

**RESPONSE OF ADOLESCENTS TO ANTI-HIV/AIDS TELEVISION  
MESSAGES: CASE STUDY OF STUDENTS OF  
ACCRA HIGH SCHOOL**

By  
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**This dissertation is submitted to the  
University of Ghana, Legon, in partial fulfilment of the requirement for the award  
of MA Communication Studies degree**

**DECLARATION**

I do hereby declare that, except for the acknowledged sources,

I have personally conducted this study under supervision.

All errors and shortcomings must, however, be attributed to me.

A handwritten signature in black ink, appearing to read 'David Johnson', written over a horizontal dotted line.

David Johnson

(Student)

A handwritten signature in black ink, appearing to read 'Dr. Audrey Gadzekpo', written over a horizontal dotted line.

Dr. Audrey Gadzekpo

(Supervisor)

**DEDICATION**

I dedicate this work to my parents and my siblings

### AKNOWLEDGEMENT

My greatest gratitude goes to God, my maker, my creator, my strength, my life.

My very special thanks to my lecturer and supervisor, Dr. Audrey Sitsofe Gadzekpo who's concern, comments, suggestions and support helped me come this far. I would forever be grateful to all the other lecturers and also the non-teaching staff at the School of Communications, who were all very supportive and were there for me when I needed them.

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### **ABSTRACT**

Twenty-three years after its discovery, HIV/AIDS is still a menace for which there is no cure. Facts available indicate that HIV/AIDS has spread more widely in certain countries like India in recent times. Most of the efforts aimed at the reduction and eradication of the disease have been focused on the youth who happen to be the most affected and are, thus, considered the primary targets, and television has been one of the major channels used to reach such targets.

This study aimed at finding out how adolescents perceived and received various HIV/AIDS television messages. It also established whether some message types were better received than others. The study also sought to find out whether adolescents' perception of HIV/AIDS and the danger of irresponsible sexual behaviour are formed as a result of what they saw on television.

The study established that television played an important role in the communication of information on HIV/AIDS, especially to adolescents and that adolescents perceived television as a credible source of receiving HIV/AIDS information. The study also observed that adolescents actually formed their ideas about the reality of HIV/AIDS based on what they saw on television. The study also concluded that HIV/AIDS messages on television that were meant to inform and educate happened to be more effective for adolescents than AIDS messages on television that were meant to entertain.

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**CHAPTER ONE**

**INTRODUCTION**

**AIDS IN AFRICA**

The Acquired Immune Deficiency Syndrome (AIDS) epidemic was first identified in 1981 and has since spread throughout the world. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), virtually every country in the world has been affected by HIV/AIDS. AIDS is caused by the Human Immunodeficiency Virus (HIV) and is still one of the diseases for which there is no known cure. In some countries like the United States, the AIDS virus is said to have been transmitted mainly through sexual contact between men, but in many countries in Africa and Asia, the main means of transmission has been heterosexual (Rogers, 2000).

Even though AIDS affects both the rich and the poor, numerous studies have established a relationship between HIV/AIDS and poverty. A World Bank study of 72 countries showed that both low per capita income and high income inequality were linked to high national HIV infection rates, and that a \$2000 increase in per capita income was associated with a four percent (4%) reduction in infections (UNFPA, 2003). The 2001 United Nations General Assembly session on HIV/AIDS recognized that poverty, underdevelopment and illiteracy are among the principal contributing factors to the spread of HIV/AIDS. The UNAIDS estimates that 90% of all new HIV cases are occurring in Latin America, Africa, Asia and the Caribbean.

With these facts, it is probably not surprising that Africa (the poorest continent) has been affected by HIV/AIDS far more than any other continent. According to Melkote, Muppidi and Goswani (2000), developing countries offer the necessary environment for HIV to flourish. They assert that in Asia and Africa, poverty, malnutrition, unemployment, illiteracy, poor sanitation, war, rural-urban migration, unemployment, lack of infrastructure and basic primary health care systems, among other factors, create a favourable setting for the large-scale spreading of HIV.

The latest global report on HIV/AIDS released by the UNAIDS on July 6, 2004, estimates that there are currently 38 million people living with the AIDS virus worldwide, with the greatest number – 25 million – in Africa alone. HIV/AIDS is now by far the leading cause of death in sub-Saharan Africa, and since the beginning of the epidemic over 15 million Africans have died from AIDS, according to the report. The UNAIDS fact sheet on sub-Saharan Africa indicates that sub-Saharan Africa has more than just ten percent (10 %) of the world's population but is home to almost two-thirds of all people living with HIV. According to the UNAIDS report (2004), in 2003 alone, an estimated 5 million people became newly infected worldwide, the greatest number in any one year since the beginning of the epidemic. Almost 3 million people died of AIDS in 2003 (about 75 % of deaths globally).

Overall quality of care provided in hospitals is adversely affected by HIV/AIDS. The 2001 Swaziland Human Development Report, for example, estimated that people living

with AIDS occupy half of the beds in some health care centres in Swaziland. This means that even people with other ailments could only be admitted at the later stages of illness, reducing their chances of recovery. Even the health workers who are supposed to care for the sick are at serious risk. Malawi, for example, is experiencing a five to six-fold increase in health worker illness and death rates attributed to AIDS (UNFPA, 2003). Many African countries are reported to be experiencing generalised epidemics, meaning that HIV is spreading throughout the population, rather than being confined to people who are at higher risk of exposure, such as sex workers and their clients, homosexuals, and injecting drug users (UNAIDS, 2004).

HIV/AIDS devastates households and creates orphans. It is estimated that 13 million children under the age of 15 have lost one or both parents to AIDS. The overwhelming majority of these AIDS orphans live in Africa. By 2010, it is estimated that the number would reach 26 million (UNFPA, 2003).

### **THE SITUATION IN GHANA**

The first 42 cases of HIV/AIDS in Ghana were recorded in 1986, mainly among women who had travelled outside the country. By the end of December 1999, a cumulative total of 37, 298 cases had been recorded (Ghana HIV/AIDS Strategy Framework, 2001-2005). A UNAIDS fact file on Ghana reports that by the end of 2001, three percent of Ghana's adult population had contracted AIDS and, in addition to these, 330,000 people (170,000 of whom were women and 34,000 children under 15 years) were living with the virus. According to the UNAIDS, more recent studies suggest that the total number of people

living with HIV/AIDS in Ghana may now be close to half a million. These figures notwithstanding, the prevalence rate of AIDS in Ghana is estimated at below five percent (5%). Even though the picture may be a bit more comforting than those of some other African countries, the danger that the disease poses is still clear and present.

Youth worldwide are found to be more at risk and are most infected. At the end of 2001, an estimated 11.8 million young people aged between 15 and 24 years were living with HIV/AIDS. This figure represents a third of the global total number of people living with AIDS. Only a small number of these people know they are HIV positive. In Ghana, the HIV prevalence rate among those between 20 to 24 years is 3.8 percent. It is 4.5 percent for those between 25 to 29, and 4.0 percent for those between 30 and 34 (HIV Sentinel Survey, 2002 report). These statistics are very disturbing, considering, among other things, that these age groups form an important workforce in Ghana.

Even though children under one year constitute four percent of the total population, they account for 15% of HIV cases in Ghana (Ghana HIV/AIDS Strategy Framework, 2001 – 2005). Some of these children are born with the AIDS virus. Studies show that women infected with the AIDS virus can pass the virus on to the foetus, and that half of the infected babies develop symptoms within six to eight months of birth (Baker and Turshen, 1986).

Ghana's HIV/AIDS situation may be due, in part, to the country's economic position. According to the Ghana HIV/AIDS Strategy Framework, even though poverty levels

have been estimated to have dropped from 36% in 1987/1988 to 29.4% in 1998/1999, there are regional as well as rural-urban variations. Poverty and other economic pressures on individuals in the country constitute major factors in the spread of HIV/AIDS.

#### **GHANA'S RESPONSE**

HIV/AIDS in Ghana was first managed as a disease rather than a developmental issue. The earliest national response was the establishment of the National Advisory Commission on AIDS (NACA) in 1985 to advise government on HIV/AIDS issues. In 1987 the National AIDS Control Programme (NACP) was established within the Ministry of Health to control the disease. Due to the complex nature of HIV/AIDS, however, a developmental, holistic, co-ordinated, and multi-sectoral approach was seen to be more appropriate. The Ghana Aids Commission was then set up for this purpose.

Currently, national policies have been drawn up for the management of HIV/AIDS in Ghana. These include the National Youth Policy (which identifies the provision of services to people living with HIV/AIDS as a priority), and a draft Adolescent Reproductive Health Policy. The Adolescent Reproductive Health Policy has, as one of its objectives, the implementation of programmes aimed at reducing or eliminating Sexually Transmitted Diseases (STDs) and HIV/AIDS. Other national attempts have been the Reproductive Health Standards and Protocols, the Labour Bill, the Work Place HIV/AIDS Policy, draft policies on ageing and gender as well as affirmative action policy guidelines to facilitate a process of ensuring gender equality and empowerment of women in all aspects of life.

Another important effort at combating HIV/AIDS at the national level is the drawing up of a comprehensive strategic framework that would provide the guidelines for the mobilisation of all sectors – Ministries, Departments and Agencies (MDAs), the private sector, non-governmental organisations (NGOs), district assemblies, sub-district committees, and other stakeholders. The strategic framework presents the overall guiding principles and prioritises strategies on the prevention of HIV transmission as well as the provision of care and support to People Living With HIV/AIDS (PLWHA).

The strategic framework is actually the third phase in the process of developing a national strategic plan for AIDS. The first phase, the HIV/AIDS situation analysis, was completed in March 2000 and the second phase, the response analysis, was completed in June 2000.

At the district level, the District Response Initiative in ten districts, facilitated by the Ministry of Employment and Social Welfare, presents a good guideline for managing activities at that level.

### **Prevention Efforts**

HIV/AIDS prevention is considered to be a more efficient and economic way of dealing with the epidemic than its cure, which is currently non-existent. In fact, experts believe that the lack of medical cure for AIDS puts the focus on prevention (Edgar, Fitzpatrick, and Feimuth, quoted in Melkote, Muppidi and Goswani, 2000). According to Rogers (2000), the Center for Disease Control and Prevention (CDC) of the United States

employed a number of communication scholars, anthropologists, and social psychologists to design HIV prevention programmes. Prior to the AIDS epidemic, few of these social scientists were employed by the CDC. UNAIDS, according to Rogers (2000), was established purposefully to offer direction in the global efforts in AIDS prevention, care, and support. Without prevention, the number of people with HIV would continue to rise, with serious consequences. It is therefore appropriate that in Ghana most efforts aimed at dealing with HIV/AIDS have been focused on prevention.

It must be said, though, that AIDS prevention may take various forms and many different strategies have been explored. These include AIDS education; behaviour change programmes for young people and other populations at higher risk of HIV exposure; promotion of male and female condoms, along with abstinence, being safer through fidelity and reducing the number of partners; voluntary counselling and testing; prevention of mother-to-child HIV transmission; prevention and treatment of sexually transmitted infections; blood safety; prevention of transmission in health care settings; community education and changes in laws and policies to counter stigma; vulnerability reduction through social, legal and economic change; and harm reduction programmes for injecting drug users.

Even though these strategies all have very important roles to play in AIDS prevention in general, some experts believe that communication is central to the success of each particular strategy. For AIDS prevention to be successful, people have to be communicated to – educated, convinced and supported to accept and adopt AIDS

prevention strategies. According to Melkote and Muppidi (1999), quoted in Melkote *et al.* (2000), communication plays an important role in the transmission of the AIDS virus because communication disseminates information that may prevent risky behaviour and spread awareness leading to reduction of social stigma. Melkote, Muppidi, and Goswami (2000), suggest that health communication scholars have identified the factors that contribute to appropriate behaviour change and these scholars assume that if individuals were provided with the right information, they would adopt the recommended behaviour.

In Ghana, one of the major organisations involved in the prevention of HIV/AIDS and STDs, among others, is the Ghana Social Marketing Foundation International (GSMF). It is worth mentioning, though, that several other organisations and institutions have also been involved in dealing with the HIV/AIDS on many different fronts. A lot of these organisations, especially the NGOs and the churches, usually focus on providing support for people living with AIDS.

GSMF is one organisation that predominantly uses communication in dealing with the issue of HIV/AIDS prevention. The GSMF uses such avenues as television dramas and serials, posters, talk shows, among others. The foundation also addresses HIV/AIDS and reproductive health issues through the promotion of condoms, contraceptives, and other safe sex practices. Most of these promotions are done using the social marketing approach, which involves a deliberate and organised method of promoting the acceptability of ideas (or products) through audience research, product (or idea) design, pricing, placement and promotion. Communication plays a crucial part in this social

marketing approach. Television, in particular, has been an important tool for the (social marketing) approach, though other avenues like peer education and peer counselling and other media like radio, print (newspapers, brochures, etc) and outdoor (billboards, posters, etc), have also been explored.

### **TELEVISION USE**

The reach of television and the unique characteristics that it possesses make the medium an indispensable tool for many mass communication efforts. The ability of television to engage both the visual (seeing) and audio (hearing) senses of the audience and the fact that it allows for motion, demonstration, sound and colour makes the medium (television) an effective tool for grabbing and retaining audience attention.

Television has quite an extensive reach and though it is more expensive to purchase and maintain than, se, radio, it is still patronised by a great number of people. Wright et. al. (2001), claim that television viewing accounts for the largest portion of Americans' leisure time. About 98 percent of households in America are believed to have television sets (Nielsen Media Research, 1998). Nearly 87 percent of households with young people of ages between two to seven years have two or more television sets (Stranger and Gridina, 1999). More than 60 percent of teenagers are also said to have television sets in their bedrooms (Goodstein and Connelly, 1998).

It is worth noting, however, that the mere presence of television in households alone does not necessarily guarantee effective viewing. In fact, research has confirmed that a great

deal of “television viewing” time is actually spent on other activities. Research conducted by Schmitt et. all. (2003) revealed that almost half the time spent with television is actually spent in some other activity instead of or in addition to looking at the television, and that social interaction was the most non-viewing activity for all viewers, followed by playing and eating for children and reading for adults. This observation by Schmitt is a confirmation of previous research done in the same area. For example, Allen (1965) conducted research that revealed that 21 percent of the time that television was on, no one was actually looking at the screen, and 25 percent of the time they spent in the viewing area, family members engaged in some non-viewing activity. Adult non-viewing activities, at the time, included eating, drinking, sleeping, playing and arguing. Children’s non-viewing activities included eating, drinking, dressing, playing and fighting. Bechtel et al’s (1972) observation of 20 families (93 people) also revealed that a number of activities occurred during television viewing, with talking being the most frequent, followed by eating.

These statistics notwithstanding, television is considered as one of the most important channels for reaching people, especially teenagers. A WHO Technical Report (1999) observed that television offers tremendous opportunities for reaching young people and for promoting their health on a large scale.

Though teenagers or adolescents in Ghana may not have the same level of access to television as those in America, the medium still remains an important source of information for Ghanaian adolescents. This was confirmed in research conducted by

Agatha Baffoe (2003). Almost half of all respondents used for the research mentioned television as their initial source of information on HIV/AIDS. Television was also found to be the second most reliable reference for information in HIV/AIDS.

### **Television and AIDS Information**

HIV/AIDS television information may come in the form of news items or television programming. HIV/AIDS information in the form of news items refers to occasions where information on AIDS or AIDS patients is deemed to be news worthy and is thus included in news broadcasts. Here, the intention is usually to provide new information to viewers rather than influencing their sexual behaviour, though the latter might still occur as a result of the news information received.

The focus of this research work is on HIV/AIDS information designed and produced specifically with the aim of influencing a change in sexual behaviour. The research would, thus, concentrate on HIV/AIDS television programming. HIV/AIDS television programming refers to a wide range of non-news, information-oriented productions provided by television production companies or advertising agencies that are aimed primarily at influencing behaviour change. Programming here includes talk shows, prime-time serials, soap operas, dramas, infomercials, documentaries and entertainment programmes.

In America, various talk show hosts have, on one programme or another, taken a human interest approach to HIV/AIDS. During the June 21, 1995 Day of Compassion, for

example, talk show hosts like Montel Williams, Jenny Jones, Rolanda, and Richard Bey, are said to have joined others like Oprah Winfrey, Sally Jesse Raphael, and Donahue with programmes dedicated to HIV/AIDS (Smith, 1998).

Television entertainment programmes and networks are said to have also featured HIV/AIDS in various ways and platforms. In 1992 for example, <sup>1</sup>*Fox Television* and <sup>2</sup>*MTV* based in the United States are reported to have broadcast the “Concert for AIDS Awareness” from Wembley Stadium in London and in 1994 *MTV* is said to have introduced the AIDS issue in the third season of “The Real World” – a reality-based soap opera that featured Pedro Zamora, a Cuban-born 22-year-old who had charm and candour even when he had AIDS (Smith, 1998). It is worth mentioning that *Fox Television* and, especially *MTV*, are networks that are very well patronised by young people (adolescents). The AIDS issue is said to have also been featured in serials like <sup>3</sup>*NBC’s* <sup>4</sup>*ER*. Between 1994 and 1995, AIDS was reportedly included in eight of the 25 first-season episodes of *ER*. Prime time serials directed at young people which featured the AIDS issue are said to have included *Fox Television’s* May 14, 1989 episode of 21 Jump Street, titled: “Big Disease with a Little Name,” and January 3, 1991 episode of Beverly Hills 90210 titled: “Isn’t It Romantic” (Smith, 1998).

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<sup>1</sup> *Fox Television* is a television network in the United States owned by Rupert Murdoch’s News Corporation.

<sup>2</sup> *MTV* is one of several entertainment television channels owned by VIACOM in the United States.

<sup>3</sup> *NBC* is an American television network and is part of NBC Universal.

<sup>4</sup> *ER* is an influential health care drama series produced by Warner Bros Television in the United States. Warner Bros Television is owned by NBC and AOL-Time Warner.

In Ghana, not much HIV/AIDS information can be obtained from talk shows. This is partly because very few talk shows exist in the first place. Much of what has been done by way of dramas and serials on HIV/AIDS on a consistent basis was carried out by GSMF, in collaboration with other partners like the John Hopkins University Center for Communication Programmes, United States Agency for International Development (USAID), and the Ghana ministries of Information and Health.

In February 2000, an HIV/AIDS national communication programme, dubbed “Stop AIDS, Love Life,” was launched by GSMF and its partners (USAID, etc). This programme is on-going and has various phases and explores various forms of communication – television series, concerts, advertisements, etc. The current phase of the programme, “Reach Out, Show Compassion,” began in November 2002, with the additional partnership of the Christian Council of Ghana and Muslim leaders. This phase of the national communication programme aims at encouraging support and compassion for people living with HIV/AIDS. The campaign (Reach Out, Show Compassion) is working to increase the number of religious organisations, congregations and humanitarian groups engaged in responding to HIV/AIDS issues. Activities under this campaign include training programmes for the clergy, Imams, and other religious leaders to create compassion programmes. There are, currently, television and radio spots that encourage support and compassion for people living with HIV/AIDS. These spots use quotes from the Bible and the Koran that encourage compassionate behaviour.

Before the “Reach Out, Show Compassion,” phase, there were other phases of the national programme. A television series titled “Things We Do For Love” was on television for a while, and became popular, especially among the youth. “Things We Do For Love” was a serialised story that showcased the lives of the youth in different (family) settings. The series was youth-focused and dealt with a range of issues: youth relationships, condom use, truancy, pregnancy, parent-children relationships, among others. The idea behind the story was to depict the everyday life of Ghanaian youth in different family settings, and the challenges they face, the choices they make, and the consequences thereof, especially with regards to sex. The main characters in the series were between the ages of about 17 years to about 24 years.

As part of the national communication programme, musical concerts were also held at different centres to raise awareness about the disease. Musicians featured at such concerts were usually popular youthful musicians and also older musicians with whom the youth could easily identify. A group of young and old (adult) musicians were brought together, under the name “Ghana All Star,” as part of the “Stop Aids, Love Life” programme. This group was comprised of very popular musicians, like Tic Tac (a young musician who is popular for his creative style and lyrics), Reggie Rockstone (a middle-aged dread-locked musician who is considered to be the originator of hiplife – a contemporary genre of music that combines hip-hop with hlife, an indigenous Ghanaian music), Stella Dugan (a popular Gospel musician), Gyedu Blay Ambulley (a old-time musician with a unique style of music that cuts across different age groups), VIP (a popular youthful musical group with wide appeal and patronage) among others. The group had a song entitled

“Stop Aids, Love Life”, which warned against casual sex and encouraged the use of condoms during sex. The musical clip of the song was shown regularly on national television and the song caught on in no time, especially among the youth.

Television commercials were also featured under the “Stop Aids, Love Life” programme. Popular among these is one commercial that showed a number of lighted red candles. The visuals of the commercial at a point showed the flames of the candles being blown out by the wind, and the voice-over for the commercial mentioned that about 200 hundred Ghanaians die of AIDS everyday. This commercial was an attempt to bring the idea of death resulting from AIDS to viewers.

Apart from the “Stop Aids, Love Life” programme, there are other television communication programmes aimed at AIDS prevention. “Angels,” another television series, features an HIV positive man who is rich and is determined to spread the AIDS virus to vulnerable and unsuspecting ladies. This programme is aimed at the youth, especially the young ladies who become vulnerable to casual sex or who are made to indulge in casual sex as a result of economic hardship.

Condom advertisements are yet another form that uses the medium of television extensively. GSMF, for example, promotes the use of condoms through television advertisements. The Planned Parenthood Association of Ghana (PPAG) is also very much involved in provision of information on reproductive health issues and AIDS, and television is one medium that is often used.

## **PROBLEM STATEMENT**

Anti-HIV/AIDS television messages are usually aimed at educating and inducing change in the sexual behaviours of the youth especially. This research attempted to determine whether the anti-HIV/AIDS messages put out on television had any influence on adolescents. The study also described adolescents' use of television and found out whether anti-HIV/AIDS messages were seen, heard and understood in their intended contexts.

## **OBJECTIVES OF THE STUDY**

The study aimed at finding out how adolescents perceived and received the various forms of HIV/AIDS messages on television. The research also found out whether adolescents' perception of AIDS and the dangers of irresponsible sexual behaviour were formed as a result of what they saw on television. Finally, the research found out whether some message types or forms were better received than others by adolescents.

## **RESEARCH QUESTIONS**

The following research questions were posed:

1. Do adolescents pay attention to anti-HIV/AIDS television messages?
2. Do adolescents understand anti-HIV/AIDS television messages?
3. Do adolescents think they are influenced by what they see on television?
4. Do adolescents perceive anti-HIV/AIDS television messages as addressing some other audience than themselves?
5. Do adolescents feel vulnerable to HIV/AIDS?

### **SIGNIFICANCE OF STUDY**

The study was significant in a number of ways. The study provided information (feedback from respondents) that could help sponsors and senders of anti-HIV/AIDS television messages structure and design their messages appropriately. Information gathered from the study also helped establish whether television was an appropriate medium for reaching adolescents on HIV/AIDS issues.

### **DEFINITION OF CONCEPTS**

**Response:** Feedback that the anti-HIV/AIDS television messages generate or are expected to generate. It also refers to the influence that the messages have or are expected to have. For example, if the anti-HIV/AIDS television messages cause people to change their sexual behaviour, we can say that there has been a response.

**Messages:** Information that has been packaged in different forms and intended to promote a particular idea. In this study, messages do not include news items. Messages rather include musical clips, documentaries, drama, entertainment programmes, advertisements and serials about or on HIV/AIDS.

**Adolescents:** Refers to male and female, between the ages of 15 and 18 years.

**Students of Accra High School:** Males and females who attend Accra High School on a full-time basis. This definition does not include wards of teachers of Accra High School who attend school elsewhere or part-time students of the school.

## CHAPTER TWO

### LITERATURE REVIEW

#### **Introduction**

The first part of this chapter deals with theories which underpin this study. The cultivation theory and the uses and gratification approach are discussed. The second part of the chapter looks at the various literature on media use, specifically television and HIV/AIDS. Studies that have been done on the use and influence of television are also reviewed.

#### **THEORETICAL FRAMEWORK**

##### **Cultivation Theory**

The cultivation theory, sometimes known as the cultivation hypothesis, cultivation analysis, or cultivation approach belongs to the school of thought which proposes that reality is shaped by the symbolic environment. Thus it explains that heavy television watching cultivates attitudes which are more consistent with the world of television programmes than with the everyday world.

George Gerbner, who first propounded the theory, regards television as the dominant force in shaping modern society. Gerbner (2000) believes that television's power comes from the symbolic content of the real-life drama shown hour after hour, week after week

and that, at its root, television is society's institutional storyteller and a society's stories give a coherent picture of what exists, what is important, what is related to what, and what is right.

The Cultivation Theory is based on "heavy watching" of television or "exposure." Heavy watching or exposure, in this case, is estimated to be about four or more hours a day of television watching. Light watching refers to watching television for less than four hours a day.

The theory is in the "effects" tradition, meaning that it examines the influence that television has on people who are exposed to it or the attitudes that people form when exposed to television (as opposed to the behaviour of such viewers). The theory explains that exposure to television would be responsible for the attitudes of the viewers, not their behaviour. The theory also focuses on the more diffuse effects on perceptions that are shaped over a long period of exposure to media messages.

Gerbner's theory is popular for establishing a relationship between television watching and perception of violence in the United States. As shown in a study by Romer, Jamieson, and Aday (2003), the public's persistent belief that violent crime was a widespread national problem in the U. S. (when, in fact the trend of crime was declining and crime was concentrated in the urban locations) was as a result of heavy television watching of crime related news.

Those who, by virtue of their exposure to violence on television, tend to perceive the world as more violent than it really is, are said to be affected by what Gerbner (2000) refers to as the mean world syndrome.

Even though the theory is usually associated with studies on violence, some studies have applied this theory to other issues. A study in Ghana by Bosompra (1993) employed the cultivation theory in determining the relationship between the amount of television watching and sexual behaviour. Indeed the study found a relationship between exposure to television and attitudes towards HIV/AIDS.

Gerbner and others who support the cultivation theory believe in the mainstream effect, which is based on the notion that heavy viewers generally tend to have more homogeneous or convergent opinions. Light viewers, on the other hand, are said to be heterogeneous in their opinions. Cultivation is said to be most effective when the viewers have first-hand experiences and these experiences correspond with those shown on television.

The cultivation theory, like many others, has been criticised for being over simplistic. Boy-Barrett and Braham (1997) quote Denis McQuail as saying that it is very difficult to deal convincingly with the complexity of posited relationships between symbolic structures, audience behaviour and audience views, given the fact that there are many intervening and powerful social background factors and that people's attitudes are

influenced, not only by television, but by other media, by direct experience, by other people, and by many other factors.

Other critics have argued that the cultivation theory assumes a passive viewer, which, research has proven, is not the case. The cultivation approach is also said to focus on the amount of television viewing or “exposure”, and does not allow for differences in the ways in which viewers interpret television realities. Some have argued that a correlation between television exposure and the beliefs of viewers does not prove that there is a causal relationship, although it may suggest the possibility of one.

In spite of its criticisms, the cultivation approach has proved useful in numerous studies across various contexts as a versatile theory, capable of underpinning a study of television’s influence on viewers’ perceptions.

This research draws from the cultivation theory to help explain the response of adolescents to anti-HIV/AIDS television messages.

### **Uses and Gratifications Approach**

The uses and gratifications approach departs from theories of absolute effects of mass communication by positing that audience motivation makes a difference in media effect. The approach, associated with Blumler and Katz, represents a shift of focus from the purposes of the communicator to the purposes of the receiver of mass communication.

Indeed, until the uses and gratifications approach was popularised in the late 1950's, absolute effects theories such as the bullet or hypodermic needle theory, proposed by such philosophers as Harold Lasswell, had already been challenged. A study by Carl Hovland and his colleagues in 1949 found that people's individual differences were more predictive of certain effects than mass media exposure. The study further observed that people defended themselves against persuasive messages through selective exposure, selective perception, and selective retention.

These observations lend credence to the tenants of the uses and gratifications approach. The approach asks the question, "What do people do with the media?" It suggests that audiences of mass communication messages are active and selective in the kinds of mass media information they consume. The approach holds that different psychological variables provide different motivations or rewards which in turn develop into particular patterns of exposure to certain media content. The audience is goal directed and plays a proactive role in deciding how to use media. The uses and gratifications approach suggests that the individual acts on the basis of needs and therefore chooses what to consume from the media to gratify these needs. The needs lead to specific patterns of television usage or other activity (Schmitt et. al., 2003). According to McLeod and Becker (1981), the uses and gratifications approach assumes an active audience; media use that is goal directed; media consumption that can fill a wide range of needs; enough self-awareness among people to know and articulate their needs; and gratifications that have their origins in media content, exposure and social context within which the exposure takes place.

Blumler and McQuail used the uses and gratifications approach extensively, especially in the 1960's, though they employed it most of the time in relation to political issues. They used the approach to address such questions as, "Why do people watch political programmes?" and "What kind of political television do viewers want?" At the time, Blumler and McQuail initially drew up a list of eight reasons for watching political broadcasts (Severin and Tankard, 1979).

While several earlier uses and gratifications studies examined how people used political information to gratify needs, later studies have moved away from political content to examine media for entertainment and other areas of communication research.

The uses and gratifications approach has come under some criticism, particularly for being non-theoretical, being vague in defining key concepts and for being basically nothing more than a data collecting strategy (Elliott, 1974, and Swanson, 1977, quoted in Severin and Tankard, 1979). It has also been criticised for being atheoretical in its tendency to describe various audience subgroups (Katz et. al., 1974). More recent research has, however, allowed for rapid theoretical growth. According to Kremer and Greene (1999: 25):

Current models, for example, stress that both personality and social structure may influence individuals' needs. These needs may then influence the gratifications individuals seek (from mass media and other sources), which, in turn, may influence typical patterns of media use and particular instances of media exposure. Newer models within the Uses and Gratifications tradition, then, emphasise that the route leading to media exposure is a multistage process.

In spite of the rapid theoretical growth associated with current uses and gratifications research, two problems still exist. According to Kremer and Greene (1999), with the exception of a few studies, (for example, studies by Conway and Rubin, 1991 and a few others), even new uses and gratifications studies have not thoroughly examined the psychological correlates of media exposure, and this leaves the role of personality in determining content and genre preferences.

Also the uses and gratifications précis is unclear about the role of other sources for fulfilling the needs of viewers. It is possible that media may be compensatory, filling a need in individuals that may not be met by other sources.

Though the uses and gratifications approach could still be explored further, it still remains an important framework for explaining audience preference for media, to a fairly large extent. The uses and gratifications approach could help explain why television, for example, is seen as a means of reaching adolescents; the presumption here being that adolescents have a definite need or motivation for watching television. The uses and gratifications approach could also help to determine adolescents' use of television – which particular programmes on television adolescents watch, and why.

It may be safe to assume, for example, that adolescents who use television for entertainment purposes may readily accept HIV/AIDS television messages that are packaged in an entertainment format. Designers of such HIV/AIDS prevention messages

can, thus, tap into adolescents' gratifications for using television and design messages that would meet those gratifications.

## RELEVANT LITERATURE

The power of television to build ideas and influence lives has been widely researched. Television, with its sound, picture, colour and motion has become a tool for, among other things, propagating ideas and cultivating opinions.

In a study by Rossler and Brosius (1998), it was shown that prolonged exposure to television had a way of cultivating an idea of reality that was not necessarily there. According to Rossler and Brosius (1998: 158);

After watching five consecutive episodes of talk shows featuring lesbian and gay relationships, transsexuality, and people with tattoos and body piercing, adolescent viewers tended to overestimate the percentage of lesbians and gay males, transsexuals and people with tattoos or body piercing more than a control group who watched innocuous talk show material.

In another study of college students by Buerkel-Rothfuss and Mayes in 1981, it was found that college students who were heavy watchers of soap operas estimated higher percentages of people in the real world who are divorced or have illegitimate children than did light viewers.

Romer, Jamieson, and Aday (2003), further supported the powerful effect of television in shaping the ideas, opinions and conceptions of people by concluding that heavy viewers of local television news rated crime-related risks more severely than light viewers. The research was necessitated by the fact that the public persistently believed that violent crime is a widespread national problem in the United States, despite declining trends in

crime and the fact that crime is concentrated in urban centres. The study found that those living in areas with chronically high television news coverage of crime exhibited higher rates of fear in both the cities and suburbs in the 1990-1991 periods, and also predicted that during the period of dramatically increasing crime coverage on national television news, there should be a general increase in fear of crime that diffuses through social networks to the general public.

The same research also studied the coverage of crime on television and the perception of residents in the city of Philadelphia. That study too observed that Philadelphia had chronically high television crime coverage, and residents of the city mentioned crime more frequently than any other problem as the most important issue facing the city. This view was directly attributed to the heavy television watching.

A study by Jane D. Brown et. al. (2002), stated emphatically that television was one of the contributing factors of aggression and violence, and that analysis suggest that 5% to 15% of violent behaviour in the United States of America can be attributed to television viewing.

In Argentina, a study conducted by Morgan and Shanahan claimed that, overall, Argentine adolescents who watched more television were significantly more likely to agree that people should obey authority, that there should be limits on freedom of speech, and that it was someone's own fault if he or she was poor. Bosompra (1993), in a study conducted in Ghana between 1988 and 1991, submitted that at least, until the 1980s,

increased television viewing tended to be associated with having more negative attitudes towards AIDS (ie. endorsing more negative statements about AIDS).

Television's influence on viewers was also confirmed in a study by Opoku-Acheampong (1993). The study sought to investigate the impact and possible influence of video films on students of Accra. The study concluded, among other things, that students in Accra were significantly susceptible to impulses to imitate undesirable acts such as sensuous kissing, premarital sexual intercourse and violence that they saw in video films. According to the study, more than half of the respondents expressed the view that a young person who regularly watched sexually explicit video films could be influenced as to feel like having sex on account of the sexy films he/she watched.

In as much as these various studies have confirmed the effect of television on influencing viewer attitudes, some studies have shown that media effects are not necessarily absolute and that other factors determine, to an extent, how mass media information is imbibed and its influence on audiences.

A study by Greene et. al. (2002), for example, made a number of discoveries in relation to how adolescents process information about risks. The study discovered that, for example, though 'Just Say No' programmes are supposed to teach refusal skills, such programmes may actually encourage risk exploration or may have no effect at all. If a television programme warned adolescents to, se, "Say No" to marijuana, some adolescents may rather be challenged or motivated to try marijuana instead. This, the

study found, was because individual difference variables (for example, sensation seeking) influence risk-taking behaviour among a lot of adolescents, and so a high sensation seeking adolescent may take the risk of trying marijuana even though there was a strong warning against such action. The study also discovered that adolescents are sometimes affected by egocentrism. Adolescents with egocentric mindsets tend to think that risks that apply to others do not apply to themselves because they see themselves as unique and invulnerable.

These factors (egocentrism and sensation seeking) clearly act as a barrier to the effective processing and absorption of messages meant for adolescents. One way of ensuring that messages get through to sensation seekers is to structure the messages to conform to their peculiar situations. High sensation seekers, for example, are known to have lower arousal levels and so require stronger, more exciting messages, while low sensation seekers have higher arousal levels and avoid stimuli (Greene, et. al., 2002). Another way of effectively reaching adolescents is to understand what adolescents use media (television in this case) for or what motivates adolescents' to use television. When this has been established, messages can be designed appropriately to gratify the needs of adolescents.

Various studies have looked at why people use the media, or what they use the media for. Some of these studies have looked beyond the traditional media and have sought to find out what motivates people to use such new communication technology as the internet. A study by Kaye and Johnson (1996), for example, looked at why people used the web for political information. The study revealed that four factors motivated people to use the

web for political information: guidance, information seeking or surveillance, entertainment, and social utility. The study found that those who connected to political sites for guidance were generally interested in learning about the issues and viewpoints of candidates and other information to guide their voting decisions. Those who used the web for political information or surveillance were keeping their eye on the political landscape. Those who used the web for entertainment were motivated by the need to relax and to be amused, while those who used the net for social utility needed information from the internet to reinforce their decisions.

Another study by O'Keefe and Sulanowski (1991) examined gratifications sought from telephones and variations in behavioural patterns of telephone use. The study, conducted from March to May 1991 in three counties in Wisconsin, found that uses varied across specific demographics, but also found that the more the gratifications for entertainment, time management, and social interaction, the more time people spent on the phone. Specifically, the study found that some people used the telephone to acquire travel tickets, get information on products and services, learn about how to do things, and order things and schedule appointments.

A study by Kremar and Greene revealed that some psychological factors seem to predict adolescents' preference for certain kinds of media content. These adolescents, thus, select media content in order to gratify these inner psychological needs. The study found, for example, that television did not provide enough or perhaps the right kind of stimulation for viewers who were susceptible to boredom and those who were seeking new

experiences. Also for thrill and adventure seekers, television, even visually stimulating television, did not provide appropriate arousal.

From these findings, at least, it seems clear that the gratifications that some adolescents gain from television are dependent on their own (the adolescents') psychological needs, and it is expected that they would choose and use media to satisfy these needs.

To be effective, therefore, messages aimed at inducing adolescent (sexual) behaviour change and reduce sexual risk-taking should be very well thought through, and adolescents' use of media and their sensation seeking nature should be considered.

## **CHAPTER THREE**

### **METHODOLOGY**

The study sought to find out whether television was an effective tool for educating adolescents on HIV/AIDS issues. The study sought to describe what adolescents used television for and how they regarded the kind of information they obtained from television.

#### **Study Setting**

The area of study was the campus of Accra High School. The school is located at Ridge in Accra, behind the Ridge Hospital and very close to the West African Examinations Council national headquarters.

The decision to use a senior secondary school, and Accra High School, for that matter, was informed by the following reasons:

- a) That students from diverse religious and social backgrounds attended Accra High School, and so the sample was likely to be quite heterogeneous.
- b) That a reliable sampling frame could be obtained, due to the organised structure of the school.
- c) That similar studies had been done in the past, using the students and other relevant resources of the school. The school authorities would, thus, be helpful and cooperative, and not suspicious.

- d) That the ability of students to read and write made them preferable, since the research exercise involved (self) reading and writing.

### **Sample**

The sample was made up of students of two-year levels – form one and form two students (SSS1 and SSS2) of Accra High School. Form three (SSS3) students were not included in the study because they were busily preparing for their final exams at the time this study was conducted and so they could not find the time. Out of a total of about 1400 students of the school, 132 of them were selected for the study.

The research employed the use of a survey, as was the case with Edwin Opoku-Acheampong's (1993) M.A. dissertation which looked at the impact and possible influence of video films on young people in Accra. Opoku Acheampong employed a survey methodology to determine students' perception of the impact and influence of video films. Beatrice Boakye-Yiadom (2002) similarly also used a survey to determine how children attended to television.

### **Sampling Procedure**

The two-year levels – SSS1 and SSS2 – were categorised into male and female. Quota sampling was used to ensure equal representation of gender. This was to help determine whether there would be differences in response between the genders. Such information may be particularly useful for communicators, as they try to reach both males and females with their anti HIV/AIDS messages. Out of the sample size of 132 students,

therefore, 66 were males and 66 females. A simple random sampling technique was used. The names of all the males in SSS1 and SSS2 were written on pieces of paper and placed in a box. The same was done for all females. This was to ensure that each student had an equal chance of being selected. Thirty three names were randomly handpicked from each box for the exercise.

A self-administered questionnaire was the tool for gathering the needed information. This meant that each student read and answered the questionnaire personally, as he/she understood it. The questionnaire was self-administered because the respondents were literate and so were expected to be able to understand and interpret the questions themselves.

The subjects were put in two classrooms and the questionnaire distributed to them. They were briefed on the purpose of the exercise and the need to answer the questions personally and truthfully, without the support of their friends. The subjects were supervised while answering the questionnaire to ensure that, indeed, they did not compare answers or seek the opinion of their friends. The questionnaires were collected from the subjects after the exercise.

This means of administering the questionnaire (putting all the subjects in classrooms, supervising the exercise, and collecting the questionnaires at the end of the exercise) ensured a high response rate over a relatively short period of time. It was also economical because there was not much logistics involved. A telephone survey, for example, could

have proven to be more expensive and time consuming, and the information provided over the phone may not have been accurate because of the element of anonymity associated with telephone surveys. A mail survey would also not have been effective because of the time involved in getting the questionnaires to the subjects and getting feedback, not to mention the cost involved in postage. The response rate for mail surveys are also known to be rather low. Personal interviews would also have been expensive and time consuming, especially considering the number of subjects involved.

### **Questionnaire**

The questionnaire contained 14 close-ended questions and five open-ended questions. Some of the questions had scaled answers – requiring respondents to choose from a range.

### **Data analysis and presentation**

The questionnaires were collated and coded. The data from the questionnaire was analysed and interpreted. The results of the analysis were presented in the form of tables with narrations to enhance understanding. A total of 121 questionnaires were retrieved out of a total of 132. Even though an attempt was made to have equal numbers of females as males, 64 of the respondents were females and 57 were males. Not all the respondents answered all the questions.

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## **CHAPTER FOUR**

### **FINDINGS**

This chapter presents the findings of the study. The study was conducted to find out how adolescents perceived and received the various forms of HIV/AIDS messages on television and also to find out whether some message types or forms were better received than others by adolescents. The research also sought to find out whether adolescents' perception of AIDS and the dangers of irresponsible sexual behaviour were formed as a result of what they saw on television. The study asked respondents whether they paid attention to anti-HIV/AIDS messages, and whether they understood the anti-HIV/AIDS messages they viewed on television. It also asked whether respondents thought they were influenced by what they saw on television, especially with regards to HIV/AIDS messages. The study asked respondents whether they thought they were vulnerable to HIV/AIDS, and also whether respondents thought anti-HIV/AIDS television messages were meant for some other audience other than themselves.

The findings of the study are presented below in tables. The tables do not show the number of respondents who did not answer particular questions. The tables show only the number of respondents who answered the individual questions. That explains why the total number of responses or respondents is not the same for all the questions.

**TABLE 1****Which is your major source of information on HIV/AIDS issues?**

Response	Female	Female Percentage	Male	Male Percentage	Total	Total Percentage
Television	49	81.6%	41	80.4%	90	81%
Radio	4	6.6%	3	5.8%	7	6.3%
Newspapers	1	1.6%	1	1.9%	2	1.8%
Friends	1	1.6%	1	1.9%	2	1.8%
Family	2	3.3%	0	0%	2	1.8%
Books	1	1.6%	3	5.8%	4	3.6%
Internet	0	0%	1	1.9%	1	0.9
School programmes	2	3.3%	1	1.9%	3	2.7%
<b>Total</b>	<b>60</b>	<b>99.9%</b>	<b>51</b>	<b>99.5%</b>	<b>111</b>	<b>99.9%</b>

The findings (as indicated in Table 1 above) indicated that about four out of every five respondents (81%) considered television as a major source of obtaining information on HIV/AIDS. There was not much difference between genders with regard to this response (81.6 % of females and 80.4% of males). Just a little over six out of every hundred respondents (6.3%) considered radio as a major source of information on HIV/AIDS. A little more females than males (6.6% of females and 5.8% of males) said they considered radio as a major source of information on HIV/AIDS. Only four respondents mentioned books as a major source of information on HIV/AIDS. Of those who mentioned books as a major source of information on HIV/AIDS issues, three of them were males and only one was a female. Three of the total number of respondents declared school programmes as a major source of information on HIV/AIDS. Two out of these three were females and only one was male. Families, friends and newspapers all did not seem to be major sources

for HIV/AIDS information among the respondents. Two respondents mentioned each of these sources (family, friends and newspapers) as their major sources of HIV/AIDS information. Only one (male) respondent mentioned the Internet as the major source for HIV/AIDS information. No male respondent mentioned family as a major source of information on HIV/AIDS – all two respondents who mentioned family as a major source of HIV/AIDS information were both females.

**TABLE 2**

**Do you think anti-HIV/AIDS messages on television are directed at you?**

Response	Female	Female Percentage	Male	Male Percentage	Total	Total Percentage
Yes	56	87.5%	49	85.9%	105	86.7%
No	3	4.6%	7	12.2%	10	8.2%
Not Sure	5	7.8%	1	1.7%	6	4.9%
<b>Total</b>	<b>64</b>	<b>99.9%</b>	<b>57</b>	<b>99.8%</b>	<b>121</b>	<b>99.8%</b>

As seen from Table 2 above, majority of respondents (86.7%) said they considered the anti-HIV/AIDS messages they saw on television as directed at them. Less than a tenth (8.2%) of them thought that anti-HIV/AIDS messages on television were not directed at them. A few of them (4.9%) were not sure whether the messages were directed at them or not. The responses were not different between genders. Three out of the total of 64 females respondents and seven out of the total of 57 male respondents said they did not consider anti-HIV/AIDS messages on television as directed at them. Five out of the total of 64 respondents and only one out of the total of 57 male respondents were not sure whether the messages were directed at them or not.

**TABLE 3****Do you understand all the Anti-HIV/AIDS messages you see on television?**

<b>Response</b>	<b>Female</b>	<b>Female Percentage</b>	<b>Male</b>	<b>Male Percentage</b>	<b>Total</b>	<b>Total Percentage</b>
Understand all	30	50%	36	63.1%	66	56.4%
Understand most but not all	23	38.3%	13	22.8%	36	30.7%
Understand some of the messages	7	11.6%	7	12.2%	14	11.9%
Do not understand most of the messages	0	0	0	0%	0	0%
Do not understand any	0	0	1	1.7%	1	0.8%
<b>Total</b>	<b>60</b>	<b>99.9%</b>	<b>57</b>	<b>99.8%</b>	<b>117</b>	<b>99.8%</b>

Respondents were asked to indicate to what degree they understood the anti-HIV/AIDS information they saw on television. Almost all respondents understood anti-HIV/AIDS messages on television to a degree. A little over half (56.4%) of the respondents said they understood all the anti-HIV/AIDS messages they saw on television. About a third (30.7%) of them said they understood some of the messages but not all of them, while a little over a tenth (11.9%) said they understood only some of the messages. Less than one hundredth (0.8%) of the respondents said they did not understand any of the messages.

More males (63.1%) than females (50%) said they understood all the anti-HIV/AIDS messages on television but more females (38.3%) than males (22.8%) said they understood most of the messages but not all of the messages. There was not much difference between genders with regards to the other three responses (i.e. those who understood some of the messages; those who did not understand most of the messages; and those who did not understand any of the messages).

**TABLE 4**

**Do you believe all the AIDS information you get from television?**

<b>Response</b>	<b>Female</b>	<b>Female Percentage</b>	<b>Male</b>	<b>Male Percentage</b>	<b>Total</b>	<b>Total Percentage</b>
Believe all	41	64%	37	67.2%	78	65.5%
Believe most	19	29.6%	17	30.9%	36	30.2%
Believe just a little	3	4.6%	1	1.8%	4	3.3%
Don't believe any of the information	1	1.5%	0	0	1	0.8%
<b>Total</b>	<b>64</b>	<b>99.7%</b>	<b>55</b>	<b>99.9%</b>	<b>119</b>	<b>99.8%</b>

The study sought to find out how adolescents evaluated the credibility of HIV/AIDS information they received from television. The findings from the study established that most adolescents believed anti-HIV/AIDS television information, at least, to a degree. In fact, only one (female) respondent said she did not believe any anti-HIV/AIDS message

she saw on television. Majority of respondents (65.5%) said they believed all the AIDS information they got from television, while about a third said they believed most of the anti-HIV/AIDS television messages. There was not too much difference between gender with regards to these responses as 64 % of females and 67.2 % of males said they believed all the HIV/AIDS information they got from television while 29.6 % of females and 30.9 % of males said they believed most of the HIV/AIDS information they got from television. Just four of the total of 119 respondents said they believed just a little of the HIV/AIDS information they got from television. Of these four respondents, three were females and one was male.

**TABLE 5**

**Do you pay attention to Anti-HIV/AIDS messages when they are being shown on television?**

<b>Response</b>	<b>Female</b>	<b>Female Percentage</b>	<b>Male</b>	<b>Male Percentage</b>	<b>Total</b>	<b>Total Percentage</b>
All the time	40	62.5%	37	64.9%	77	63.6%
Most of the time	7	10.9%	11	19.2%	18	14.8%
Pay attention sometimes	16	25%	9	15.7%	25	20.6%
Pay little Attention	1	1.5%	0	0	1	0.8%
Don't pay attention at all	0	0%	0	0	0	0
<b>Total</b>	<b>64</b>	<b>99.9%</b>	<b>57</b>	<b>99.8%</b>	<b>121</b>	<b>99.8%</b>

All respondents used for the survey indicated that they did pay some attention to anti-HIV/AIDS messages when these messages were being shown on television. Majority of the respondents (63.6%) said they paid attention all the time when anti-HIV/AIDS messages were shown on television. There was not too much difference between gender with regards to this response – 62.5% of females and 64.9% of males said they paid attention all the time. Almost about fifteen out of every hundred respondents (14.8%) said they paid attention most of the time when anti-HIV/AIDS messages were shown on television. Close to twice as many females as males (10.9% females and 19.2% males) said they paid attention most of the time to anti-HIV/AIDS television messages. About a fifth of the respondents (20.6%) said they paid attention to anti-HIV/AIDS television messages only sometimes. A fourth of female respondents (25% of females) said they paid attention sometimes while about 16 out of every 100 male respondents (15.7% of males) said they paid attention only sometimes. Less than one out of every hundred respondents (0.8%) said they paid little attention to anti-HIV/AIDS television messages. No male respondent said he paid little attention to anti-HIV/AIDS television messages. None of the respondents said they did not pay any attention.

**TABLE 6**

**Have any of the Anti-HIV/AIDS messages on television influenced you to change your sexual attitudes and behaviours?**

<b>Response</b>	<b>Female</b>	<b>Female Percentage</b>	<b>Male</b>	<b>Male Percentage</b>	<b>Total</b>	<b>Total Percentage</b>
Yes	58	93.5%	47	87%	105	90.5%
No	0	0%	1	1.8%	1	0.8%
Not Really	4	6.4%	6	11.1%	10	0.8%
<b>Total</b>	<b>62</b>	<b>99.9%</b>	<b>54</b>	<b>99.9%</b>	<b>116</b>	<b>99.9%</b>

Anti-HIV/AIDS messages appeared to have a significant impact on adolescents in this survey. About nine out of every ten respondents (90.5%) said they were influenced to change their sexual behaviours or attitudes by anti-HIV/AIDS messages they saw on television. Only one (male) respondent said that anti-HIV/AIDS television messages had definitely not influenced him to change his sexual behaviour. More females (93.5) than males (87%) said they were influenced to change their sexual behaviours or attitudes by anti-HIV/AIDS television messages. No female respondent said she had definitely not been influenced to change her sexual attitude or behaviour by anti-HIV/AIDS television messages. Just 10 out of the total number of respondents (116 respondents) said they had not really been influenced to change their sexual attitudes and behaviours by anti-HIV/AIDS television messages. Of these respondents, four were females while six were males. It is still possible, though, that anti-HIV/AIDS television messages may still have played a role in changing the sexual attitudes and behaviours of this category of people, though the influence of the messages may not have been very strong.

**TABLE 7**  
**Which HIV/AIDS Television Messages Do You Recall?**

Response	Female	Female Percentage	Male	Male Percentage	Total	Total Percentage
Reach Out, Show Compassion	7	9%	6	7.7%	13	8.4%
Ghana All Stars Song	7	9%	8	10.3%	15	9.7%
It Pays To Wait	3	3.8%	7	9.0%	10	6.4%
Inspirational Youth Choir song	17	22%	6	7.7%	23	14.9%
None	21	27.2%	14	18.1%	35	22.7%

Respondents were asked to recall anti-HIV/AIDS messages they had seen on television. Table 7 (above) only shows the responses that were significant in terms of their frequency. Most of the responses that were not included in the table were given by just one respondent.

In spite of the claim by a majority of respondents that they paid attention to HIV/AIDS television all the time (refer to Table 5), more than a fifth of respondents (22.7%) could not recall any of the HIV/AIDS messages on television. More than a fourth of females (27.2%) and almost a fifth of males (18.1%) could not recall any of the messages. Of all the messages that could be recalled, a message in the form of a song by the Inspirational Youth Choir entitled “Say no to casual sex,” the video clip of which is shown on television, was the most recalled. Even though the “Say no to casual sex” song was the

most frequently recalled, the number of respondents who indeed were able to recall this song were less than a fifth of the total number of respondents. Much more females (22%) were able to recall the song than males (7.7%). Another message that was also frequently recalled was a song by the Ghana All Star (entitled: “Stop Aids, Love Life”). Even though the video clip of the Ghana All Star song has not been shown regularly on television lately, especially as compared to the “Inspirational Youth Choir” video clip, almost a tenth of respondents recalled the song. A little more males (10.3%) than females (9%) recalled the “Ghana All Star” song. Less than a tenth of respondents (8.4%) recalled the “Reach Out, Show Compassion” message, but here a little more females than males (9% of females and 7.7% of males) recalled the song. Another message that was recalled was an animation by an animator called “Zingaroo.” The title of the Zingaroo animation is “It Pays To Wait.” Ten out of the total number of respondents (121) recalled this message. More males than females recalled the “It Pays To Wait” message.

**TABLE 8**

**Which is the most effective form of getting HIV/AIDS information to you on television?**

Response	Female	Female Percentage	Male	Male Percentage	Total	Total Percentage
Music with AIDS lyrics	15	23.4%	12	21%	27	22.3%
Condom commercials	4	6.2%	4	7%	8	6.6%
Dramas and serials	14	21.8%	12	21%	26	21.4%

AIDS patients telling their stories	29	45.3%	24	42%	53	43.8%
Celebrity advice	0	0%	0	0	0	0%
Cartoons or animations	2	3.1%	4	7%	6	4.9%
Documentaries	0	0%	1	1.7%	1	0.8%
<b>Total</b>	<b>64</b>	<b>99.8%</b>	<b>57</b>	<b>99.8%</b>	<b>121</b>	<b>99.8%</b>

The study sought to find which was the most effective way of getting anti-HIV/AIDS television messages across to adolescents. The study found that when it came to message type or form, AIDS patients recounting their stories and experiences seemed to make the most impact. More than forty out of every hundred respondents (43.8%) said that AIDS victims telling their own life stories was the most effective form of getting HIV/AIDS information to them. There was not much difference between sexes (45.3% of females and 42% of males) in relation to this response. A little over a fifth of respondents (22.3%) said the most effective form of getting HIV/AIDS messages to them was through music that had AIDS lyrics. There was not too much difference between sexes in relation to this response too (23.4% of females and 21% of males). About a fifth of respondents also said dramas and television series were the most effective ways of getting HIV/AIDS information to them. Much less than a tenth of respondents (6.6%) said condom commercials on television was the most effective way of getting HIV/AIDS information to them. None of the respondents mentioned celebrity advice as the most effective way of getting HIV/AIDS information to them. Only six respondents mentioned cartoons or animations on television as the most effective way of getting HIV/AIDS information to

them. More males (7%) than females (3.1%) mentioned television animations or cartoons as the most effective way of getting HIV/AIDS information to them. Only one (male) respondent out of the total number of respondents (121) mentioned documentaries as the most effective way of getting HIV/AIDS information to him.

**TABLE 9**

**What do you think about the amount of anti-HIV/AIDS information on television?**

Response	Female	Female Percentage	Male	Male Percentage	Total	Total Percentage
Too much information	13	20.6%	5	9%	18	15.2%
Too little information	24	38%	20	36.3%	44	37.2%
Sufficient	23	36.5%	24	43.6%	47	39.8%
Don't know	3	4.7%	6	10.9%	9	7.6%
<b>Total</b>	<b>63</b>	<b>99.8%</b>	<b>55</b>	<b>99.8%</b>	<b>118</b>	<b>99.8%</b>

Less than a fifth of respondents (15.2%) said they believed that there was too much anti-HIV/AIDS information on television. More than twice as many females (20.6%) as males (9%) said there was too much anti-HIV/AIDS information on television. More than a third of respondents (37.2%) said there was too little anti-HIV/AIDS information on television. There was not much difference between gender with regards to this response (38% of females and 36.3% of males said there was too little anti-HIV/AIDS information on television). More than a third but less than half of respondents said that they believed there was enough or sufficient anti-HIV/AIDS information on television. More males

(43.6%) than females (35.6%) agreed that there were enough anti-HIV/AIDS information on television. Less than a tenth of respondents (7.6%) said they could not tell whether there was too much anti-HIV/AIDS information, too little anti-HIV/AIDS information, or just sufficient anti-HIV/AIDS information on television. More than twice as many males (10.9%) as females (4.7%) gave this response.

**TABLE 10**

**How would you rate anti HIV/AIDS messages on television?**

Response	Female	Female Percentage	Male	Male Percentage	Total	Total Percentage
Very educative	39	60.9%	32	57.1%	71	59.1%
Very informative	19	29.6%	19	33.9%	38	31.6%
Not educative enough	4	6.2%	2	3.5%	6	5%
Not informative enough	2	3.1%	2	3.5%	4	3.3%
Boring	0	0%	1	1.7	1	0.8%
<b>Total</b>	<b>64</b>	<b>99.8%</b>	<b>56</b>	<b>99.7%</b>	<b>120</b>	<b>99.8%</b>

More than half of respondents (59.1%) were of the view that HIV/AIDS messages on television were very educative and about a third of respondents (31.6%) thought that HIV/AIDS messages on television were very informative. There was not too much

difference between the genders with regards to these responses (60.9% of females and 57.1% of males thought the HIV/AIDS information on television was educative, while 29.6% of females and 33.9% of males thought HIV/AIDS information on television was informative). Fewer than a tenth of respondents (5.0%) said HIV/AIDS television messages were not educative enough and only four out of the total of 120 respondents said HIV/AIDS television messages were not informative enough. Only one respondent said that HIV/AIDS television messages were boring.

**TABLE 11**

**How many times a week do you watch television?**

Response	Female	Female Percentage	Male	Male Percentage	Total	Total Percentage
Everyday	211	32.8%	28	49.1%	49	40.4%
Once a week	4	6.2%	2	3.5%	6	4.9%
Twice a week	5	7.8%	5	8.7%	10	8.2%
Thrice a week	0	0%	0	0%	0	0%
Weekends only	34	53.1%	22	38.5%	56	46.2%
Other						
<b>Total</b>	<b>64</b>	<b>99.9%</b>	<b>57</b>	<b>99.8%</b>	<b>121</b>	<b>99.7%</b>

More than a third but fewer than half of respondents said they watched television everyday. Almost half of all male respondents (49.1%) said they watched television everyday, while about a third of all female respondents (32.8%) said they watched television everyday. Only about one in 20 respondents (4.9%) said they watched television once a week and less than a tenth (8.2%) also said they watched television

twice a week. None of the respondents said they watched television three times a week. Almost half of the respondents (46.2%) said they watched television only on weekends. More females (53.1%) than males (38.5%) said they watched television on weekends.

**TABLE 12**

**How many hours a day do you watch television?**

<b>Response</b>	<b>Female</b>	<b>Female Percentage</b>	<b>Male</b>	<b>Male Percentage</b>	<b>Total</b>	<b>Total Percentage</b>
Less than 1 hour	13	20.3%	18	31.5%	31	25.6%
1 to 2 hours	29	45.3%	25	43.8%	54	44.6%
2 to 3 hours	0	0%	0	0%	0	0%
3 to 4 hours	16	25%	11	19.2%	27	22.3%
4 to 5 hours	0	0%	0	0%	0	0
5 to 6 hours	6	9.3%	3	5.2%	9	7.4%
More than 6 hours	0	0%	0	0%	0	0%
<b>Total</b>	<b>64</b>	<b>99.9%</b>	<b>57</b>	<b>99.7%</b>	<b>121</b>	<b>99.9%</b>

Respondents were asked to indicate how many hours a day they watched television. It became clear from the study that a majority of respondents did not spend more than two hours watching television in a day. About a quarter of the respondents (25.6%) said they spent less than an hour a day watching television. More males (31%) than females (20.3%) said they spent less than an hour a day watching television. Almost half of respondents (44.6%) said they spent one to two hours a day watching television. There was not much difference between sexes with regards to this response. None of the

respondents said they spent between two to three hours and none said they spent between four to five hours watching television. About a fifth of respondents (22.3%) said they spent between three to four hours a day watching television. More females (25%) than males (19.2%) said they spent between three to four hours a day watching television. Less than a tenth of respondents (7.4%) said they spent between five to six hours a day watching television. None of the respondents said they spent more than six hours a day watching television.

**CHAPTER FIVE**  
**DISCUSSION AND CONCLUSION**

**DISCUSSION**

The study was undertaken to find out how adolescents perceived and received HIV/AIDS messages on television. The study was also to determine whether adolescents' perception of AIDS and of the dangers of irresponsible behaviour was formed as a result of what they saw on television. Finally, the study was to find out whether some message types or forms were better received than others. In an attempt to achieve the above stated objectives, some research questions were posed to respondents and their responses were analysed. The discussion of the findings and the conclusions drawn from the findings are limited to the study site. Further studies may need to be conducted before such findings can be generalised among adolescents in senior secondary schools.

The findings of the study established that television remains an important and the most effective source of information on HIV/AIDS for most adolescents, even though there is still a wealth of information on AIDS available in, for example, journals, books and especially on the internet (see Table 1). This finding is a confirmation of an earlier finding in a study by Agatha Baffoe (2003) on Junior Secondary School (JSS) students' sources of information on HIV/AIDS. Baffoe's study established that television was the first initial source of HIV/AIDS information for JSS students. This may be because television is seen to be a more convenient, a more visually engaging and perhaps a more

accessible channel of communication than, for example, books or even the internet (which is not yet as easily accessible and convenient as television, especially in Ghana). Radio may also be convenient and accessible but may be lacking the visually-engaging ability (the ability to engage the visual attention of the viewer) that television has. Another reason why television may be a major source of HIV/AIDS information for adolescents could be that television gratifies the informational needs of adolescents and so adolescents tend to depend on it for most of their information. Indeed, the study established that adolescents depended on television more for information and education than for news and entertainment. From the findings of the study, at least, designers, producers and sponsors of anti-HIV/AIDS messages might have to put their messages aimed at adolescents on television rather than in books, journals or even on radio, even though these channels (radio, books, etc) still remain important sources of information for adolescents. Anti-HIV/AIDS information for adolescents may be more effective if it is designed and presented with the aim to educate and inform, rather than to entertain. So far, at least, from the results of this study, senders of HIV/AIDS television messages seem to be going in the right direction because most of their messages seem to be informative and educative (please refer to Table 10 of the analysis).

The findings from the study have made it clear that the most effective form of anti-HIV/AIDS messages for adolescents is for HIV/AIDS patients or sufferers to tell their own life stories. The reason why this form of message is the most effective for adolescents may be because when patients tell their stories, the issue of HIV/AIDS becomes real and humanised to adolescents, and no longer an imaginary disease or an

abstract concept. It might, thus, be worth getting more HIV/AIDS victims to share their life stories.

The findings from the study also seem to suggest that adolescents recognise that anti-HIV/AIDS messages on television are directed at them, and not some other audience. This may also explain why adolescents pay attention to anti-HIV/AIDS television messages. The study also establishes that most adolescents believe that television is a credible source, at least for anti-HIV/AIDS information, and that most adolescents have actually changed their sexual behaviours and attitudes based on the anti-HIV/AIDS messages they saw on television. This indeed, is good news.

Fortunately also, a majority of respondents recognised that they were vulnerable to HIV/AIDS. This may be a good sign because one would expect that it is when adolescents recognise their vulnerability that they are more likely to adopt the safe practices as recommended by the HIV/AIDS television messages. Perhaps the recognition of their vulnerability is the reason why a majority of adolescents pay attention when HIV/AIDS messages are shown on television (see Table 6). It was, however, worrying to observe from the findings that even though majority of respondents claimed that they paid attention to HIV/AIDS television messages (99% of respondents said they either paid attention all the time, or most of the time, or sometimes. See Table 5), a significant number of adolescents could not recall any of the HIV/AIDS on messages television. Maybe this may not be so surprising, considering the fact that almost half of respondents watch television only on weekends and majority of them do

not watch for more than two hours (please refer to Tables 11 and 12). Though it may give cause for concern, it might be worth stating that the fact that a good number of the respondents could not recall any anti-HIV/AIDS messages does not necessarily mean that these adolescents had not internalised the central message of the campaign.

## **CONCLUSION**

The study has clearly established that television plays a very important role in the communication of information on HIV/AIDS, especially to adolescents. Adolescents perceive television as a credible source for receiving information and they actually form their ideas about the reality of HIV/AIDS based on what they see on television. Anti-HIV/AIDS messages on television that are meant to inform and educate happen to be more effective for adolescents than AIDS messages on television meant to entertain.

## **LIMITATIONS OF STUDY**

Anti-HIV/AIDS campaigns are very comprehensive. They usually employ newspaper advertisements, radio advertisements and programs, billboards, posters, stickers, brochures, and interpersonal communication. This study, however, focused only on television programmes.

The research was limited to students of Accra High School, as time and monetary constraints did not permit the study to cover other schools and to deal with other adolescents who do not attend school. Due to the fact that the study was conducted at the

time when thir-year Senior Secondary School (SSS3) students were preparing for their exams, they were excluded from the study.

## **RECOMMENDATIONS**

This study was principally to collect respondents' views and perceptions on some aspects of HIV/AIDS television messages. Other channels of communication like radio, billboards, newspapers, and posters were not examined. It would be helpful if studies could be conducted to find out how adolescents perceived anti-HIV/AIDS messages on radio, posters, billboards, and in newspapers. This would help senders of HIV/AIDS messages to better determine which channels are to be used and how they should be used.

It would also be beneficial to conduct studies in other senior secondary schools in other towns, cities and also villages nationwide. Such research would provide more information that would assist anti-HIV/AIDS message senders to make informed decisions as to how to send such messages and which channels to use for respective areas.

Research studies on non-school-going adolescents would also be of benefit to anti-HIV/AIDS message senders, as this would provide valuable information with regard to how such an important category of adolescents could be reached with anti-HIV AIDS messages.

Based on the results of this study, it would be helpful to have individual in-depth interviews or focus-group discussions with adolescents. This would help us understand why adolescents perceive and receive the anti-HIV/AIDS messages the way they do. It might even be possible to find out, through the discussions, whether adolescents' egocentrism and sensation-seeking tendencies play a major role in the way they process HIV/AIDS information.

## APPENDIX

### 1. QUESTIONNAIRE

Dear Student,

I am a student of the School of Communication Studies, Legon. I am carrying out a study on “Adolescents Response to Anti HIV/AIDS Television Messages.” You have been chosen for the study because I believe that your candid views will contribute immensely to the success of the study. I would be grateful if you could answer the following questions as honestly as possible. Please do not compare your answers with your friends.

The information you provide will be treated with strict confidentiality.

Thank you for your assistance.

Please note that in the questionnaire below, “AIDS Television Messages” refers to all television series, advertisements, music, dramas, documentaries, and all other television programmes that address the issue of HIV/AIDS.

Please answer all questions truthfully. Tick your choice of answer in the bracket next to the answer you chose.

1. Do you watch television?

a) Yes [     ]     

b) No [     ]

2. Where do you watch television?

- a) At home [     ]
- b) Friend's house [     ]
- c) Neighbour's house [     ]
- d) Relative's house [     ]
- e) Other (specify).....

3. What do you use television for?

- a) For entertainment [     ]
- b) For information [     ]
- c) For education [     ]
- d) For news [     ]
- e) Other (specify).....

4. How many hours a day do you spend watching television?

- a) Less than one hour [     ]
- b) 1 to 2 hours [     ]
- c) 2 to 3 hours [     ]
- d) 3 to 4 hours [     ]
- e) 4 to 5 hours [     ]
- f) 5 to 6 hours [     ]
- g) More than 6 hours [     ]

5. How many times do you watch television in a week?

- a) Everyday [    ]
- b) Once a week [    ]
- c) Twice a week [    ]
- d) Weekends only [    ]
- e) Other (specify).....

6. Which television station do you watch often?

- a) GTV [    ]
- b) TV3 [    ]
- c) Metro TV [    ]
- d) TV Africa [    ]
- e) Other (specify).....

7. Which is your major source of information on HIV/AIDS issues?

- a) Television [    ]
- b) Radio [    ]
- c) Newspapers [    ]
- d) Friends [    ]
- e) Family members [    ]
- f) Books [    ]
- g) Internet [    ]

- h) School programmes [ ]
- i) Other (specify).....

8. Do you think AIDS messages on television are directed to you?

- a) Yes, they are directed to me [ ]
- b) No, they are directed to someone else [ ]
- c) I'm not sure [ ]

Please explain why.....  
.....  
.....

9. Do you understand all the AIDS messages you see on television?

- a) Yes I understand all the AIDS messages on television [ ]
- b) I understand most of them but not all of them [ ]
- c) I understand some of them [ ]
- d) I do not understand most of them [ ]
- e) I do not understand any of them [ ]

Please explain why.....  
.....  
.....

10. Do you believe all the AIDS information that you get from television?

- a) I believe all the information [ ]

- b) I believe most of it [     ]
- c) I believe just a little of it [     ]
- d) I don't believe at all [     ]

11. Do you think the issue of AIDS is exaggerated on television?

- a) Yes, I think so [     ]
- b) No, I don't think so [     ]
- c) Somewhat [     ]
- c) I don't know [     ]

12. From what you see on television, do you think AIDS is real?

- a) Yes, AIDS is real [     ]
- b) No, AIDS is not real [     ]
- c) I don't know [     ]

13. Do you think you are personally at risk?

- a) Yes [     ]
- b) No [     ]
- c) I don't know [     ]

14. Do you pay attention to AIDS messages when being shown on television?

- a) Yes, I pay attention all the time [     ]

- b) I pay attention most of the time [     ]
- c) I pay attention sometimes [     ]
- d) I pay little attention [     ]
- e) I do not pay attention at all [     ]

15. Have any of these AIDS messages on television influenced you to change your sexual attitudes or behaviours?

- a) Yes [     ]
- b) No [     ]
- c) Not really [     ]

16. Which anti-HIV/AIDS television advertisements or messages do you recall?

- a) .....  
.....
- b) .....  
.....
- c) I do not remember any [     ]

What do you remember about these advertisements or messages?

.....  
.....  
.....

17. What do you think about the amount of anti-HIV/AIDS information on television?

- a) There is too much information about AIDS on television [    ]
- b) There is too little information about AIDS on television [    ]
- c) There is sufficient information about AIDS on television [    ]
- d) Don't know [    ]

18. How would you rate anti-HIV/AIDS messages on television?

- a) Very educative [    ]
- b) Very informative [    ]
- c) Not educative enough [    ]
- d) Not informative enough [    ]
- e) Boring [    ]
- f) Other (specify).....

19. Which is the most effective way of getting anti-HIV/AIDS information to you on television?

- a) Through music with AIDS lyrics [    ]
- b) Through condom advertisements [    ]
- c) Through dramas and serials [    ]
- d) Through AIDS victims telling their stories [    ]
- e) Other (specify).....  
.....

**Please fill in these personal details.**

Name: .....

Gender:    Male [    ]                    Female [    ]

Age: .....

Class:        SSS1 [ ]        SSS2 [ ]        SSS3 [ ]

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