the illiterate adults in Nigeria.

Figure 4.2 Gender distributions of the respondents in the quantitative phase(n=200)



4.3.1.4 Highest level of education

The respondents were asked to indicate their highest educational level achieved (see Table 4.3).

Figure 4.3 Respondents highest level of education in the quantitative phase (n=200)

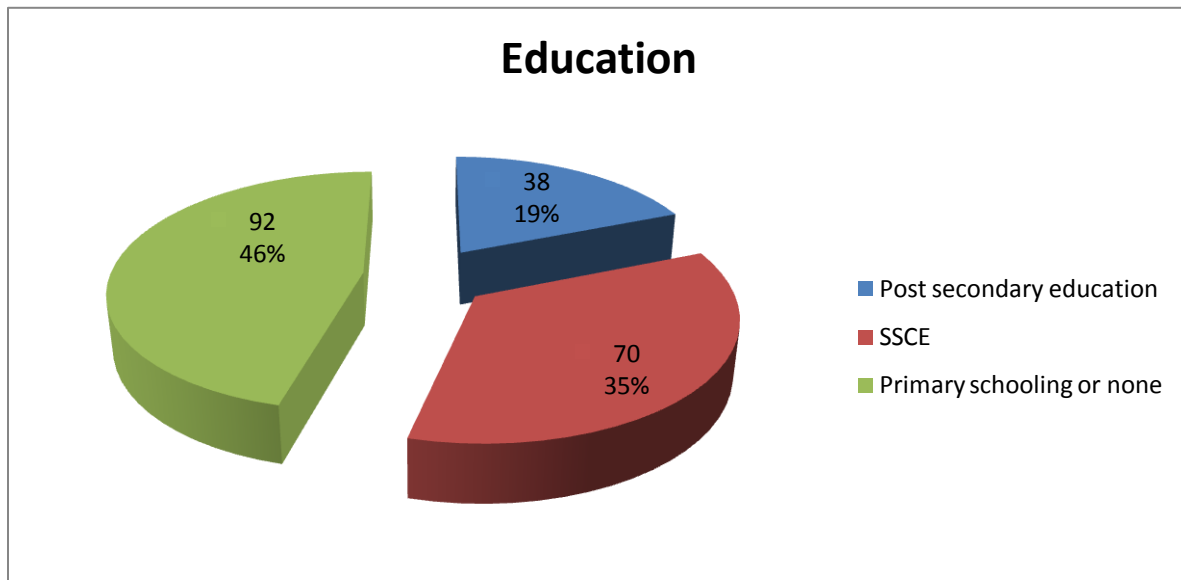


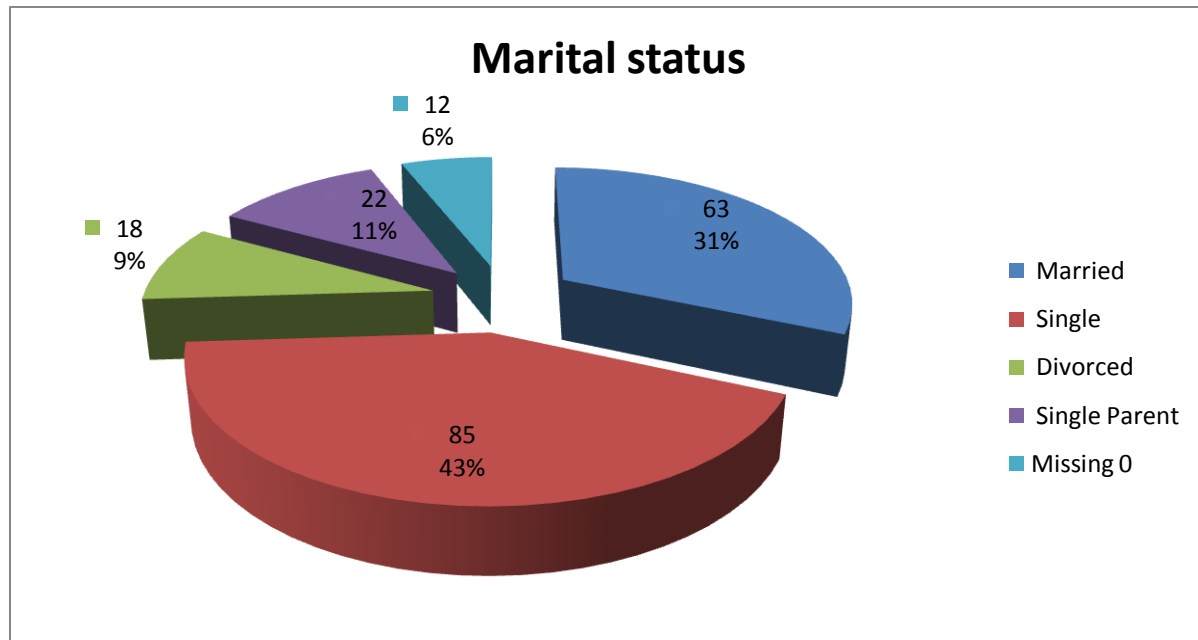
Figure 4.3 presents the analysis of the question regarding the highest level of education achieved by the participants. The respondents were from various educational backgrounds. Of the 200 participants, 38 (19.0%) indicated post secondary school, and 70 (35.0%) indicated senior secondary school (SSCE), although some indicated that they had not completed their SSCE. A total of 92 (46.0%) had either not attended school at all or had dropped out of school at the primary level.

The respondents' highest education qualifications are indicative of income range, general health, understanding of film and living status. An increased risk of HIV/AIDS is generally associated with poverty and poor living conditions. The fact that there were more respondents with secondary and tertiary education indicates better pay and better living conditions. According to Dennill, King and Swanepoel (1999:30), people with a low level of education in the developing world often suffer persistent ill health which is linked to extreme poverty and illiteracy. Illiterate people are not able to depend on the written word in order to become better informed, thereby influencing informed consent. This is consistent with the views of Adedimeji (2005:21), Bankole et al. (2004), and Bennell, Chilisa, Hyde, Makgothi, Molobe and Mpotokwane (2001), who all found that knowledge about HIV/AIDS and its treatment generally increases significantly with educational level.

4.3.1.5 Marital status of respondents

The respondents were required to indicate whether they were living with either family or a partner (see Figure 4.4).

Figure 4.4 Marital status of respondents in the quantitative phase (n=200)



The questionnaire enquired about the current marital status of the respondents with the assumption that the marital status of the respondents would influence their chances of watching HIV/AIDS campaign films and also the decision-making process with regard to appropriate measures to avoid being infected with HIV/AIDS. Of the total number of respondents, the majority 85 (42.5%) were either married or living with a partner or family, 63 (31.5%) were single, 18 (9%) divorced, and 22 (11%) were single parents. A total of 12 respondents did not indicate anything (see Figure 4.4) above.

Living with a partner or family is important in terms of the type of information that is disseminated about HIV/AIDS. It is also important as regards the kind of HIV/AIDS campaign films the respondents would choose to watch and this may, in turn, be related to better compliance and good understanding of both the disease and the prevention warnings. Taking preventive measures against the virus is difficult unless encouraged by the support of significant

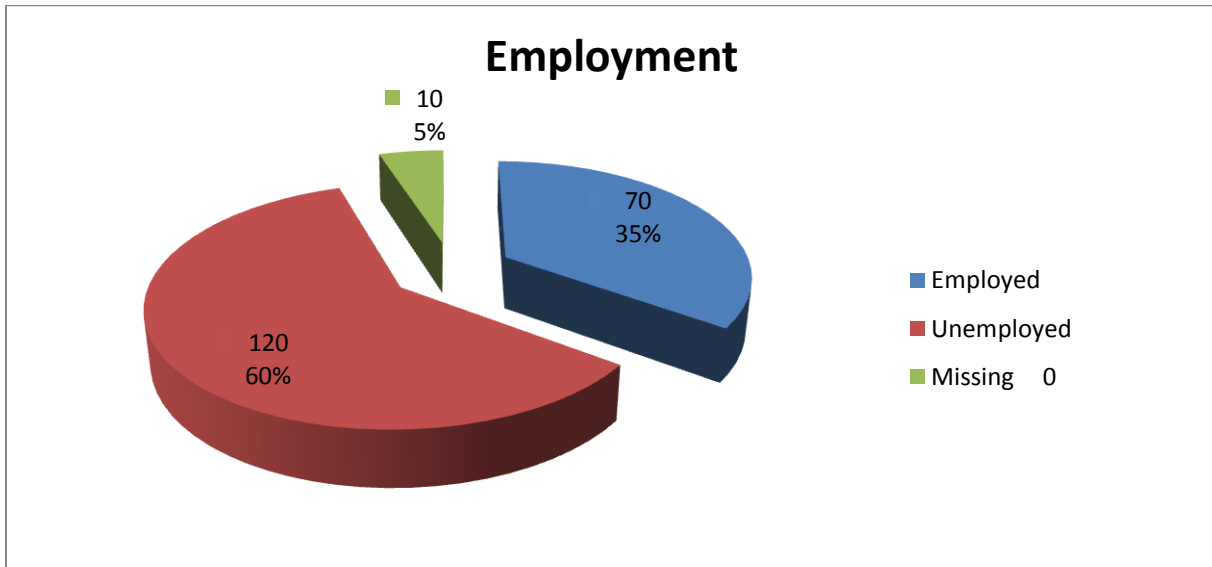
others. According to Pender (1996:269), family are more influential regarding the health behaviour than friends or co-workers while the WHO (2003:48–49) is of the opinion that “if you do not have the support of the family, community and society, then you lose the fight”.

In other words, the lack of support from every necessary quarter may mean that the individual will possibly become vulnerable to any kind of infection, particularly HIV/AIDS. The researcher assumes that using film as a form of social support may help individuals to overcome structural and personal barriers and also influence their knowledge, attitudes and beliefs as regards HIV/AIDS. It is in this respect that the use of film may be extremely important. According to Bennell et al. (2001), a significant number of studies conducted in Uganda, Tanzania and South Africa have all indicated that film has a significant influence on the effects of HIV/AIDS awareness and prevention campaigns. If the number of married and unmarried respondents and other respondents (divorced, single parent, and those who did not indicate their status) are added together this amounts to 52 (26.0%) (see Figure 4.4).

4.3.1.6 Employment status

The respondents were also asked about their employment status. Figure 4.6 depicts the socioeconomic status of the respondents. This information was deemed necessary because attitudes may be influenced by indirect factors, such as good income, poverty, unemployment, and lack of food. More than half 120 (60%) of the respondents were not working, 70 (35.5%) claimed that they were working and a total of 10 (5.0%) did not indicate whether they were working or not (see Table 4.5 below).

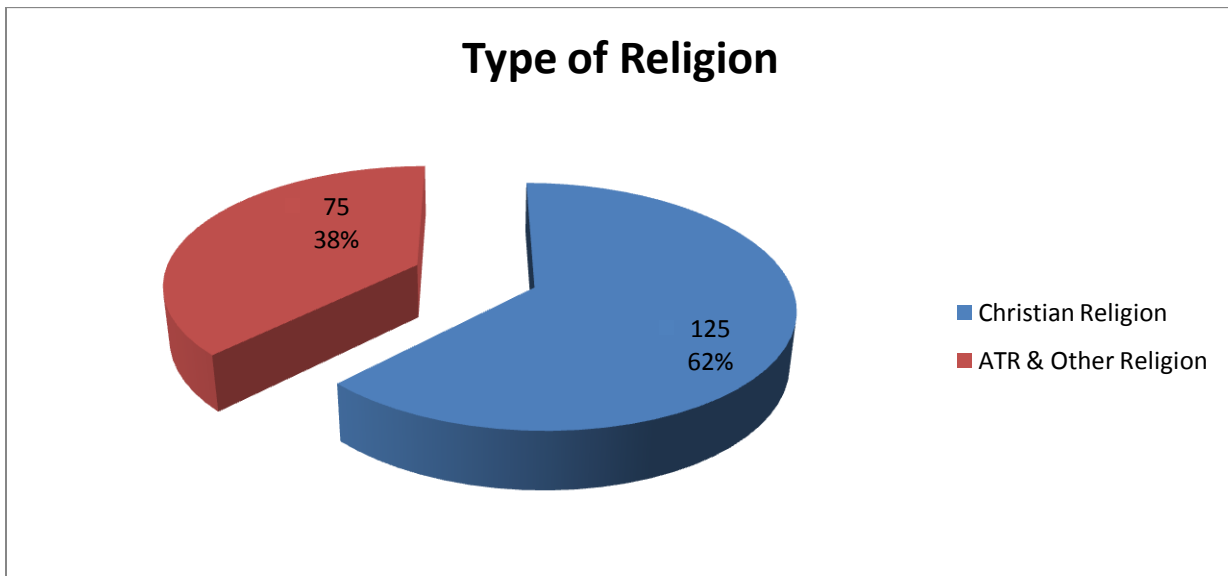
Figure 4.5 Employment status of respondents in the quantitative phase (n=200)



4.3.1.7 Religious affiliation of Respondents

Of the 200 respondents 125 (62.0%) indicated that they were Christians. 35 (18.0%) belonged to African traditional religion, 14 (7.0%) belonged to the Islamic faith, while 26 (13.0%) stated that they did not belong to any of the religions as listed. The religious affiliations of the respondents are depicted in Figure 4.6 below.

Figure 4.6 Religious affiliation of respondents in the quantitative phase (n=200)



It should be noted that, since some groups were underrepresented, the groups were regrouped by the researcher who added the numbers/percentage together – see Figure 4.6 above. A total of 125 (62.0%) were Christian while 75 (38.0%) belonged to ATR (Africa Traditional Religion) and other religions.

The use of the Likert scale

The second part of the questionnaire made use of the Likert scale so as to enable the respondents to share their opinions, as expressed in a given statement. Polit and Hungler (2002) point out that a Likert scale consists of several declarative statements, which express a viewpoint about a topic. According to them, an equal number of positively and negatively worded statements should be chosen so as to avoid bias in the responses. Different statements were presented to the respondents. The Likert scale provides four options, namely, strongly agree, agree, strongly disagree, and disagree. An explanation of the acronyms used is given below:

SA – Strongly agree

A – Agree

SD – Strongly disagree

D – Disagree

N – Neutral

Question 1: I have not heard of the disease called HIV/AIDS.

It was necessary to find out whether the participants *had heard of the disease known as HIV/AIDS*. The results presented in figure 4.7 below indicate that, of the 200 respondents, 33 (16.5%) strongly disagreed with the statement that they had not heard of the disease known as HIV/AIDS, 92 (46.0) disagreed, 31 (15.5%) agreed and 43 (21.5%) strongly agreed, while one (0.5%) only was neutral.

Question 2: I heard about it from my parents

In response to the statement as to whether the respondents had *heard about the pandemic from their parents*, as many as 81 of the 200 respondents (40.5%) disagreed, 62 (31.0%) strongly disagreed, while 39 (19.5%) agreed and 18 (9.0%) strongly agreed to this source of their information (Figure 4.7).

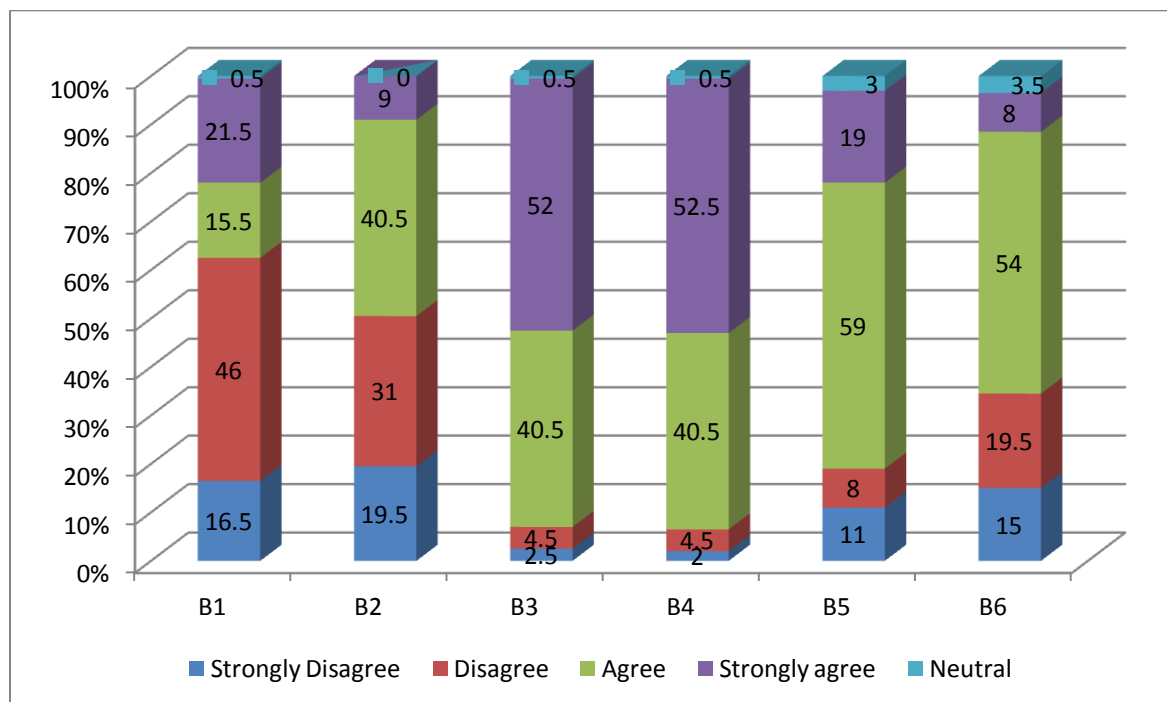
Question 3: *I heard about HIV/AIDS from my friends.*

In response to the statement that *I heard about HIV/AIDS from my friends*, 104 (52.0%) strongly agreed, 81 (40.5%) agreed, while nine (4.5%) disagreed, five (2.5%) strongly disagreed and one (0.5%) was neutral.

Question 4: *I heard about it from my partner.*

In response to the statement that *I heard about HIV/AIDS from my partner*, as many as 105 (52.5%) strongly agreed with the statement, 81 (40.5%) agreed, while nine (4.5%) disagreed, four (2.0%) strongly disagreed and one (0.5%) was neutral.

Figure 4.7 Respondents' awareness and understanding of HIV/AIDS in the quantitative phase (N = 200)



Question 5: *I have never seen a film/movie on HIV/AIDS.*

In response to this statement, as many as 118 (59.0%) of the 200 respondents, agreed with the statement that they had never seen or watched a film/movie on HIV/AIDS. 38 (19.0%) strongly agreed, while 16 (8.0%) disagreed, 22 (11.0%) strongly disagreed and six (3.0%) were neutral.

Question 6: *The necessary equipment with which to watch films is available or accessible in my apartment.*

As regards this statement a total of 108 (54.0%) agreed, 16 (8.0%) strongly agreed while 39 (19.5%) disagreed, 30 (15.0%) strongly disagreed and 7 (3.5%) were neutral (see Figure 4.7).

Question 7: *I watch films often.*

Of the 200 respondents, 88 (44.0%) strongly agreed, 84 (42.0%) agreed, while 17 (8.5%) disagreed, eight (4.0%) strongly disagreed and three (1.5%) were neutral (see Figure 4.8).

Question 8: *I watch films when I am less busy.*

Of the respondents, 71 (35.5%) and 48 (24.0%) disagreed and strongly disagreed respectively that they watch film/movie when they are less busy while 68 (34.0%) agreed, 8 (4.0%) strongly agreed with the statement and 5 (2.5%) were neutral (see Figure 4.8).

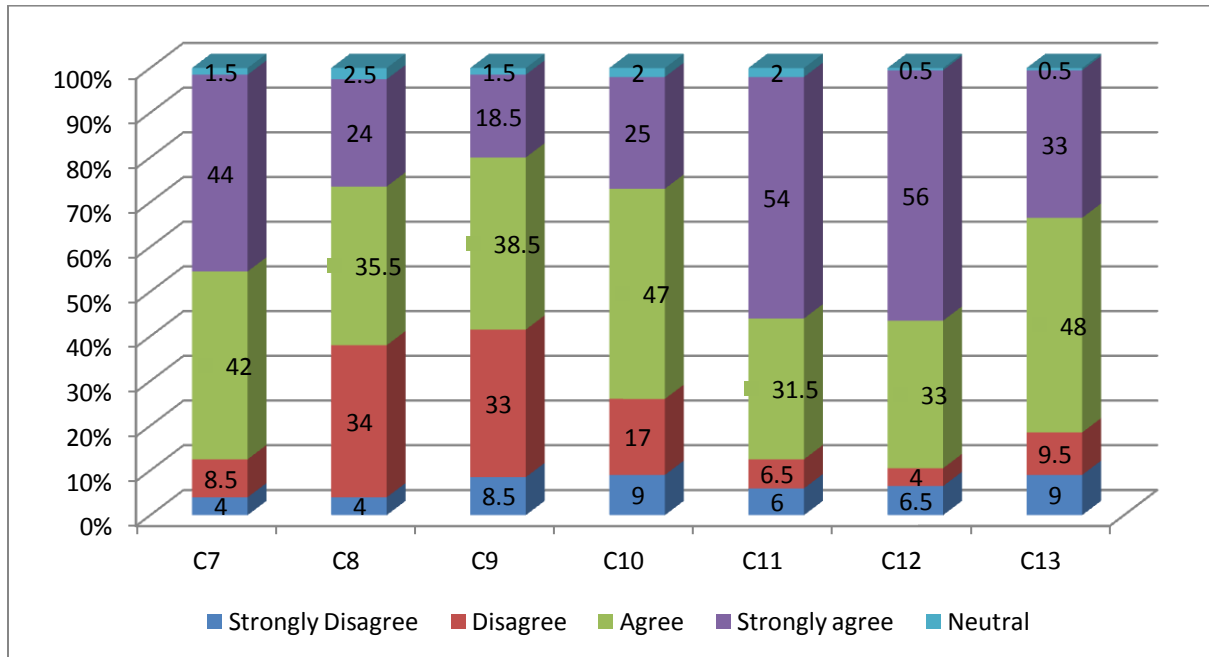
Question 9: *I do not watch programmes that are educative, informative and interesting.*

An aspect of the question on whether the respondents, who are adults, do not watch anything that is interesting or informative is interesting. As illustrated in Figure 4.8 below, the majority of the respondents, namely, 77 (38.5%), disagreed. 66 (33.0%) strongly disagreed, and 37 (18.5%) agreed, 17 (8.5%) strongly agreed while 3 (1.5%) were neutral (see Figure 4.8).

Question 10: *Film/movies an effective tool for teaching about HIV/AIDS.*

The respondents were requested to indicate whether they thought *Films/movies are an effective tool for teaching about HIV/AIDS* with 94 (47.0%) agreeing, 50 (25%) strongly agreeing, by 34 (17.0%) respondents who disagreed, 18 (9.0%) who strongly disagreed and four (2.0%) were neutral (see Figure 4.8).

Figure 4.8 Respondents' views about using film/movie programmes quantitative phase (N = 200)



Question 11: *Film/movie provides people, including illiterate adults, with motivation.*

Of the 200 respondents, 108 (54.0%) agreed and 63 (31.5%) strongly agreed with the statement that film/movie provides people, including illiterate adults, with motivation while 13 (6.5%) disagreed, 12 (6.0%) strongly disagreed and four (2.0%) were neutral (see Figure 4.8).

Question 12: *Film helps to increase people's understanding of HIV/AIDS.*

In response to the statement that film/movie help to increase people's understanding of HIV/AIDS, 112 (56%) strongly agreed, 66 (33.0%) agreed, as few as eight (4.0%) disagreed, 13 (6.5%) strongly disagreed, and one (0.5%) only was neutral (see Figure 4.8).

Question 13: *Using film/movie during HIV/AIDS campaigns will generate more interest and motivation on the part of the viewers.*

In response to this statement 96 (48%) agreed, 66 (33%) strongly agreed, while 19 (9.5%) disagreed, 18 (9.0%) strongly disagreed, and one (0.5%) only was neutral (see Figure 4.8).

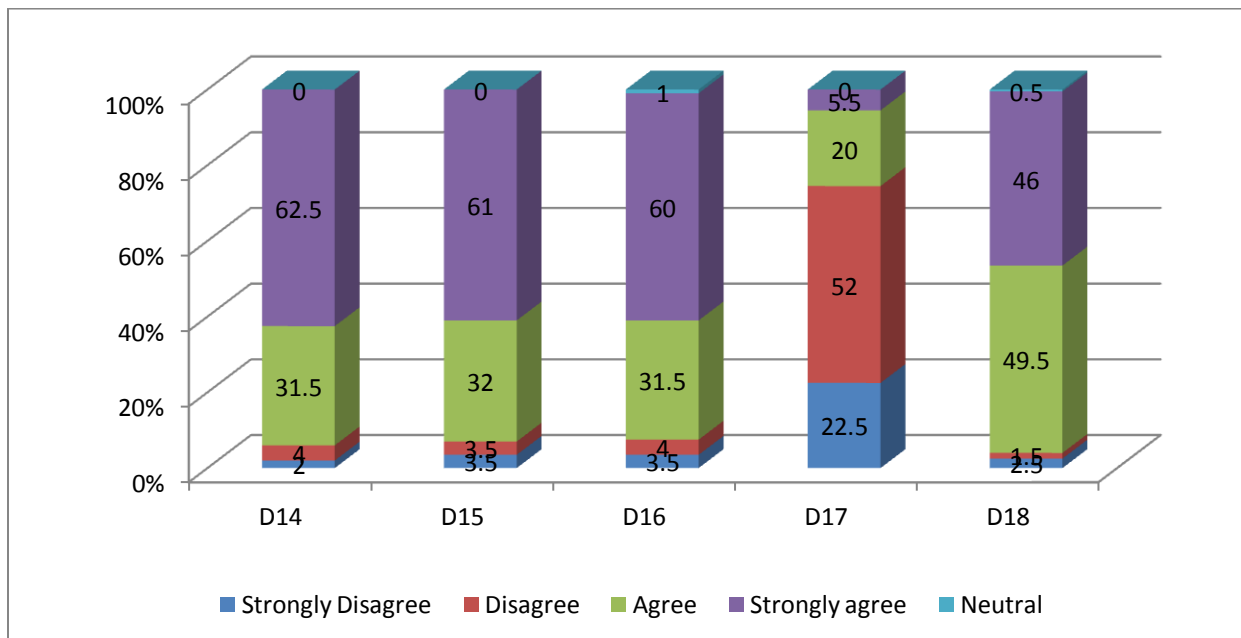
Question 14: *Watching film/movie on HIV/AIDS patients will not cause those infected with the virus to be rejected by families, friends and partners.*

Of the 200 respondents, 125 (62.5%) strongly agreed, 63 (31.5%) agreed with the statement, 8 (4.0%) disagreed and 4 (2.0%) strongly disagreed (see Figure 4.9).

Question 15: *Watching people who are infected by HIV/AIDS on film/movie shows that such people are normal.*

In response to the statement that watching people who are infected by HIV/AIDS on film/movie shows that such people are normal, 122 (61.0%) strongly agreed, 64 (32.0%) agreed, while 8 (3.5%) and 7 (3.5%) disagreed and strongly disagreed respectively(see Figure 4.9).

Figure 4.9 Respondents' views about using film to enhance learning process (N = 200)



Question 16: *Film/movie will help the communities to understand the concept of HIV/AIDS.*

In response to the statement that film/movie will help the communities to understand the concept of HIV/AIDS, 120 of the 200 respondents (60.0%) strongly agreed, 63 (31.5%) agreed, 8(4.0%) disagreed, 7(3.5%) strongly disagreed, while two (1.0%) were neutral (see Figure 4.9).

Question 17: *The use of film/movie in HIV/AIDS campaign cannot have any influence on either the participants in the research study or on the community.*

The findings showed that 104 out of the 200 respondents (52.0%) disagreed and 45 (22.5%) strongly disagreed that the use of film cannot have any influence on either the participants or on the community, while 40 (20.0%) agreed and 11 (5.5%) strongly agreed with that statement (see Figure 4.9).

Question 18: *Watching film/movie always corrupts the minds of people.*

As many as 99 (49.5%) of the 200 respondents agreed that using film during HIV/AIDS awareness/prevention campaign may help the viewers to remember facts but does not corrupt the minds of the viewers. On the other hand, 92 (46.0%) strongly agreed, three (1.5%) disagreed, 5 (2.5%) strongly disagreed, while one (0.5%) only was neutral (see Figure 4.9).

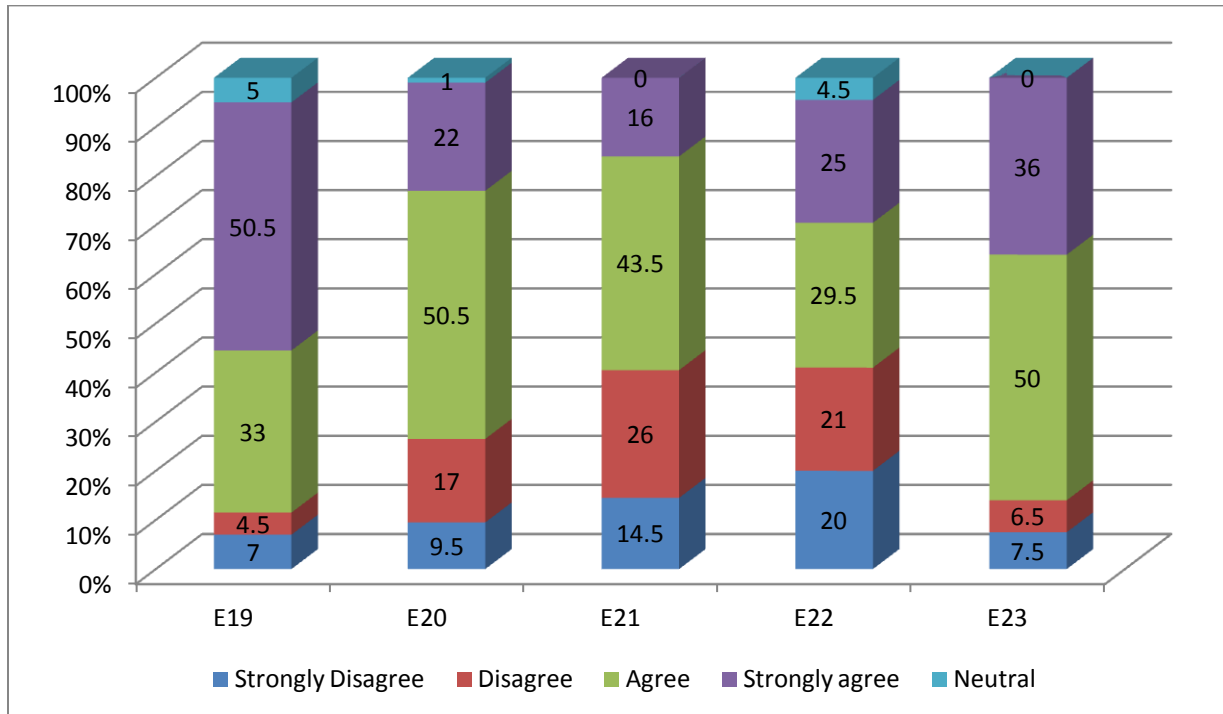
Question 19: *Organisers of HIV/AIDS programme do not use film/movie in their campaigns.*

Of the 200 respondents, 101 (50.5%) strongly agreed and 66 (33.0%) agreed with the statement that the organisers of HIV/AIDS programme do not use film/movie in their campaigns, nine (4.5%) disagreed, 14 (7.0%) strongly disagreed, while 10 (5.0%) were neutral (see Figure 4.10).

Question 20: *The organisers of HIV/AIDS programmes in the area lack an in depth knowledge of the disease.*

As many as 101 (50.5%) respondents out of the 200 agreed that the organisers of HIV/AIDS programmes in the area lacked an in-depth knowledge of the disease, 44 (22.0%) strongly agreed, 34 (17.0%) disagreed, 19 (9.5%) strongly disagreed, while only two (1.0%) only were neutral (see Figure 4.10).

Figure 4.10 Using film of HIV/AIDS to predict the responses of illiterate adults in the quantitative phase (N = 200)



Question 21: *Lack of effective materials affects the active participation of adults in the HIV/AIDS programme.*

Another statement posed to the respondents was that a lack of effective materials affects the active participation of adults in the HIV/AIDS programme. Of the 200 respondents 87 (43.5%) agreed with the statement, 32 (16.0%) strongly agreed, 52 (26.0%) disagreed, and 29 (14.5%) strongly disagreed (see Figure 4.10).

Question 22: *Special training in the use of film/movie is essential before any facilitator/organizers of HIV/AIDS can use the medium effectively.*

The responses to the statement above indicated that 59 (29.5%) out of the 200 respondents agreed with the statement and 50 (25.0%) of the respondents strongly agreed. 42 (21.0%) disagreed and 40 (20.0%) strongly disagreed and 9 (4.5%) were neutral to the statement (see Figure 4.10).

Question 23: *The organisers of HIV/AIDS programmes in the area do not have sufficient expertise/know-how.*

Half of the 200 respondents, namely, 100 (50.0%), agreed that the organisers of HIV/AIDS programmes in the area do not have sufficient expertise/know-how, 72 (36.0%) strongly agreed, while 13 (6.5%) disagreed, and 15 (7.5%) strongly disagreed with the statement (see Figure 4.10).

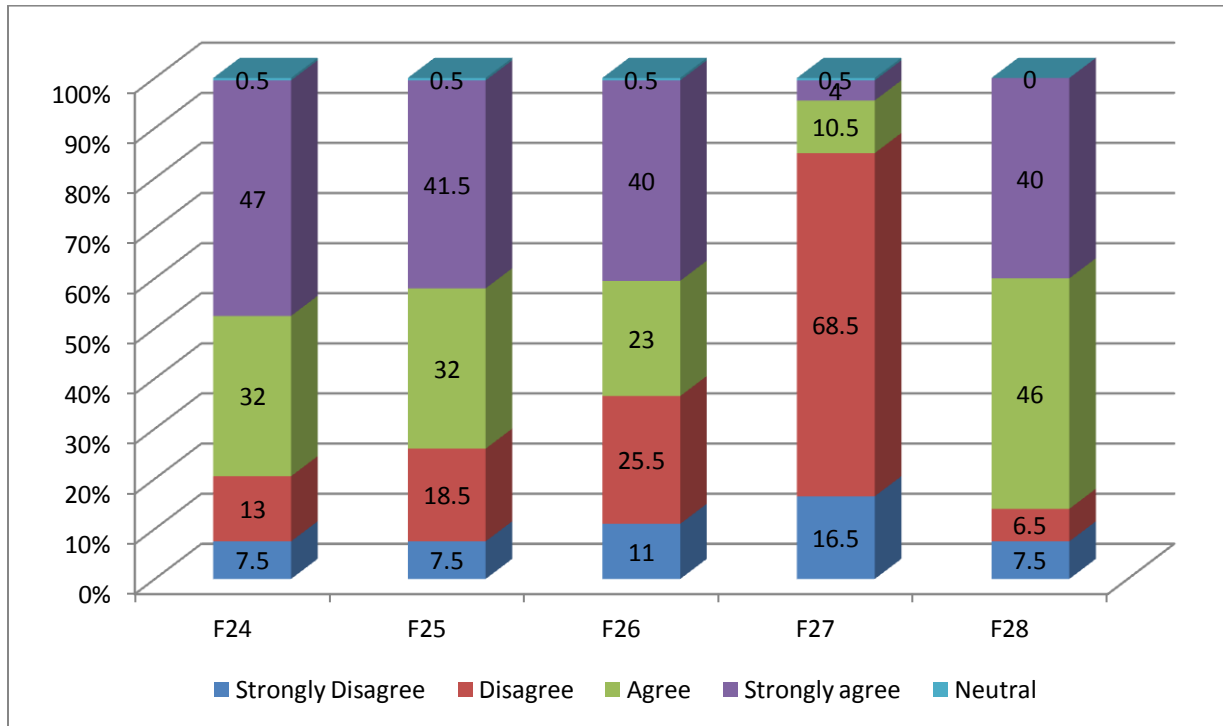
Question 24: *The organisers of HIV/AIDS programmes in the area use film/movie equipment in their campaigns*

It emerged from the responses to the statement above that 94 out of the 200 respondents (47.0%) strongly disagreed that the organisers of HIV/AIDS programmes use film/movie equipment and materials in their campaigns, 64 (32.0%) disagreed, while 26 (13.0%) agreed, 15 (7.5%) strongly agreed, and 1 (0.5%) only did not respond to the item (see Figure 4.11).

Question 25: *Showing people who are infected with the virus on film/movie will not improve the level of participation in HIV/AIDS awareness/prevention programmes.*

Of the 200 respondents 83 (41.5%) strongly disagreed with the statement that showing people who are infected with the virus on film/movie will not improve the level of participation in HIV/AIDS awareness/prevention programmes, 64 (32.0%) disagreed, 37 (18.5%) agreed, 15 (7.5%) strongly agreed, while only one (0.5%) did not respond(see Figure 4.10).

See Figure 4.10 Respondents' views about film-related educational strategies can be applied to fight the HIV/AIDS (N = 200)



Question 26: *Showing people who are affected with the pandemic on film/movie will not improve the level of participation in HIV/AIDS awareness/prevention programmes.*

In response to the statement that showing people through film/movie who are affected with the pandemic will not improve the level of participation in HIV/AIDS awareness/prevention programmes, 80 (40.0%) of the 200 respondents strongly disagreed, 46 (23.0%) disagreed while 51 (25.5%) agreed, 22 (11.0) strongly agreed, and only one (0.5%) did not respond to the statement.

Question 27: *There is a constant supply of electricity in this area that enables me to watch your favourite programmes on the screen.*

Of the 200 respondents, 137 (68.5%) disagreed and 33 (16.5%) strongly disagreed with the statement that there is a constant supply of electricity in this area that enables them to watch their favourite programmes on the screen, while 21 (10.5%) agreed, 8 (4.0%) strongly agreed, and one (0.5%) only did not respond.

Question 28: There is no constant supply of electricity in this area that enables people to watch their favourite programmes on the screen.

In response to the statement that there is no constant supply of electricity in this area that enables people to watch their favourite programmes on the screen, 80 (40.0%) agreed with the statement, 90 (46.0%) strongly agreed, 13 (6.5%) disagreed, and 15 (7.5%) strongly disagreed (see Figure 4.11).

4.4 Conclusion

In the foregoing chapter, the data collected by means of questionnaires were graphically presented and analysed. The interpretation and discussion of the findings from the interviews and observations are the focus of the next chapter.

CHAPTER 5

ANALYSIS OF INTERVIEW RESULTS

5.1 INTRODUCTION

Chapter 4 focused on the presentation and analysis of the data collected through questionnaires. In analysing the data the researcher started with the process of systematically searching through and arranging the interview transcripts and materials that have accumulated in order to increase the researcher's understanding and to present what has been discovered to others. This chapter contains a relatively detailed discussion of the perceptions which the participants who formed part of the study on the use of film in the teaching of adults about HIV/AIDS. A deliberate attempt is made to link the findings to existing literature on the theme under discussion. For the purposes of clarity the research questions will be quoted below for the second time:

1. What is the level of awareness and understanding of HIV/AIDS in the Igueben area?
2. How possible is it to use film to enhance learning process in ways not possible with other teaching aids?
3. Can the use of film on HIV/AIDS predict the responses of illiterate adults in HIV/AIDS awareness campaign?
4. To what extent may film-related educational strategies be applied to fight the HIV/AIDS pandemic in Igueben, Nigeria?
5. What is the role of film on the efficiency of current HIV/AIDS campaigns in determining the optimum value at which current efficiency is greatest?

5.2 INTERPRETATION AND DISCUSSION OF THE FINDINGS FROM THE OBSERVATIONS

5.2.1 Observation

The researcher was able to observe HIV/AIDS awareness /prevention campaigns in the area. Notes were taken during the observations. Observation was done by the researcher in one of the campaigns. The purpose was to be able to describe the campaigns as thoroughly and carefully as possible. Observations were used as one of the three major sources of data in the study, which

enabled the researcher to observe the behaviours and attitudes in the campaign as well as the interaction among the participants and the organizers of HIV/AIDS campaign. This campaign was carried out in August 2010.

Observation has given the researcher a better understanding of the people to be interviewed and of the context within which campaign activities occurred. Most of the adults in Igueben area are illiterate and it was anticipated that it might be difficult for them to provide information to the researcher. By meeting them in their various homes, for the first time the researcher had the opportunity of establishing a good relationship. This made the conducting of interviews easier as they were then free to respond to the questions and also to air their views.

During observation, field notes were taken. The field notes included the description of the campaign, the mode of communication, the teaching aid used and, the participants' activities together with how they interacted with one another in the campaign.

5.2.2 Findings of observation

The following were notable aspects: General interaction

The interaction among the participants and the organizers of HIV/AIDS was minimal. The quantity and quality of organizers interactions with the participants in the campaign shows that the organizers do not give attention of all kinds regarding the campaign to participants.

It was discovered that female participants dominated the campaign. It was observed that some of the facilitators were not able to answer questions from the participants correctly probably they too are not well informed about the disease. The teaching aids used also posed another problem; the participants were given pamphlets, flyers, and magazines for their perusal forgetting that they are illiterates. When given condoms some of them were ashamed to receive them, because it was done in the public.

5.2.3 Lack of adequate resources

In spite of the commitment of the organizers of HIV/AIDS campaigns in the area, financing of HIV/AIDS campaign is far from satisfactory. Due to inadequate funding, the organizers did not

had facilities of their own. Generators were often borrowed from those that have because there was no electricity often in the area. Facilitators were not well informed about the disease. All these problems hindered the effectiveness of the awareness/prevention campaign of HIV/AIDS in the area.

5.3 INTERPRETATION AND DISCUSSION OF THE DATA FROM THE INTERVIEW

The data are presented according to the respondents' demographic data, level of understanding of HIV/AIDS in the area as a result of film, participation on the part of the adults in the programme on HIV/AIDS through the use of films, learning process in ways unavailable in other teaching aids (media), prediction of illiterate adults' response to HIV/AIDS preventive practices as a result of film and the perceptions of effective, HIV/AIDS preventive mechanisms.

5.3.1 Demographical Data of the Respondents

It emerged that demographical variables such as age, gender and marital, educational and employment status all have an influence on the perceived individual threat of an illness such as HIV/AIDS. These variables also influence the kind of films/movies that people watch and how often they do so.

5.3.1.1 Age

Table 5.1 displays the age distribution of the participants in this study. The highest number consisted of five young adults in the age category of 26 – 30 years old. Adults in the age category of less than 26 years followed with a number of four participants. There were two each of the category of 31-35 years, 36-40 years, 41-45 years of aged and no participants in the age category of 45 years and above.

The range of ages indicates that participants from different age categories participated in this study. This is beneficial as it enabled the researcher to extract an array of adults' experiences from all age levels regarding film as a tool for disseminating information regarding HIV/AIDS from the perspective of the illiterate adults. At this age, these illiterate adults are sexually active and, thus, vulnerable to HIV/AIDS.

Table 5.1 Age distribution of participants (N=15)

AGE	NUMBER
Younger than 26 YEARS	4
26-30 YEARS	5
31-35 YEARS	2
36-40 YEARS	2
41-45 YEARS	2
45- YEARS AND ABOVE	0
TOTAL	15

5.3.1.2 Gender

Table 2 highlights the gender distribution of the participants in this research. It also shows that a greater number of females participated in the research than males.

Table 5.2 Gender of respondents in the qualitative phase (N=15)

GENDER	NUMBER
MALE	3
FEMALE	12
TOTAL	N = 15

The overwhelming majority of the participants in the study were females 80% as compared to their male counterparts 20%. It is worth noting here that females are taking the lead in acting as the primary caregivers of HIV/AIDS sufferers in Nigeria. It may also be possible to conclude that men tend to be less willing to try out something before saying no. This is the case with women who are always willing to try out something before saying no. Also, they are more susceptible to social pressure, for example, participating in a survey, than men. The percentage of male respondents, namely, 20% indicate the possible absence of the male from home for most

of the time, either because they were on the farm – the people in the area are mainly farmers – or because they were socialising with their friends.

5.3.1.3 Marital status of respondents in the qualitative phase

Table 3 highlights the marital status of the participants. This table indicates that of the fifteen respondents interviewed, nine are married, four were unmarried, and two were single parent or divorced. (9 (60.0%) were married, 4 (26.7%) were unmarried, 2 (13.3%) divorced, (see Table 5.3).)

Table 5.3 Marital status of the respondents in the qualitative phase (n=15)

MARITAL STATUS	FREQUENCY
Married	9
Unmarried	4
Single Parent or Divorce	2
Total	15

5.3.1.4 Educational status

Table 5.4 looks at the educational status of the participants. It shows that two respondents have a post-secondary school education; eight respondents were primary school drop-out and five were in senior secondary school (SSS). The distribution of educational qualifications, as depicted in Table 5.4, shows that the highest qualification of most of the respondents in the study was at primary school level. A total of 53.3% either had not attended school at all or had dropped out of school at primary school level (see Table 5.4). Generally, the level of education of the respondents was low if one takes into account the percentage of those in the primary and those who had not attended school at all. That education is an important factor in the wellbeing of individuals cannot be overemphasised. Education may enhance employment opportunities, improve access to health care facilities and heighten awareness of the HIV pandemic.

Table 5.4 Educational status of respondents (N=15)

EDUCATIONAL STATUS	FREQUENCY
Post Secondary School	2
Primary School drop-out	8
SSCE	5
Total	15

It appeared that the respondents' educational status had some influence on their knowledge of and risk behaviour regarding the transmission and prevention of HIV as well as their participation in the campaign against the pandemic. In view of the fact that the majority of the participants were illiterate it is possible that they may be vulnerable to forming incorrect perceptions as they may not have sufficient information on the causes and transmission of the virus. Another implication of their low educational status is that they may resort to prostitution and robbery which may, in turn, lead to rape, as a means of survival and this will invariably lead to the further spread of the pandemic.

5.3.1.5 Employment status

HIV infection is influenced by several factors including the economic factor. It emerged during the 2006 census that the rate of unemployment in Nigeria was extremely high among young adults. Nigeria is a country in which educational qualifications are essential in the formal employment sector and, thus, without the required qualification it is unlikely that the individual concerned will find a job. It is clear from the findings of this study that the majority of the respondents, 13 (86.7%) do not have the requisite qualifications for employment in the formal sector of the economy. The immediate implication of such a situation is that there will be high rates of crime, prostitution, etc as a means of survival. This, in turn, often degenerates into promiscuous sex and increased drug use, thereby increasing the spread of HIV/AIDS.

When the respondents were asked about their employment status more than half 86.7% of the respondents indicated that they were not working, (see Table 5.5). This response clearly indicates that the majority of the people were not working and, therefore, that they were, in all probability, poor. As adults who are sexually active, poverty is likely to render them vulnerable to HIV/AIDS because they may engage in sex in return for money and, thus, contract the disease. This is in

agreement with the National Strategy for NACA (2006:8) to the effect that economic factors may increase vulnerability to HIV infection and also intensify its impact at all levels. It may, therefore, be deduced from the responses that unemployment leads to poverty, reduces investment in human capital and restrict the provision of essential health and social services for the prevention, treatment, care and support of HIV/AIDS patients NACA (2006:8).

Table 5.5 Employment distribution of the respondents in the qualitative phase (n=15)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Employed	2	13.3	13.3	13.3
Unemployed	13	86.7	86.7	100.0
Total	15	100.0	100.0	

5.3.1 Respondents' Knowledge and Awareness Regarding HIV/AIDS

All the respondents (100.0%) agreed with the statement in the questionnaire under this theme, namely, that they had heard of the disease known as HIV/AIDS (see Table 5.6).

Table 5.6 Respondents' Knowledge and Awareness Regarding HIV/AIDS (n=15)

	Frequency	Percent	Valid Percent	Cumulative Percent
HIV Awareness	15	100.0	100.0	100.0

It was, thus, clearly evident that the respondents had heard of the disease known as HIV/AIDS but, as regards what they understood by the term, it emerged that more than two thirds of the participants did not know what these terms stood for. This is in line with the report of Kalipeni et al. (2004:73), namely, that, for several reasons, the threat of a major HIV outbreak in Nigeria is severe, particularly as a result of the fact that knowledge about HIV in Nigeria is extremely limited. If people do not know, or even care to know, the name of a disease, then how will they ever be able to combat it? In this regard, the researcher maintains that, in order to educate the

people of Igueben about HIV/AIDS, the use of film is indispensable. Pramaggiore and Wallis (2008:2) confirm that the only way in which to educate rural illiterate adults is to use what captivates their interest and their attention.

This study revealed that a large number of the respondents, (86.7%), agreed that they had found out about HIV/AIDS from their friends, then from their parents and then their partners. The few educated respondents (13.3%) who had disagreed with the statement above had done so because they were literate (see Table 5.7).

Table 5.7 Source of HIV/AIDS (n=15)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid From Friends, Parents/Partner	13	86.7	86.7	86.7
Reading/Study ing	2	13.3	13.3	100.0
Total	15	100.0	100.0	

This finding indicates that the rate of HIV infection is high not only because people are poor and/or illiterate but also because of incorrect information and a lack of access to correct information. As the saying goes, if a blind man leads a blind man both will eventually fall into a pit. This may be the result of receiving incorrect information from people who are illiterate. The responses indicate that a lack of adequate and proper information may result in many adults taking the wrong decision or exposing themselves to the risk of HIV transmission.

5.3.2 Explaining the role of Film as a Teaching Aid

In explaining the role of film as a teaching aid, the study revealed that most of the participants in Igueben had never watched any films on HIV/AIDS despite the fact that they had television/video equipment either at home or where they lived. (see table 5.8).

Table 5.8 Exploring participants' views on the use of film as a teaching

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid It is very useful & good	13	86.7	86.7	86.7
It depend on the way and manner they use in acting the film	2	13.3	13.3	100.0
Total	15	100.0	100.0	

This study revealed that a large number of the respondents, (86.7%), agreed that the *use of film to educate adults about HIV/AIDS* it is a good idea/useful. The few educated respondents (13.3%) who had disagreed with the statement above had done so because they were literate (see Table 5.8).

One of the respondents said:

Of what use is giving a spoon to someone who has no both hands?

This finding corroborates the finding of Benicia (2005) that an individual's knowledge is a function of his/her previous experiences, mental structures and beliefs which are then used to interpret objects and events. They also argued that some people may learn new concepts more easily when they are presented in both verbal and visual forms, and that visual media make concepts more accessible to a person than text alone, and also help with recall.

As regards ownership of television sets a clear majority of the respondents (86.7%) answered in the affirmative, namely, that they do have television/video equipment at home or where they lived, and that they often watched television/films. However, as a result of electricity problems in the area and in the country as a whole, the majority of the respondents (73.3%) were not able to watch movies as often as they wished. Thus, when asked what happened when the power failed, the respondents were all in agreement stating:

We go to our neighbour's house that has a generator plant or we relax until they bring back the light.

In other words, they go to their neighbours who have generators to watch their favourite film that are educative, informative and amusing (comedy) or else they stay at home until the electricity is back on. This, in turn, calls for a serious attention on the part of the government to take steps to ensure that this area has a constant supply of electricity. Otherwise, the organisers of the fight against HIV/AIDS should buy mobile generator plants that they may move from place to place in order to be able to show films. This would help in creating an awareness and consciousness of the pandemic. The responses to this statement affirm Benicia (2005:10) that film engages the visual sense of students with more senses than being involved than is the case with the more traditional forms of instruction.

As regards whether they enjoy learning by watching films or by reading materials such as books, magazines, newspapers, etc, it was clear from the findings that most people enjoy learning by watching films rather than by reading materials such as books, magazines and newspaper. The respondents clearly thoroughly enjoyed watching films at home and often watching Nigerian films, in particular. The indication is that people tend to believe more in what they see on the screen. If this is, indeed, true then the use of film to educate the people is, certainly, a good idea. However, the use of materials that were not effective in HIV/AIDS programmes and campaigns would immediately suggest that such programmes and campaigns would not be successful. In addition, it is likely that people in the relevant areas would not take the campaigns seriously and would not believe they were in danger of HIV infection.

5.3.3 Illiterate Adults' Responses to HIV/AIDS Preventive Practices using films

These findings show the uniqueness of film/movie as an ideal aid in teaching rural, illiterate adults about HIV/AIDS.

As regards the statement as to whether film/movies may motivate people, including illiterate adults, in the fight against HIV/AIDS, 86.7% of the respondents agreed with the statement. Goldberg (2004) says that the use of films in educating illiterate adults about HIV/AIDS will have a positive impact compared to using a medium such as a reading text. This finding also

indicates the respondents' familiarity with the medium of film. This familiarity with or knowledge of films may also be reflected in their increased understanding of HIV/AIDS if the subject is presented to them on film. Accordingly, it would appear that it would be possible to educate the people of Igueben through this media and, thus, motivate them to take precaution as well as participate in the campaign against the disease.

Ovbiebo & Quan-Baffour (2010) confirm that low levels of education may affect health indirectly through their association with unemployment, ignorance and poverty. It was amazing to realise that the participants' knowledge about the use of film/movies in disseminating messages was widely appraised. This may be as a result of the popularity of Nigerian films which have become a major source of income in the country. Most of the respondents stated:

Who will not like to watch movie that is more of practical than theory? We learn so many things from watching movies, so also we can learn how to use condom because we can see it clearly on the screen.

All the participants felt it was right using film and were of the belief that the use of films would help to educate people on how to use both male and female condoms. However, they maintained that the HIV/AIDS campaigns were not as successful as they should be because the organisers of these campaigns focused on the theory regarding the use of male and female condoms and not the practice. The respondents were of the view that practical demonstrations should be included.

A female respondent said:

I believe every person, especially the illiterate adults, should be taught how to use the condoms, especially the female condom which often time is not easy for most people to use.

The majority of the respondents were quick to draw the conclusion that the use of film in HIV/AIDS campaigns may be especially effective in influencing the participants themselves and the community as a whole.

An adult male respondent stated:

Most of the things we see our young boys and girls are doing today, are they not what they have watched on movie especially on our Nigerian movie?

A female respondent added:

The level of influence movie can have on people cannot be overemphasised.

5.3.4 The used of Film-Related Educational Strategies in the Fight against the HIV/AIDS Pandemic

Most of the respondents (86.7%) regarded the questions under this theme (See Annexure B) as necessary. They clearly believed that the use of such strategies might help to bring the reality of HIV/AIDS home to the people and perhaps convince them or persuade them that those infected/affected by the virus are still normal human beings, thereby reducing any stigma as a result of incorrect information.

One of the adults confirmed these findings by saying:

Showing people who are infected/affected and let them speak for themselves – will both help to stop or reduce all forms of stigma attached to HIV/AIDS and create awareness that the disease exists and you can still live a normal life among those who are not infected.

Some of the organisers of the fight against the pandemic who participated in the study also concurred with the use of film/movies as some of them had not even seen people infected with HIV/AIDS. The indication is, thus, that film may assist people in knowing how to handle HIV/AIDS victims, what to say or not to say in counselling and where to go for help should the need arise. In view of the fact that, at present, there is no known cure for HIV/AIDS and if one accepts that prevention is the best way of combating the pandemic, then it is essential that a way be found to ensure that HIV/AIDS awareness programmes succeed.

One of the participants; a market woman emphasised this point by saying:

Showing people through film who are infected/affected with the pandemic will definitely improve the level of participation in HIV/AIDS awareness/prevention programmes. Showing the pandemic in a movie helps bring the disease into reality. People can see the effect of the disease and be ready to go all out to join in the fight against the disease.

This indicates that, unless adequate and relevant educational resources such as film are made available and used as a matter of priority, the wish of the organisers of the campaign against the pandemic to see adults participate in HIV/AIDS programmes will not be realised.

The majority of the respondents 66.7% viewed stigma in a negative way. However, the few educated participants regarded ignorance as the root cause of the stigma attached to HIV and were of the opinion that the stigma could kill faster than the disease itself. In order to remove the stigma, the education (i.e. awareness) of illiterate adults about the pandemic must be taken extremely seriously. This affirms Goldberg's (2004) view that if film could be used, not only as a form of entertainment, but also as a form of education, then every other approach used would also be successful. This is particularly true in view of the fact that the majority of the adults in the rural areas of Edo State are not able to read, speak or understand the English language and, even if the information is written in their home language, they are, in case, not able to read and, thus, to inform themselves about the disease (Goldberg 2004). This confirms the conclusion that film may be used as a supplementary medium in teaching adults about HIV.

5.3.5 The role of Film on the Efficiency of Current HIV/AIDS Campaigns

This section deals with the findings from the responses of each respondent involved in the study as regards the following theme, namely, the effect of film on the efficiency of current HIV/AIDS campaigns in order to determine the optimum value at which the current efficiency is greatest. All the participants interviewed revealed that they had not ever witnessed the organisers of HIV/AIDS awareness and prevention campaigns in this area using film/movie equipment in their campaigns. One of the respondents explained that *“From the start to date we have never seen the organisers of HIV/AIDS using film/movie in their campaign.”* Another woman added:

How are you sure they have money to buy such equipment when probably the money have been diverted into something else.

From the statements it is evident that the organisers of HIV/AIDS awareness and prevention campaigns in this area have never used film equipment in their campaigns and, possibly, that they do not have the necessary equipment in their possession. English and Steffy (1997) reiterate

that an educational leader cannot afford not to use film in educating his/her learners or audience if success is to be achieved. McKinney (2003:42) reports that “although I tried to broach the subject in class with my students in discussions of various texts, it wasn’t until we watched people like us that the discussion really worked”.

In view of the fact that the organisers of HIV/AIDS campaigns are rarely the managers of the programme and the screen, it is essential that the instructors involved in organising the campaigns learn more about the disease. It emerged from the respondents that the organisers of the campaign were clearly not equipped with enough information about the disease. Accordingly, all of the facilitators of HIV/AIDS awareness and prevention campaigns must receive more teaching and training regarding their work. One of the respondents reported that:

When you ask some of the organisers of HIV/AIDS some questions about the disease they don't have answers, rather they leave you in the dark.

A woman and two young adult male respondents concurred that:

Some of those involved in the campaign are people we know very well who do not live by what they preach.

The implication is, thus, that the organisers of the fight against the disease will not be able to do very much if they themselves are not adequately informed about the disease as well as adhering to the preventive measures which they advocate.

As regards the statement regarding the lack of effective materials affecting the active participation of adults in the HIV/AIDS programmes, 80% of the respondents answered in the affirmative and reported that the organisers use material in their campaigns that is suitable only for those who are able to read and write rather than the illiterate. Accordingly, it is highly likely that the use of films during HIV/AIDS awareness campaigns will make people more cautious about the deadly disease and will encourage people to participate in the campaigns and programmes. The majority of the respondents stated:

Participating in the campaign is not the problem but knowing and understanding what you are doing in the organisation and what the fight against HIV/AIDS is all about. I strongly support film/movies to be used.

The implication is, thus, that, when movies are used in HIV/AIDS campaigns and programmes, this broadly targeted or 'blanket education' will be successful in promoting a widespread awareness of HIV and AIDS amongst the general population. A further implication is that, although film-based HIV and AIDS education is considered to be effective for raising the general awareness, it is not possible to measure its overall impact. It is, thus, essential that education go beyond promoting general awareness and instigate behavioural changes which will reduce the risk of HIV transmission.

The above corroborates the findings of Weinstein (2001), in Benicia (2005), to the effect that the use of different techniques and a variety of film or video will provide the viewer with a wealth of possibilities in his/her environment. These possibilities include:

- Allowing everyone to share in the history that has been written to date: wars, assassinations, organ transplants, politics debates and the HIV/AIDS epidemic.
- Broadening the viewers' experiences as film/video is a window to the world and offer the viewer images that he/she would, otherwise, not have seen, for example, the bottom of the sea, the surface of the moon, inside the body and the reality of HIV/AIDS.
- Provide the opportunity of experiencing momentous events and seeing important personalities in action, both good and bad, especially those involved in the HIV/AIDS pandemic.
- Strengthening the sense of human communality and unity as an event that deeply affects a city, a region, a country or the world may invoke an immediate reaction, for example, disasters, floods, earthquakes and the HIV/AIDS pandemic.

The fact that the majority (80%) of the respondents provided positive responses to this statement is an indication that the use of film clearly has a strong influence on the participants. This, in turn, implies that film may generate an interest in the viewers.

5.4 CONCLUSION

This chapter discussed the data analysis and interpretation of the findings with reference to the literature review. The results were presented in tables and figures. Based on the above findings and analysis of the data, the participants revealed the weakness of using written text and the role film can play in the dissemination of information in HIV/AIDS awareness and prevention campaign. Chapter 6 concludes the study by discussing the limitations and makes recommendations for practice and further research.

CHAPTER 6

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

6.1 INTRODUCTION

This chapter summarises the contents of chapters one to five. It also presents the conclusions and recommendations for further research and discusses the limitations of the study. This study was intended to explore the use of film in educating illiterate adults about the HIV/AIDS pandemic. To this end, the study is premised on the assumption that film may be used to educate illiterate adults about HIV/AIDS and thereby, reduce the spread of the disease, as well as reduce or remove the stigma attached to people already living with the disease.

6.2 SUMMARY

The objectives of the study will now be explored in order to determine whether they have, indeed, been realised. Each objective is indicated and conclusions drawn from the findings which were presented, interpreted and discussed in the previous chapters.

It was found that, generally, the informants were aware of the disease known as HIV/AIDS but they lacked knowledge about the disease. The respondents all acknowledged that they had derived their information from their friends, parents and partners. As made clear in this study the crucial role played by friends, parents and partners in influencing the illiterate adults and in the subsequent decisions of the respondents in the community to adhere to preventive campaign may possibly play a role in the fight against the pandemic. It became clear that, if the illiterate friends, parents and partners were able to influence the respondents, then, in order to educate both the respondents, friends, parents and partners who are illiterate, the use of film would not be out of place because of its ability both to influence and to motivate.

The study has shown that illiterate adults may be willing to participate in HIV/AIDS programmes if they are well informed about the pandemic. However, the organisers of the fight against HIV/AIDS lack effective materials that may drive the message home to the illiterate adults. Film/movies enable the viewers to see, hear and understand what the film/movie is all about. On the other hand, the use of written text to educate illiterate adults is, to a large extent, a

waste of time. Film/movies may also help curb the spread of the disease because people will be exposed to the adverse effects of the disease, something which written texts and other media may not be able to achieve because the participants are able to watch it on screen.

The study revealed that the use of film/movies about HIV/AIDS may, predict the responses of illiterate adults to HIV/AIDS preventive practices. This is possible when such films are properly structured and are used for the purpose which they are intended. All the participants expressed that they would like to see what HIV/AIDS victims look like and how the disease is contracted because, to them, seeing is believing. Thus, the use of film is vital because film enables the viewers not only to hear but also see.

The results in the study have shown that it is possible to use film-related educational strategies in a variety of ways to educate the people of Igueben about the HIV/AIDS pandemic. In particular this finding has a bearing on the understanding and interest of the organisers who use this medium. The people of Igueben believe that written text such as magazines and newspapers are not an effective way in which to teach illiterate adults about HIV/AIDS because the people are unable to read or write. Consequently, most of the participants in the study concurred with the use of film/movies as the most effective mean in which to educate illiterate adults about HIV/AIDS because film/movies may bring home the reality of the pandemic to everyone, especially the illiterate adults.

It became apparent from the discussions in chapter two on the literature study and in chapter four on the data analysis on the way in which film may enhance the learning process in ways not possible using other (media) teaching aids, that the effect of film on the efficiency of current HIV/AIDS campaigns can be considerable as regards educating the illiterate. Unfortunately, however, research has shown that film/movie is not fully exploited in this regard. The results from the questionnaires and the interviews as well as the literature review in chapter two try to explain adults' perceptions of effective HIV/AIDS prevention mechanisms. These would be useful and sensitive to their requirements in light of the need to counter the changing HIV/AIDS prevalence in those acquiring and living with the virus currently is the use of film/movie.

6.3 FINAL CONCLUSIONS

The summary of the findings from the literature review on HIV/AIDS and film indicate that every field and organisation, except for the governmental and non-governmental organisers of HIV/AIDS campaigns, tend to use film with good effect in educating their target audience. It would also appear that the organisers' preferences as regards disseminating information determine the results they achieve. The responses from the respondents of this study made it clear that illiterate adults identified film as a key tool for teaching adults who are not able to read any written texts on HIV/AIDS.

The major conclusion of this study is the fact that, unless the organisers of HIV/AIDS awareness/preventive campaign incorporate film into the other teaching media they use, there is little chance that their campaigns on HIV/AIDS in Edo State will succeed. In other words, the findings of this research study indicate clearly that film is an effective tool that may be used in the dissemination of information about HIV/AIDS among illiterate adults.

6.4 RECOMMENDATIONS

Based on the findings from the empirical study various recommendations for both governmental and non-governmental organisations and other role players in the fight against HIV/AIDS have been included in this section. The recommendations are presented as guidelines.

The following recommendations are suggested to mitigate the spread of HIV/AIDS in Igueben area.

Recruitment of actors: Organisers of HIV/AIDS campaigns should negotiate with the film industry in Nigeria to give prominence to HIV/AIDS education through movies with specific reference to illiterate adults. The film industry should do this in a manner that will involve the illiterate as well as those infected and affected by HIV/AIDS as actors in these films. This would not only make these films more real but it would also give those who are involved the opportunity to speak for themselves.

Qualified and dedicated educators: There is need for the government and, in particular, the Ministry of education, to engage the services of qualified and dedicated educators who have the

skills with which to establish HIV/AIDS awareness and prevention firmly in all corners of both Edo State and the country, at large, in order to reduce illiteracy and its concomitant problems. The misconceptions of the illiterate adults in Edo State are not helping both the area and the organisers of the fight against the pandemic to achieve their goals.

Active participation: In order to encourage and promote the active participation of illiterate adults in the HIV/AIDS awareness and prevention campaigns, the organisers should consider more objective and practical criteria in order to encourage the infected individuals and the affected families by giving them all the assistance they need. These criteria should require people to go for HIV/AIDS tests and to disclose their status and also give incentives to those individuals who test positive. These incentives could take the form of good jobs and free medication.

Establishing legislation: The comments made by the respondents regarding the effect of film in educating illiterate adults should not be ignored and considered as farfetched but, rather; they should be given serious consideration with both the government and the film industry in Nigeria, in particular, finding ways in which to address these comments. There is so much euphoria about pamphlets, newspapers, radio, leaflets and magazines with little or no mention of film. It is essential that there be greater emphasis on film as a tool for educating rural adults about the disease.

Establishing bodies: There is an urgent need for the government, through the Power Holdings of Nigeria (PHN), to ensure that the people in rural areas receive a constant supply of electricity to ensure that they are able to participate fully in HIV/AIDS education campaigns.

6.5 SUGGESTIONS

Mobilisation of resources: If HIV/AIDS programmes are to become more responsive to individual and community needs, it is recommended that the governmental and non-governmental organisations which are involved in the fight against the pandemic should use films in their campaigns as a way of supplementing the other teaching media.

More research is needed: It is imperative that more research be undertaken into HIV/AIDS programmes, not only to find appropriate and suitable methods for instruction, but also to improve the delivery skills of the organisers of HIV/AIDS awareness and prevention campaigns.

Organisation: It would also be helpful if the governmental and non-governmental organisers of HIV/AIDS programmes were able to understand fully and appreciate the basic features of film so as to enable them to use the medium with confidence.

Establishing legislation: Communities should communicate the social sexual norms concerning HIV/AIDS, both directly and indirectly to both old and young adults including children in the community. In addition to the above statement, unfair gender structures which discriminate against poor and helpless women as well as the conditions of poverty that prevail in the country should be looked into carefully and addressed through education and awareness campaigns.

6.6 LIMITATIONS OF THE STUDY

For practical reasons not all villages, communities, illiterate adults, organisers of HIV/AIDS campaigns and parents were able to participate in the study (cf. 3.3.2). The study was limited to Igueben area only. All the participants in the study were from Igueben. Accordingly, it is not possible to generalise the findings to all illiterate adults in Edo State. Possibly different findings might have existed on state and national level if the study was extended to the other states of the Federation (Nigeria). The results of the study can therefore be generalised to a larger population. However, the supervision and standardised training of the interviewer, as well as the pretesting of the data collection tools did mitigate the methodological limitations arising from interviewer variation. The study made use of observations, questionnaires and interviews as the main instruments of data collection.

The research was hampered by a degree of distance and security as the research study was conducted in one local government area (Igueben) in Nigeria only and the pilot study in Pretoria, South Africa.

REFERENCES

- Adedimeji, AA. 2005. *Beyond knowledge and social behaviour change: the social structural context of HIV/AIDS among young urban slum inhabitants in Nigeria*. Boston: Takemi Programme in International Health 2004-2005.
- Adrian-Paul, A. 2004. *Protecting vulnerable groups: inclusive security, sustainable peace: a toolkit for advocacy and action*. London: Hunt Alternatives Fund and International Alert.
- African Development Forum. 2000. *AIDS: the greatest leadership challenge and the way forward: HIV/AIDS and education in Eastern and Southern Africa*. Addis Ababa: Economic Commission for Africa.
- AIDS care, 2004. *Journal of Association of Nurses in AIDS care*, 2004. Vol. 16:32.
Psychological and Socio-Medical Aspect of AIDS/HIV Abingdon, Oxfordshire, U.K
- Ainsworth, S &Loizou, AT 2003, 'the effects of self-explaining when learning with text or diagrams', *Cognitive Science Journal*, vol. 27, no. 6.
- Alexander, M. Pavlov, A. Lenahan, P. 2007. Lights, Camera, Action: Using Film to Teach the ACGME Competencies. *Journal of Literature and the Arts in Medical Education* vol. 39 No. 1, pp 20-23. Department of Family Medicine. Carolinas Medical Center, Charlotte, University of California.
- Alvermann, D. E. 2010. *Adolescents' online literacies : connecting classrooms, digital media, and popular culture / edited*, New York, N.Y. : Peter Lang
- Anoth, P. & Koopman, C. 2003. HIV/AIDS Knowledge, beliefs and behaviour among women of childbearing age in India. *Education & Prevention*, 15(6):529.
- Averting HIV and AIDS 2009. HIV and AIDs in Nigeria. Available online at: <http://www.avert.org/aids-nigeria.htm> (accessed 24/03/2011).

Averting HIV and AIDS 2010 HIV and AIDS in Nigeria Available online at:<http://www.avert.org/aids-nigeria.htm> (accessed 24/03/2011).

Babbie, ER & Mouton, J. 2001.*The practice of social research*. Cape Town: Oxford University Press.

Babbie, ER & Mouton, J. 2002.*The practice of social research*. Cape Town: Oxford University Press.

Bali, RK & Wickramasinghe, N. 2007. Using film to demonstrate academic concepts. *International Journal of Management in Education*, 1(1/2):139-140.

Bankole, A, Singh, S. Wong, V & Wilf, D. 2004.*Risk and protection: youth and HIV/AIDS in sub-Saharan Africa*. New York: Alan Guttmacher Institute.

Barikor, C.N. 2002.Principles and practice of adult and non-formal education, in *Introduction to education*, edited by JM Kosemani.University of Port Harcourt Press.

Barnes, SA. 1985. *Social science research a skills handbook*. USA: Wyndham Hall Press.

Baxter, L. 2009. Illiteracy. Groupelavenir Immeuble RUZIZI, Avenue Bas-Congo No 873/ Gombe - Kinshasa – Republique Demoncratique du Congo

BBC News. 2006. *Population in Nigeria tops 140m* [online]. Available at: <http://news.bbc.co.uk/2/hi/africa/6217719.stm> (Accessed 18/03/2009).

Benecia, D'SA. 2005. Social studies in the dark: using docudramas to teach history. *The Social Studies*, 96(1):9-11.

- Bennell, P, Chilisa, B, Hyde, K, Makgothi, A, Molobe, E & Mpotokwane, L. 2001. *The impact of HIV/AIDS on primary secondary education in Botswana: delivering a comprehensive strategic response*. Gaborone: Ministry of Education.
- Bluestone, Cheryl. (2000). "Feature Films as a Teaching Tool." *College Teaching*, Vol. 48.4, pp141-46.(<http://www.andrews.edu/~tidwell/pubs/NCA2001.html>) (Accessed 25/03/2009).
- Bone, J & Johnson, R. 1992.*Understanding the film: an introduction to film appreciation*. Lincolnwood, Ill.
- Bordwell, D & Thompson, K. 2004.*Film art: an introduction*. New York: McGraw-Hill.
- Borland, JW. 2001. Qualitative and quantitative research: A complementary balance, in *New directions for institutional research: balancing qualitative and quantitative information for effective support*, edited by CD Howard & KW Borland. California: John Wiley and Sons, pp 5-13.
- Brand L.M, 2010. The effect of Technology on Attention and Concentration within the Classroom Context.Master'sDesertation. Pretoria: University of South Africa.
- Brink, SH. 2003.Dancing in the dark: new hope for AIDS in Africa.*US News & World Report*, 135(21):44-56.
- Brink, SH. 2001. Fundamentals of research methodology for health care professionals. Cape Town: Juta.
- Brink, SH., Van Rensburg, G. & Van der Walt, C. 2006.*Fundamentals of research methodology for health care professionals*. Second edition. Cape Town: Juta.

- Brown, JL. 2008. Technology connection. Instructional use of films: selection and policy issues. *Library Media Connection* January.
- Burns, N & Grove, SK. 1997. *The practice of nursing research: conduct, critique and utilisation*. Third edition Philadelphia: WB Saunders.
- Burns, N & Grove, SK. 2003. *Understanding nursing research: building on evidence-based practice*. Third edition. Philadelphia: Saunders.
- Burns, N & Grove, SK. 2005. *The practice of nursing research: conduct, critique, & utilization*. Fifth edition. Philadelphia: Saunders.
- Burns, N & Grove, SK. 2007. *Understanding nursing research: building on evidence-based practice*. Eight edition. Missouri: Elsevier.
- Buseh, AG, Glass, LK, McElmurry, BJ, Mkhabela, M & Sukati, NA. 2002. Primary and preferred sources for HIV/AIDS and sexual risk behaviour information among adolescents in Swaziland, Southern Africa. *International Journal of Nursing Studies*, 39(14):525-538.
- Butler, T. 2001. *Principles of health education and health promotion*. Third edition. Belmont: Wadsworth.
- Bryman, A. (2004). *Social Research Methods*. 2nd ed. New York: Oxford University Press Inc.
- Campbell, C. 2003. Letting them die: Why HIV/AIDS prevention programmes often fail. *AIDS Analysis Africa*, 14(2):3. Cape Town: Double Storey.
- Cargan, L & Lanham, MD. 2007. *Doing social research*. Rowman & Littlefield Publishers

- Champoux, EJ. 2007. *Film as a teaching resource*. Albuquerque, New Mexico: Robert O. Anderson School of Management, University of New Mexico.
- Cochrane, M. 2004. *When AIDS began*. New York, UK: Routledge.
- Cohen, L, Manion, & Morrison, K. 1989. *Research methods in education*. 5th edition. London: Routledge Falmer.
- Commonwealth Secretariat. 2002. *Gender mainstreaming in HIV/AIDS: taking a multisectoral approach*. London: Commonwealth Secretariat.
- Creswell, JW. 2003. *Research design: qualitative, quantitative and mixed methods approaches*. Second edition Thousand Oaks, CA, London: Sage.
- Dennill, K, King, L & Swanepoel, T. 1999 *Aspects of primary health care*. Johannesburg: Thomson.
- Denzin, NK & Lincoln, YS. 2000) Introduction: The discipline and practice of qualitative research, in *Handbook on qualitative research* edited by NY Denzin & YS Lincoln (Eds). Newbury Park: Sage, pp 1-28.
- Denscombe, M. 2002 *Ground rules for good research: a 10 point guide for social researchers*. Buckingham, UK: Open University Press.
- Deutsch, C, Michel, B & Swartz, S. 2003. Peer education as a rigorous technology for South Africa. *AIDS Bulletin*, 12(2).
- De Vos, AS. 2005. *Research at grass roots*. Pretoria: Van Schaik.
- De Vos, AS, Strydom, H, Fouche, CB & Delpont, CSL. 2002. *Research at grassroots for the social sciences and human service professions*. 2nd edition. Pretoria: Van

Schaik.

De Vos, AS, Strydom, HJ, Fouche, CB, Poggenpoel, M, Schurink, E & Schurink, W. 1998. *Research at grass roots: a primer for the caring professionals*. Pretoria: Van Schaik.

Education and Training Unit for Democracy and Development. 2011. Toolkit. Available online at: <http://www.etu.org.za/toolbox/docs/aids/prevention.html> (Accessed 26/08/2011).

Edwards, GR. 1990. Video-assisted teaching: A theoretical exploration and practical case study. University of Stellenbosch.

Egan, JP. 2005. *HIV/AIDS education for adults*. San Francisco: Wiley.

English, WF & Steffy, EB. 1997. Using film to teach leadership in educational administration. *Educational Administration Quarterly*, 33(1):107-108.

Factoidz. 2010. What is the difference between the theoretical and the conceptual framework. Available on line: [http://factoidz.com/what is the difference between the theoretical framework-and-the-conceptual-framework](http://factoidz.com/what-is-the-difference-between-the-theoretical-framework-and-the-conceptual-framework) (Accessed 26/05/2011).

Family Health International. 2006. Behavioural change communication for HIV/AIDS. <http://www.fhi.org/en/hiv/aids/oub/fact/bcchiv.htm>

Federal Government of Nigeria. 2003. *National Policy on HIV/AIDS*. Abuja: Federal Government Press.

FMH – see Federal Ministry of Health.

- Federal Ministry of Health. 2004. Department of Public Health. National AIDS/STDs Control Programme. *Technical Report on the 2003 National HIV Sero-prevalence Sentinel Survey*. Abuja, Nigeria: Federal Ministry of Health.
- Federal Ministry of Health. 2010. Department of Public Health. National AIDS/STDs Control Programme. *Technical Report on the 2010 National HIV Sero-prevalence Sentinel Survey*. Abuja, Nigeria: Federal Ministry of Health.
- Food and Agriculture Organization 1990. (FAO) *Article 8: Aids: a threat to rural Africa. Fact Sheet*. Available at: <http://www.fao.org/focus/e/aids/aids6-e.htm> (accessed 06/07/2009)
- Gay, L.R. 2000. *Educational research: competencies for analysis and application*. Sixth edition. Upper Saddle River, NJ: Airasian P. Merrill (<http://en.wikipedia.org/wiki/film>). Accessed 12/09/2008.
- Goldburg, P. 2004. Towards a creative arts approach to the teaching of religious education with special reference to the use of film. *British Journal of Religious Education*, 26(2):6.
- Goldenberg, M. & O'Bannon, T 2008. *Teaching with movies: recreation, sports, tourism and physical education*. Human Kinetics Publishers. Champaign, United States.
- Griffiths, F. 2009. *Research methods for health care practice*. London: Sage.
- Gruber, T. R. 1995. Toward principles for the design of ontologies used for knowledge sharing. *International Journal of Human-Computer Studies*, Vol. 43, Issues 4-5, November 1995, pp. 907-928. (Accessed 21/02/2013)).
- Guion, LA. 2002. *Triangulation: establishing the validity of qualitative studies*. Los Angeles: University of Florida, Institute of Food and Agricultural Sciences.

Gummesson, E. (1991). *Qualitative Methods in Management Research*. Revised ed. London: Sage Publications

Hausmann, C. 2004. *Bending tradition to the changing times: the use of video as an empowerment tool in non-formal adult education in Zimbabwe*.IKO.

Hazra, Rabindranagar, Asansol 2009.*Audio-visual medium; television & film. audio-visual medium of mass communication; television and film*⁴. West Bengal, India: Msaa media & society, Development Communication

See HPM 2010

http://hopeplacemonticello.com/services/hiv_education_and_testing Accessed 04/05/2011).

Infectious disease 2008.HIV/AIDS. Available on line:

(http://www.drug3k.com/forum_health/Infectious-Diseases (Accessed 24/03/2011)).

International Labor Organization. 2000. *HIV/AIDS in Africa: the impact on the world of work. Paper presented at the African Development Forum on AIDS: the greatest leadership challenge, 3-7 December 2000*. Ethiopia: Addis Ababa.

Irwin, A, Millen, J & Fallows, D. 2003.*Global Aids: myths and facts: tools for fighting the Aid pandemic*. Cambridge: South End Press.

Johnson, B & Christensen, L. 2004.*Educational research: quantitative and qualitative mixed approaches*. Sydney: Pearson Education.

Jonassen, D. H., 2004. Learning to solve problems: An instructional design guide. San Francisco: Pfeiffer.

Kabuga C. 2004. *Adult Education in Uganda growth development, prospects and challenges*. Kampala, Uganda: Fountain Publishers.

- Kagiso Education.2005. *Kagiso HIV/AIDS initiative.Reader 1*. Pinelands, Cape Town: Kagiso Education.
- Kalichman, S, Benotsch, E, Suarez, T, Catz, S, Miller, J & Rompa, D. 2000. Health literacy and health-related knowledge among persons living with HIV/AIDS. *American Journal of Preventive Medicine*, 18(4): 325-331.
- Kalipeni, E, Craddock, S, Oppong, RJ & Ghosh, T. 2004. *HIV and AIDS in Africa: beyond epidemiology*. UK: Blackwell.
- Kaplan, B & Maxwell, JA. 1994. Qualitative research methods for evaluating computer information systems, in *Evaluating health care information systems: methods and applications* edited by JG Anderson, CE Aydin & SJ Jay (Eds). Thousand Oaks, CA: Sage, pp 45-68.
- Karim, SSA & Karim, QA. 2005. *HIV/AIDS in South Africa*. Cape Town: Creda Communications.
- Kartikeyan, S, Bharmal, RN, Tiwari, P & Bisen, PS. 2005. *HIV and AIDS: basic elements and priorities*. Dordrecht, The Netherlands: Springer.
- Keating, J, Meekers, D & Adewuyi, A. 2006. *Assessing effects of a media campaign on HIV/AIDS awareness and prevention in Nigeria: results from the VISION Project*. *BMC Public Health* 2006, 6:123 doi: 10.1186/1471-2458-6-123 Research article.
- Kemper, EA, Stringfield, S & Teddlie, C. 2003. *Handbook of mixed methods in social and behavioural research*. Thousand Oaks, CA: Sage.
- King, C. 1975. Video recording for schools. *Education in action*. London: Evans Brothers.
- Kip, E. 2008. Factors influencing patients' adherence to antiretroviral therapy in four selected health facilities in Botswana. Doctoral thesis. Pretoria: University of South Africa.

- Krech, D, Crutchfield, RS, Livson, N, Wilson, WA & Praducci, A. 1982.*Elements of psychology*. New York: Alfred A. Knopf.
- Kumar, R. 2005. *Research methodology: a step-by-step guide for beginners*. London: Sage.
- Ladan, 2008.The role of law in the hiv/aids policy: - trend of case law in Nigeria and other jurisdictions. Available online: (<http://gateway.nlm.nih.gov/MeetingAbstracts/ma?> (Accessed 23/03/2011)).
- Lankshear, C & Knobel, M. 2004.*A handbook for teacher research: from design to implementation*. New York: Open University Press.
- Lobiondo-Wood, G & Haber, J. 1990.*Nursing research methods: critical appraisal and utilization*.Second edition. Philadelphia: Mosby.
- Mae-Wan, Ho, Burcher, S, Gala, R & Veljkovic, V. 2005.*Unravelling AIDS: the independent science and promising alternative therapies*. Redgefield, CT: Vital Publishing.
- Matthews, RM. 2000. *Time for science education: how teaching the history and philosophy of pendulum motion can contribute to science literacy*. New York: Kluwer Academic/Plenum Publishers.
- Matveev, av. 2002. The advantages of employing quantitative and qualitative methods in intercultural research: practical implications from the study of the perceptions of intercultural communication competence by American and Russian managers. Russian journal of communication vol. 168 pp59-67. Available online: www.russcomm.ru/eng/rca_biblio/m/matveev01_eng.shtml.(Accessed 25/03/2011).
- McKinney JG. 2003. Teaching notes. *Radical Teacher* No. 6:42.
- Schumacher, S &McMillan, JH. 2001. *Research in education: a conceptual introduction*. New York: Harper Collins College.

- Meisel, S. 1998. Videotapes: considerations for effective use. *Journal of Management*, 17(4): 251, 253, 255.
- Moon, K. 2002. Knowledge, perceptions, attitudes, and practices of HIV/AIDS: a comparative study on behaviour change in commercial sex workers and truck drivers in the Dindigul and Coimbatore districts of Tamil Nadu, India. Masters' Thesis, University of North Carolina. Available online:
<http://www.ucis.unc.edu/resources/pubs/development/Moon.pdf> (Accessed on 08/08/09).
- Motion pictures 2008. Available on line <http://www.memidex.com/motion-pictures>. (Accessed 12/09/2008).
- Mouton, J. 2001. *How to succeed in your master's and doctoral studies: a South African guide and resource book*. Pretoria: Van Schaik.
- Mouton, J. 2002. *Understanding social research*. Pretoria: Van Schaik.
- NACA – see National AIDS Coordinating Agency
- National AIDS Coordinating Agency. 2006. National Strategy for Behaviour Change Interventions and Communications for HIV and AIDS. Private Bag 00463 Unit 9, Westgate Mall, Western By-Pass Gaborone
- Neuman, WL. 2000. *Social research methods: qualitative and quantitative approaches*. Needham Heights: Library of Congress Cataloging-in-Publication Data.
- Niaz, M. 2011. *Innovating science teacher education: a history and philosophy of science perspective*. New York: Routledge.
- NIDA, 2011. The Science of Drug Abuse & Addiction. Available online:
(<http://www.drugabuse.gov/infacts/DrugAbuse.html> (Accessed 24/03.2011))

Nigeria-life-expectancy, 2010. Nigeria-life-expectancy Available online:

<http://www.businessdayonline.com/.../index.php?...nigerias-life-expectancy>

(Accessed 22/03/2011).

Nutbeam, D. & Harris, E. 2001. *Theory in a nutshell: a guide to health promotion theory*. Roseville: McGraw-Hill.

Nwankwo, OC. 2002. *Psychology of learning: the human perspective*. Nigeria: Enugu: Ferdinco Printing Press

Nzeneri, SI. 2002. Principles and practice of adult and non-formal education, in *Introduction to education* edited by JM Kosemani University of Port Harcourt Press.

O'Flynn, S, Kennedy, H & MacGrath, M 2003, *Get their attention! How to gain respect of students and thrive as a teacher*, David Fulton Publishers, London

Ojieabu, WA, Erah, PO & Okafor, NA. 2008. HIV/AIDS knowledge and sexual behaviour. *International Journal of Health Research*, 1(1):27-37.

Olufemi, WA. 1992. *AIDS: An African perspective* CRC Press, Inc., 2000 Corporate Blvd., Florida, USA

Okech, A. 2004. *Adult education in Uganda : growth, development, prospects and challenges* Kampala, Uganda : Fountain Publishers.

Ovbiebo, MO Quan-Baffour, KP.2010. The integration of HIV/AIDS studies into the school curriculum of Edo State, Nigeria: an exploratory investigation. *Peculiarities of Contemporary Education*, Vol. 23:158-165.

- Parahoo, K. 2006. *Nursing research principles, process and issues*. Basingstoke UK, New York: Macmillan.
- Pender, NJ.1996.*Health promotion in nursing practice*. Stamford, CA: Appleton & Lange.
- Pera, SA & Van Tender, S. 2005. *Ethics in health care*. Second edition. Lansdowne, South Africa: Juta.
- Polit, D & Beck, TC. 2004. *Essentials of nursing: research methods: appraisal and utilization*. Fifth edition Philadelphia, MA: Lippincott Williams and Wilkins.
- Polit, D & Beck, TC. 2006. *Essentials of nursing: research methods, appraisal and utilization*. Sixth edition. Philadelphia, MA: Lippincott Williams and Wilkins.
- Polit,D, Beck, TC, and Hungler BP. 2001 *Essentials of nursing research methods, appraisal and utilization*.Philadelphia: Lippincott.
- Polit, D, Beck, TC &Hungler, BP. 2006.*Essentials of nursing: research methods, appraisal and utilization*. New York: Lippincott.
- Pramaggiore, M & Wallis, T. 2008.*Film: a critical introduction*. London: Laurence King Publishing.
- Pratt, RJ. 2003. *HIV & AIDS*. Fifth edition *A foundation for nursing and healthcare practice*. London: Arnold.
- Qakisa, ME. 2003. Theories, models and strategies in developing an effective HIV/AIDS campaign in South Africa. *Communicare*, 22(2):45.
- Quan-Baffour, K. 2007.The power of Akan folk music in teaching adults about HIV/AIDS in Ghana. *Muziki Journal of Music Research in Africa*, 4(2):209-223.

- Radhakrishna, RB, Toder, EP & Ewing, JC. 2007. Strategies for linking theoretical frameworks and research types. *AAAE Research Conference*, Vol. 34.
- Rasool, MHA. 2000. *Conceptualising school-based management development: priorities, alternatives, strategies and future directions for school management*. Pretoria.
- Resch, EK & Schicker, DV. 1992. *Using film in the high school curriculum: a practical guide for teachers and librarians*. North Carolina: McFarland & Company.
- Yahoo answers 2006. Resolved questions. What is the real cause of HIV/AIDS?
Available on line: <http://answers.yahoo.com/question/index?qid>
- Reus, B. 2006. Master's Thesis Information Studies Program Business Information Systems
University of Amsterdam
- Ritzenthaler, R. 2005. *Delivering antiretroviral therapy in resource-constrained settings: lessons learned from Ghana, Kenya and Rwanda: implementing AIDS Prevention Care Project*. Arlington: Family Health International.
- Russell, B. 2000. *Social research methods: qualitative and quantitative approaches*. Fourth edition. Thousand Oaks, CA: Sage.
- Salkind, NJ. 2003. *Exploring research*. Englewood Cliffs, NJ: Prentice Hall.
- Sapolsky, HM, Rhonda, JC, Neuman, RW & Eli, MN (Eds) 1992. *The telecommunications revolution past present and future*. London: Routledge.
- Schoub, BD. 1999. *AIDS & HIV in perspective: a guide to understanding the virus and its consequences*. Oxford: Cambridge University Press.

Shelly, G.B; Cashman, J.T; Gunter, A.G; Gunter, R.E; 2008. *Teachers Discovering Computers: Integrating Technology and Digital Media in the Classroom*. 5TH Edition. Publisher: Boston, Mass.: Thomson/Course Technology.

SIL International 1999. What is teaching aid. Available on line:

<http://www.sil.org/lingualinks/literacy/referencematerials/glossaryofliteracyterms/whatisateachingaid.htm> (Accessed 23/05/2011).

Singhal, A & Rogers, E. 2003. *Combating AIDS: communication strategies in action*. New Delhi, India: Sage.

Singleton, RA. 2010. *Approaches to social research*. Fifth edition. Oxford, New York: Oxford University Press.

Smith, KM. 1999. Infed Andragogy. Available on line: <http://www.infed.org/lifelonglearning/b-andra.htm> (Accessed 26/05/2011)

Soul City. 2004. *HIV and AIDS and Treatment*. First edition. Pretoria: Jacana.

Sternberg, J. 2003. *Cognitive psychology*. San Francisco: Wadsworth/Thomson Learning.

Stewart, R, Paradath, A & Bamford, L. 2004. *Providing antiretroviral treatment in Southern Africa: a literature review*. Durban: Health Systems Trust.

Stine, GJ. 2004. *AIDS: An annual overview acquired immune deficiency syndrome*. Cape Town: Pearson Benjamin Cummings.

Streubert, HJ & Carpenter, DR. 1999. *Qualitative research in nursing: advancing the humanistic imperative*. Second edition. Philadelphia: Lippincott Williams & Wilkins.

Strydom, H, Fouche, CB & Delport, CSL. 2002. *Research at grass roots level*. edited by AS de Vos. Second edition. Pretoria: Van Schaik.

Styles, EA 1997, *The Psychology of Attention*, Psychology Press, UK.

Styles, EA 2006, *The Psychology of Attention*, Psychology Press, New York.

Thomson, G 2006, Teaching Aids Research & Articles Teaching Aids from World of Invention. ©2005-2006, a part of the Thomson Corporation.

Tashakkori, A. & Teddlie, C. (2003). *Handbook of mixed methods in social and behavioural research*. Thousand Oaks, CA: Sage Publications Inc.

The Body, 2001. Facts about HIV/AIDS. Available on line:

<http://www.thebody.com/content/art32981.html> (2008). Accessed 05/04/2010.

Thorndike, RB & Dinnel, DL. 2001. *Basic statistics for the behavioural sciences*. Ohio: Prentice-Hall.

Trochim, WMK. 2006. *Research methods knowledge base: Sample*. Available: <http://www.socialresearchmethods.net/kb/sampterm.php> Accessed on 04/05/2011

UNAIDS. 2002 *Inter agency task team (IATT) on education, HIV/AIDS and education*. Available from: www.unesco.org/education (Accessed 15/03/2009).

UNAIDS/WHO. 2002. *Global Summary of the HIV/AIDS epidemic*. Geneva: UNAIDS/WHO.

UNAIDS. 2004. *AIDS epidemic*. Geneva: UNAIDS.

UNAIDS. 2005. *Report on global HIV/AIDS epidemic*. UNAIDS: Geneva.

UNAIDS/WHO. 2006. *AIDS Epidemic Update December 2006*. Geneva: UNAIDS.

UNAIDS. 2005 Evidence for HIV decline in Zimbabwe: a comprehensive review of the epidemiological data Geneva: UNAIDS.

UNGASS (2010) United Nations General Assembly Special Session (UNGASS) Country Progress Report. Nigeria Reporting Period: January 2008–December 2009

UNICEF, UNAIDS & WHO. 2002. *Young people and HIV/AIDS: opportunity in crisis*. New York.

Varkevisser, CM, Pathmanathan, I & Brownlee, A. 2002. *Data analysis and reporting writing*. Geneva: Health Sciences Division of the International Development Research Centre (IDRC) and Programme on Health Systems Research and Development of the World Health Organization (WHO).

Volberding, PA, Sande, MA, Lange, J & Greene, WC. 2008. *Global HIV/AIDS medicine*. Pennsylvania:Elsevier.

Walker, L, Reid, G & Cornell, M. 2004. *Waiting to happen: HIV/AIDS in South Africa (the bigger picture)*. Cape Town: Double Story Books.

Walsham, G. 1993. *Interpreting information systems in organizations*. New York: John Wiley.

Wegner, H. 1977. *Teaching with film*. Bloomington, Indiana: Phi Delta Kappa Educational Foundation.

Wiersma, W. & Jurs, SG. 2005. *Research methods in education*. USA: Pearson Education.

Wikipedia. 2011. Igueben. Available online:<http://en.wikipedia.org/wiki/Igueben> accessed on 24/03/2011,

Wikipedia. 2011. Nigeria. Available online at: Wikipedia, the free encyclopaedia.

(Accessed 22/03/2011).

Wikipedia. 2011. Educational Technology theories and practices. Available online:
http://en.wikipedia.org/wiki/Educational_technology (Accessed 26/05/2011).

World Health Organization. 2003. World Health Organization-ARV tool kit. A public health approach for scaling up antiretroviral (ARV) treatment.
<http://www.who.int/hiv/toolkit/arv/en/index.jsp> Accessed 04/05/2009

World Health Organization. 2006. *Antiretroviral therapy for HIV infection in adults and adolescents in resource-limited settings: toward universal access. Recommendations for a public health approach*. Geneva: WHO.

Yahya, HI. 2009. *Information services for rural community development in Nigeria*. Nigeria, Kano: Department of Library and Information Science Faculty of Education Bayero University.

Yin, RK. 2003. *Case study research: design and methods*. Third edition. Thousand Oaks, CA: Sage Publications.

Zhang, JX 2001. "Fools Rush In": Developing Cross-Cultural Sensitivity Using Film-Based Group Projects. Available on line:
(<http://www.andrews.edu/~tidwell/pubs/NCA2001.html>(Accessed 25/03/2009).

ANNEXURE A

Letter requesting permission to conduct the research

(phase 1 and 2)

603 Capoleto Building
220 Mears Street Cnr.
Walker Pretoria
South Africa
3rd May 2010

The Chairman,
Igueben Local Government Area
Private Bag 0012
Igueben
Dear Sir,

Request for permission to conduct a Research study for Phase 1 and 2

This letter serves to request permission to conduct a study entitled FILM: A SUPPLEMENTARY AID IN TEACHING ADULTS ABOUT HIV/AIDS IN IGUEBEN (NIGERIA).

I hereby formally request permission to carry out the above study in the Igueben area for the doctoral degree in Education in the subject of Didactics at the University of South Africa.

The purpose of this study is to find out the effect film, as a supplementary teaching aid, can have on educating adults in the Igueben area about HIV/AIDS. The first phase will involve the use of questionnaire and based on the results semi-structured interviews will be held with illiterate adults.

This study is quite significant because the findings will not only be used for academic qualification but can also be used to develop interventions to improve or strengthen the HIV/AIDS programmes not only in Igueben but also in the entire country (Nigeria).

Yours sincerely,

Mr. Ovbiebo Matthew O.

ANNEXURE B

**Letter granting permission to conduct the research
study (phase 1 and 2) from the Igueben Local
Government Area**

C. 118

Telegrams:



EDO STATE

Telephones:

IGUEBEN LOCAL GOVERNMENT

P.M.B. 2, IGUEBEN, EDO STATE, NIGERIA.

Your Ref: _____

C.15/VOL.1/154

Our Ref: _____

12th Aug., 20 10

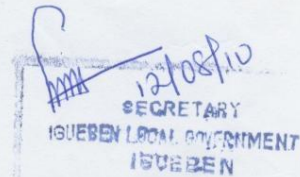
LETTER OF PERMISSION

This is to certify that bearer MR. OVBIEBO MATTHEW is an indigene of EKEKHEN - IGUEBEN in Igueben Local Government Area of Edo State.

He has been granted permission to conduct his research Study: Film as supplementary Aid for teaching adults about HIV/AIDS being part of the requirement for doctoral degree in the University of South Africa.

You are advice to stick to the rules and appeal stated in your letter and questionnaire. No individual should be force to participate in the study.

Best of time.



HON. FRIDAY EGHUAN NWERERE
SECRETARY TO THE LOCAL GOVERNMENT.

IGUEBEN LOCAL GOVERNMENT COUNCIL

IGUEBEN, EDO STATE OF NIGERIA
(SECRETARY'S OFFICE)



IGUEBEN LOCAL GOVERNMENT
SECRETARY'S OFFICE
EDO STATE

12TH AUGUST, 2010

Our Ref: C-15/VOL. 47/181
IGUEBEN

ILG No. 2576

Your Ref:

Certificate of Identification/Origin

This is to Certify that

The bearer OVBIENO MATTHEW .O.
is an indigene/a native of OKPUGO - EKEKHEM in
Igueben Local Government Area, of Edo State, Nigeria.

This Certificate covers him/her Identification as such:

You are requested to give him / her every possible assistance, Please

Fee of # 500.00

Paid on R.C.R. No. 0008800

Of 12TH AUGUST, 2010

SECRETARY
IGUEBEN LOCAL GOVERNMENT
IGUEBEN
HON. EGHUAN FRIDAY NWERIEM
SECRETARY TO THE LOCAL GOVERNMENT.

IGUEBEN LOCAL GOVERNMENT
EDO STATE

ANNEXURE C

QUESTIONNAIRE

ANNEXURE C QUESTIONNAIRE

Section A: Personal Data

1. Age categories: 18-25[] 26-30[] 31-40[] 41-50[] 51-60[] (Please tick)
2. Sex:
3. Highest level of education attained:
4. Current marital status: Married [], Single [] Divorced [] Single Parent [] (Please tick)
5. Are you currently employed: Circle Y for Yes or N for No
6. Do you belong to a religion? Circle (Y) for Yes or (N) for No.
If yes, state religion:

Section B: Respondents' knowledge, awareness/prevention regarding HIV/AIDS

In this section I would like your comments on your knowledge, awareness/prevention regarding HIV/AIDS. Please tick (√) the relevant box that mostly captures your views, based on the scale: SD for strongly agree, A for agree, D for disagree and SD for strongly disagree:

S/N		SA	A	SD	D
1	I have not heard of the disease called HIV/AIDS.				
2	I heard about it from my parents.				
3	I heard about HIV/AIDS from my friends.				
4	I heard about it from my partner.				
5	I have never seen a film/movie on HIV/AIDS.				
6	The necessary equipment with which to watch films is available or accessible in my apartment.				

Section C: Respondents' understanding of film/movie programmes

The following statements are considered to reflect respondents' understanding of film/movie programmes. Please tick to select how you feel about the statements.

		SA	A	D	SD
7	I watch films often.				
8	I watch anything on film when I am less busy.				
9	I do not watch programmes that are educative, informative and interesting.				
10	Film/movies are effective tool for teaching HIV/AIDS.				
11	Films/movies provide people including the illiterate adults with motivation				
12	Films/movies help to increase people's understanding of HIV/AIDS.				
13	Using films/movies during HIV/AIDS campaigns will generate more interest and motivation on the part of the viewers.				

Section D: Use of Film

How does film enhance the learning process not possible with other teaching aids? Please tick to select how you feel about the statements below:

S/N		SA	A	SD	D
14	Watching films/movies on HIV/AIDS patients makes those infected to be accepted by families, friends and partners?				
15	Watching people who are infected by HIV/AIDS on film/movie shows that such people are normal.				
16	Film/movie will help the communities to understand the concept of HIV/AIDS.				
17	The use of film/movie in HIV/AIDS campaign has had no influence on either the participants in the research study or on the				

	community.				
18	Watching film/movie always corrupt the minds of people.				

Section E: Adults' perceptions of effective HIV/AIDS prevention mechanisms that would be useful and sensitive to their need. Please tick

S/N		SA	A	SD	D
19	Organizers of HIV/AIDS programme do not use films/movies in their campaign				
20	The organizers of HIV/AIDS programme in the area lack in-debt knowledge of the disease				
21	Lack of effective materials affects the active participation of adults in the HIV/AIDS programme				
22	Special training in the use of films/movies is essential before any facilitator/organizers of HIV/AIDS can use the medium effectively.				
23	The organisers of HIV/AIDS programmes in the area do not have sufficient expertise/know-how.				

Section F: Other comments

S/N		SA	A	SD	D
24	The organizers of HIV/AIDS programme in the area use film/movie equipment and materials in their campaign.				
25	Showing people through film/movie who are infected with the pandemic will not improve the level of participation in HIV/AIDS awareness /prevention programmes.				

26	Showing people through film/movie who are affected with the pandemic will not improve the level of participation in HIV/AIDS awareness /prevention programmes.				
27	There is a constant supply of electricity in this area that enables you to watch your favourite programmes on the screen.				
28	There is no constant supply of electricity in this area that enables people to watch their favourite programmes on the screen.				

ANNEXURE D

Letter of information for participants

ANNEXURE D

Letter of information for participants

Consent to be a research participant

Dear Participant,

My name is Ovbiebo Matthew Osaigbovo. I am a student of the University of South Africa, Department of Teacher Education pursuing my Doctoral degree in Education. I am carrying out a study on Film as a Supplementary Aid in Teaching Adults about HIV/AIDS.

I am requesting you to answer the following questions as honestly as possible. I assure you that the information given will be treated with confidentiality and your details will not be revealed. Your cooperation in this regard is most appreciated. Participation in this project is voluntary. You can stop any time you choose to leave. You do not have to answer questions you do not feel comfortable with.

Yours sincerely,

Mr. Ovbiebo Matthew O.

ANNEXURE E

Statement of consent

ANNEXURE E

Statement of consent

I have read the information provided above. I have had the opportunity to ask questions about the study and they have been answered to my satisfaction. I voluntarily agree to participate in this study

Signature of participant

Date.....

Signature of interviewer

Date.....

THANK YOU FOR ACCEPTING TO PARTICIPATE

ANNEXURE F

Semi-Structured Interview Guide

ANNEXURE F

Semi-Structured Interview Guide

Section A: Personal Data of participants

1. Age:
2. Sex:
3. Current marital status
4. Highest level of education attained
5. Are you currently employed?
6. Do you belong to any religion? If so, which one?

What is the level of awareness and understanding of HIV/AIDS in the Igueben area?

Question 7: Are you aware of the disease called HIV/AIDS?

Question 8: What do you understand by the term HIV/AIDS?

Question 9: Where did you get your information on HIV/AIDS?

Explore how film/movies are used to enhance the learning process in ways not possible with other teaching aids;

Question 10: Have you ever watched film/movies on HIV/AIDS?

Question 11: What is your opinion on the use of film to educate adults about HIV/AIDS? Do you think it is a good idea?

Question 12: Do you have television/video equipment at home or where you live?

Question 13: Is there constant electricity in this area that enables you to watch your favourite programmes on the screen and what happens when there is no electricity?

Question 14: Do you enjoy learning by watching movie or by reading materials like books, magazine, newspaper, etc.

Explore whether the use of film about HIV/AIDS can predict illiterate adults response to HIV/AIDS preventive practice;

Question 15: Do you think Film/movies can provide people including the adult illiterates with motivation in the fight against HIV/AIDS?

Question 16: Will film/movie help to educate people on how to use both male and female condoms?

Question 17: Do you think the use of film/movie in HIV/AIDS campaign has any influence on both the participants and on the community.

Question 18: Do you think Film/movie will help to enrich people's comprehension of HIV/AIDS?

Explore the extent film-related educational strategies can be used to fight against HIV/AIDS pandemic in Igueben; Nigeria;

Question 19: Showing people who are infected/affected and letting them speak by themselves will go a long way to stop or reduce all stigma attached to HIV/AIDS. Do you agree with this? Please explain.

Question 20: Do you think that watching people who are infected by HIV/AIDS on film/movie will convince people that those infected/affected are normal?

Question 21: Showing people through film/movie who are affected with the pandemic will not improve the level of participation in HIV/AIDS awareness /prevention programmes. Do you agree with that? Please explain

Question 22: Will watching film/movie on HIV/AIDS patients make those infected to be rejected by families, friends and partners?

Identify the effect of film on current HIV/AIDS campaign efficiency in order to determine the optimum value at which the current efficiency is greatest;

Question 23: Do the organizers of HIV/AIDS programme in the area use film/movie equipment and materials in their campaign?

Question 24: Are you sure the organizers of HIV/AIDS programme in the area have in-depth knowledge of the disease?

Question 25: Lack of effective materials affects the active participation of adults in the HIV/AIDS programme. Do you agree with that? Please explain

Question 26: Special training in the use of film/movie is essential before any facilitator/organizers of HIV/AIDS can use the medium effectively. Do you agree with that? Please explain.

Thank you very much for your cooperation.