Effect of Mass Media and Africa Traditional Media on HIV/Aids Prevention Social Marketing Campaigns in Nigeria

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Abstract

The main goal of this research was to determine the effect of Mass Media and Africa Traditional Media on HIV/AIDS prevention social marketing campaigns in Nigeria. The study has been conducted in Nigeria to find out how traditional and mass media help in the prevention of HIV.

Key Words: Mass Media, Traditional Media, Social Marketing, HIV.

Introduction

The use of the mass media in social marketing campaigns in the health arena is well-known. The mass media has over the years served as a veritable tool for behavior-change social-marketing campaigns, globally. Kotler (2005:3), observes that social marketing on the other hand is used to influence social behaviors not to benefit the marketer, but to benefit the target audience and the society in general. It has been used extensively in international health programs of the advanced countries of Europe and America on diverse areas like drug abuse, physical fitness, human trafficking, safe-sex and prevention of communicable diseases like sexually transmitted diseases (STDs) and the dreaded HIV/AIDS. So, social marketing has proved a very vital tool in heath communication campaigns. This must be why Adirika, Ebue and Nnolim (1997:112) affirmed that social marketing strategies have been employed in public health campaigns to reduce the spread of HIV/AIDS, smoking, alcoholism, drug abuse, as well as family planning campaigns and many more.

Specifically, on the areas of HIV prevention, a social marketing campaign was launched in Nigeria in a bid to raise more public awareness of HIV/AIDS in 2005. This campaign took advantage of the increase in tele-density and ownership of mobile phones in the country, and sent text messages with information about HIV/AIDS to 9 million people (BBC News, 2005). Another high-profile media campaign was fronted by Femi Kuti, the son of Fela Kuti, the famous Afrobeat musician who died of AIDS in 1997. He appeared on billboards alongside roads throughout Nigeria with the slogan ''AIDS No Dey Show for Face'' which means you can''t tell someone has AIDS by looking at them (Reuters, 2003).

There was also the popular radio programme, Flavour, targeted at HIV/AIDS prevention in society, anti-stigmatization habits and safe-sex habits. In addition, there were radio campaigns by the Society for Family Health aimed at creating awareness on the dangers of HIV and increasing awareness on it and promoting positive behavior towards people living with HIV. Again, there was a radio serial programme in 2001, ""Future Dreams,"" broadcast in nine languages on 42 radio channels in Nigeria. It was aimed at encouraging consistent condom use, increasing knowledge and increasing skills for condom negotiation in single men and women aged between 18 and 34, reports the Population Services International (PSI, 2003). These, helped in reducing the HIV prevalence rate in Nigeria from its pre-2005 rate of 5.4% to the national rate of 3.4% in 2010 (WHO, 2010).

Notwithstanding, social marketing campaigns for the prevention of HIV in some developing countries like Nigeria, have been hindered by social, cultural and religious inhibitions. Restrictions on HIV social marketing products like condom promotion, have been reported in Nigeria from time to time, thereby hampering the HIV prevention efforts in the country. For instance, in 2001, a radio advertisement was suspended by the Advertising Practitioners Council of Nigeria (APCON), for promoting messages suggesting that it is acceptable to engage in premarital sex as long as a condom is used. In 2006 APCON also started to enforce stricter regulations on condom advertisements that might encourage "indecency," (PSI, 2003; UNAIDS, 2006).

Mindful of all these, what impact has social marketing communications strategy had in the campaigns against HIV/AIDS in developing countries? That's the major focus of this paper with special focus on Nigeria, the most populous black nation in the world.

Statement of the Problem

In spite of the fact that social marketing is a veritable communications weapon for checkmating the spread of communicable diseases such as the human immune deficiency virus (HIV), there has been a dearth of literature on studies in this area in developing countries like Nigeria. Even though the role of the mass media in health promotion campaigns have been dwelt on extensively in literature, there is a dearth of such literature on Africa traditional media. Hence, Ansu-Kyeremeh (1998), observed that despite their power to capture people's imagination and subsequently to change behaviors, the use of Africa traditional media in health education campaigns has not been fully described in Western literature.

More so, social marketing programmes for HIV preventions in Nigeria have been beset with a lot of problems. Firstly, sex is traditionally a very private subject in most Nigerian cultures. The discussion of sex with teenagers is often seen as inappropriate. Attempts at providing sex education for young people have been hampered by religious and cultural objections. In 2009 only 23 percent of schools were providing life skills-based HIV education, and just 25 percent of men and women between the ages of 15 and 24 correctly identified ways to prevent sexual transmission of HIV (Odutolu et al, 2006).

Again, girls marry so early in some regions of Nigeria, sometimes to much older men. Studies reveal that girls who are married at a younger age have less knowledge about HIV and AIDS than unmarried women, and are at high risk for becoming infected with HIV, reported the Population Services International (PSI, 2007). Then comes the serious problem of stigmatization of people living with HIV/AIDS (PLWAs) in Nigeria, thus leading to denials from the sufferers and fears by members of the public to go and ascertain their HIV status.

Hence, the motivation for this study, to examine the impact of social marketing communications strategy so far in the prevention of HIV/AIDS in developing countries, with special focus on Nigeria, which is the most populous black nation in the world.

Objectives of the Study

The broad objective of the study is to assess the impact of social marketing communications tools on the prevention of HIV/AIDS in developing countries, with emphasis on Nigeria. The specific objectives were:

i. To appraise the effect of applications of social marketing tools via the mass media on the prevention of HIV/AIDS in Nigeria.
ii. To appraise the effect of applications of social marketing tools via Africa traditional media on the prevention of HIV/AIDS in Nigeria.

Research Questions

The study was guided by the following research questions:

i. Do the applications of social marketing tools via the mass media have significant positive effect on the prevention of HIV/AIDS in Nigeria?
ii. Do the applications of social marketing tools via Africa traditional media have significant positive effect on the prevention of HIV/AIDS in Nigeria.

Hypotheses

The following null-hypotheses were formulated and tested in the study:

i. The applications of social marketing tools via the mass media have no significant positive effect on the prevention of HIV/AIDS in Nigeria.
ii. The applications of social marketing tools via Africa traditional media have no significant positive effect on the prevention of HIV/AIDS in Nigeria.

Literature Review

Theoretical Framework

The theoretical construct for this study hinges on the social learning theory and the social cognitive theory as effective communication's principles for HIV/AIDS campaigns in developing countries. The Social learning theory was propounded by Albert Bandura in 1977, while he modified it into the social cognitive theory in 1986. Bandura's Social Learning Theory holds that people learn from one another, via observation, imitation, and modeling. The theory believes that when people observe a model performing a behavior and the outcome of that behavior, they remember the sequence of events and this information later guide their own subsequent behaviors. Observing a model can also prompt the viewer to engage in behavior they already learned (Bandura, 1986).

That is to say human behavior is much more dependent upon the replication of the actions of others. Depending on whether people are rewarded or punished for their behavior and the outcome of the behavior, the observer may choose to replicate behavior modeled (Bandura, 2002). Bandura had previously observed that in social learning, there is a direct relationship between a person's perceived self-efficacy and his behavioral change. Self-efficacy emanates from four sources: "performance accomplishments, vicarious experience, verbal persuasion, and physiological states (Bandura, 1977).

In 1986, Bandura added that human behavior is caused by personal, behavioral, and environmental influences (Bandura, 1986). In 2001, Bandura also reflected on how the SCT could be applied in mass communication and marketing communications, by showing how new behavior diffuses through society by psychosocial factors governing acquisition and adoption of the behavior (Bandura, 2001).

Again, in 2011, Bandura showed how the SCT can be applied in health promotion issues like the HIV/AIDS campaign (Bandura, 2011).

Implication of the Theory to this Study

The implication of this theory to this study is that observing role models who abstain from illicit/pre-marital sex or use safe-sex tools like condom will not only directly affect other youths' behavior, but will also shape their outcome expectations, which are their beliefs about the most immediate and most likely social, personal, and physiological consequences of the action (Bandura, 1982:12).

In addition, role models can shape adolescents' self-efficacy. For instance, when Fela Anikulapo Kuti was announced to have died from AIDS, a lot of Nigerian youths were compelled to kick the habit of drugs and pre-marital sex (self-efficacy). This is therefore suggesting to our social-marketing change agents that in their social marketing campaigns, credible role models should be used in order to carry the youths along.

Social Marketing

Social marketing is the planning and implementation of programs designed to bring about social change using principles, concepts techniques and strategies from commercial marketing. Social marketing is also the systematic application of <u>marketing</u> along with other concepts and techniques to achieve specific behavioral goals for a social good (Kaplan and Haenlein, 2010:59). Social marketing can be applied to promote merit goods, or to make a society avoid demerit goods and thus to promote society's well-being as a whole, like asking youths to avoid pre-marital sex in order not to contract HIV/AIDS.

Among the important social marketing concepts is that:

- The ultimate objective of social marketing is to influence positive action;
- Action is undertaken whenever target audiences believe that the benefits they receive will be greater than the costs they incur;
- Programs to influence action will be more effective, if they are based on an understanding of the target audience's own perceptions of the proposed exchange;
- Target audiences are seldom uniform in their perceptions and/or likely responses to marketing efforts and so should be partitioned into segments;
- Social Marketing efforts must incorporate all of the "4 Ps," by:
- Creating an enticing "Product" (i.e., the package of benefits associated with the desired action);
- Minimizing the "Price" the target audience believes it must pay in the exchange;
- Making the exchange and its opportunities available in "Places" that easily reach the audience and fit its lifestyles;
- Promoting the exchange opportunity with creativity and through channels and tactics that maximize desired responses; Kaplan and Haenlein (2010:58).
- Recommended behaviors always have competition which must be understood and addressed;
- The marketplace is constantly changing and so program effects must be regularly monitored and change agents must be prepared to rapidly alter their strategies and tactics, (Wikipedia, 2010).

Applications of Social Marketing In Health-Marketing Campaigns

Health Literature have it that Craig Lefebvre and June Flora introduced social marketing to the public health community in 1988:15, where it has since been widely used and explored. Hence, health promotion campaigns in the late 1980s began applying social marketing in practice. Notable early developments took place in Australia. These included the Victoria Cancer Council developing its anti-tobacco campaign "Quit" (1988), and "SunSmart" (1988), its campaign against skin cancer which had the slogan Slip! Slop! Slap! (Keen, 2010:15). WorkSafe Victoria, a state-run Occupational Health and Safety organization in Australia also used social marketing as a driver in its attempts to reduce the social and human impact of workplace safety failings. In 2006, it ran "Homecomings", a popular campaign that was later adopted in New South Wales, Queensland and Western Australia, and named the 2007 Australian Marketing Institute Marketing Program of the Year (Scientificamerica, 2010). DanceSafe followed the ideas of social marketing in its communication practices. On a wider front, by 2007, Government in the United Kingdom announced the development of its first social marketing strategy for all aspects of health (Nielsen.com, 2009).

Social marketing theory and practice then progressed in several countries such as the US, Canada, Australia, New Zealand and the UK, and in the latter a number of key Government policy papers have adopted a strategic social marketing approach. Publications such as "Choosing Health" in 2004, "It's our health!" in 2006; and "Health Challenge England" in 2006, all represent steps to achieve both a strategic and operational use of social marketing. In India, AIDS controlling programs are largely using social marketing and social workers are largely working for it. Most of the social workers are professionally trained for this particular task, (Nielsen, 2009). Meanwhile, social marketing is also gradually gaining footholds into the marketing campaigns of organizations and government in developing countries like Nigeria. In the case of condoms in particular, social marketing acts as a "normalizer" of the product. Until recently in many societies, condoms were a product used rarely, available only in pharmacies behind the counter and regarded as appropriate for use only with commercial sex workers. Now, thanks to social marketing programmes, in many countries condoms are sold in other types of shops, their brand name is known and accompanied by a recognizable logotype, and medical providers and others talk about them in the media and educate people about their benefits. The result is the destigmatization or "normalization" of condoms and their use in populations in general and especially amongst those at high risk of HIV infection. In this sense, social marketing programmes can help populations to overcome social and cultural resistance to practising effective HIV/AIDS prevention, Wikipedia (2010).

Africa Traditional Media

According to Oraegbunan (2010), every society has its own means of controlling the social behaviour of its citizens in order to reach its desired goals. These behavior-control mechanisms are often culture-centric and reflects in the people's traditions. Africa traditional media are strong weapons for behavior control especially amongst the rural folks in Africa. The terms "folk media," "oramedia," "traditional media," and "informal media" have been used interchangeably in referring to the Africa traditional media. Odigbo, Anuforo and Odigbo (2013), observed that the African traditional media are the indigenous means of communication by the people of Africa amongst themselves. It is done through both human and non-human vehicles like talking drums, the folk songs, drama, festivals, town criers, traditional social groups, traditional wears, the artifacts, art works, paintings, stories, cultural architecture that reflects in the palaces, shrines, and African cities, towns and villages among others. It is also defined by Ansu-Kyeremeh (1998), as any form of endogenous communication system which by virtue of its origin from, and integration into a specific culture, serves as a channel for messages in a way and manner that requires the utilization of the values, symbols, institutions, and ethos of the host culture through its unique qualities and attributes, used for personal as well as group information sharing and discussion.

African traditional media also involves the use of idiomatic expressions, traditional symbols and folklores in communicating deep meanings amongst the people. The importance of the African traditional media is

I R M B R
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International Review of Management and Business Research

June 2017

Vol. 6 Issue.2

rooted in its grassroots expressions of the values and lifestyles of the people and, because they use local languages with which the people are familiar, are embedded in their cultural, social, and psychologic thinking. They are used to communicate entertainment, news, announcements, persuasion, and social exchanges of all types (Ansu-Kyeremeh, 1998; Odigbo, Anuforo & Odigbo, 2013).

Mass Media

Mass media encompasses the radio, television, print-media, billboards and the world-wide web forms of communications. The mass media can be relied upon as a potent force for achieving attitude and behaviour change in society. The mass media which includes the print media (press) and the electronic media (broadcast) represents a crucial resource as well as a formidable platform for propagating and inculcating the values inherent in every culture and people. The mass media is used to inform and educate the members of any given society.

The media performs legitimate functions for society by providing correct information, knowledge and informed opinions about every issue of concern to the people (Nwankwo, 2006). The role of the mass media in health-marketing and promotion campaigns across many countries of the world is well-documented in literature (USAID, 2015; UNAIDS, 2015).

Methodology

Survey design was adopted in the study. Data were gathered through structured-questionnaire administered on select groups in the country considered to amongst the vulnerable groups. This included: students, sex workers, drivers and youths from three cities in the country: PortHarcourt, Calabar and Enugu, noted for their high students' populations. The population of the study was 300,000, from which a sample size of 400 was statistically determined. Purposive sampling technique was used in administering the questionnaire. 380 of the questionnaire copies administered, representing 95.50% were filled and returned by the respondents. Data were presented in Likert 5-points scale and statistically analyzed with Measure of Central tendency (Mean).

Data Presentation and Analysis

Respondents' Demographic Data

Only 40% of the respondents were male, while 60% were female. The respondents were entirely youths in the age bracket of 18 to 35 years. Most of them, especially the ladies cooperated fully with the researchers.

Issue-Based Multiple Questions Likert's Scale

This part is based on Likert 5-points scale, where: Strongly Agree (SA) = 5points, Agree (A) = 4 points, Undecided (Ud) is 3 points, Disagree (D) is 2 points, while Strongly Disagree (SD) is 1 point.

Test of Hypothesis One

Ho: The applications of social marketing tools via the mass media have no significant positive effect on the prevention of HIV/AIDS in Nigeria.
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Hi: The applications of social marketing tools via the mass media have significant positive effect on the prevention of HIV/AIDS in Nigeria.
Test Statistics = Measure of Central Tendency

Decision Rule

If Mean < 2.5, the Respondents Disagree.

If 3.5 < Mean ≤ 2.5, the Respondents are Undecided.

If Mean ≥ 3.5, the Respondents Agree.

Table 1: Test of Hypothesis 1 on the effect of mass media on the prevention of HIV/AIDS in Nigeria

S/N	Questions	SA	A	Ud	D	SD	Mean	Decision
1	I heard and learnt much about HIV/AIDS prevention in Nigeria via the radio	130 (650)	195 (780)	22 (66)	20 (40)	16 (16)	4.08	Agreed
2	I heard and learnt much about HIV/AIDS prevention in Nigeria via the television	121 (605)	191 (764)	27 (81)	24 (48)	17 (17)	3.97	Agreed
3	I read and learnt much about HIV/AIDS prevention in Nigeria via the print-media	101 (505)	142 (568	31 (93)	47 (94)	59 (59	3.47	Disagreed
	Grand Mean						3.84	Agreed

Interpretation of Results

Results displayed on table 1 show that with a Mean score of 4.08 which is >3.50, the respondents agreed that they heard and learnt much about HIV/AIDS prevention in Nigeria via the radio. With a Mean score of 3.97 which is >3.50, the respondents equally agreed that they heard and learnt much about HIV/AIDS prevention in Nigeria via the television. Then, with a Mean score of 3.47 which is 3.50, the respondents disagreed that they read and learnt much about HIV/AIDS prevention in Nigeria via the print-media. All these cumulatively gave a Grand Mean of 3.84 > 3.50, thus, a rejection of the null-hypothesis and acceptance of the alternative hypothesis that "the applications of social marketing tools via the mass media have significant positive effect on the prevention of HIV/AIDS in Nigeria."

Test of Hypothesis Two

Ho: The applications of social marketing tools via Africa traditional media have no significant positive effect on the prevention of HIV/AIDS in Nigeria.

Hi: The applications of social marketing tools via Africa traditional media have significant positive effect on the prevention of HIV/AIDS in Nigeria.

Test Statistics = Measure of Central Tendency

Table 2: Test of Hypothesis 1 on the effect of Africa traditional media on the prevention of HIV/AIDS in Nigeria

S/N	Questions	SA	A	Ud	D	SD	Mean	Decision
1	I heard and learnt about HIV/AIDS prevention in my village via town-criers	131 (655)	199 (796	21 (63)	17 (34)	12 (12)	4.11	Agreed
2	I heard and learnt about HIV/AIDS in my village via local signs and symbols	128 (640)	196 (784	25 (75)	21 (42)	10 (10)	4.08	Agreed
3	I heard and learnt about HIV/AIDS in my village via village-square meetings	131 (655)	182 (728	22 (66)	21 (42)	24 (24	3.98	Disagreed
	Grand Mean						4.06	Agreed

Interpretation of Results

Results displayed on table 2 show that with a Mean score of 4.11 which is >3.50, the respondents agreed that they heard and learnt about HIV/AIDS prevention in their villages via town-criers. With a Mean score of 4.08 which is >3.50, the respondents equally agreed that they heard and learnt about HIV/AIDS in their villages through local signs and symbols. Then, with a Mean score of 3.98 which is 3.50, the respondents disagreed that they heard and learnt about HIV/AIDS in their villages via village-square meetings. All these cumulatively gave a Grand Mean of 4.06 > 3.50, thus, a rejection of the null-hypothesis and acceptance of the alternative hypothesis that "the applications of social marketing tools via Africa traditional media have significant positive effect on the prevention of HIV/AIDS in Nigeria."

Summary of Results and their Implications

A summary of the results of the study indicate that:

i. The applications of social marketing tools via the mass media have significant positive effect on the prevention of HIV/AIDS in Nigeria.
ii. The applications of social marketing tools via Africa traditional media equally have significant positive effect on the prevention of HIV/AIDS in Nigeria.

The implications of the result of this study, therefore, is that a combination of the mass media and Africa traditional media are needed as social marketing tools and strategies for achieving successful HIV/AIDS prevention campaigns in developing countries like Nigeria. The mass media have served as veritable weapons in many countries of the world for checkmating the spread of HIV/AIDS. This result agrees with UNAIDS (2015), that the media have a pivotal role to play in the fight against AIDS. That the efforts of the mass media in many countries in the areas of awareness, prevention, and education has helped to reverse the spread of HIV by 2015. This result is also corroborated by USAID (2015).

The result on the values of using Africa traditional media in HIV/AIDS prevention campaigns finds supports in Panford et al (2001), who observed that given the important role of oral tradition in indigenous settings throughout rural Africa, the use of folk media or Africa traditional media is a very vital communications' approach to HIV/AIDS prevention especially in rural Africa. The use of Africa traditional media for successful health promotion campaigns is also buttressed in a report by Unesco (2012).

Recommendations

Based on the results of the findings the following recommendations were proffered:

i.   There is also the need to improve upon Internet, radio and television access to the rural populace of Nigeria that constitute over 70 percent of the population.
ii. Religious leaders and other interest groups like school heads/teachers must also be carried along in the social marketing campaigns for the prevention of HIV/AIDS in the country.
iii. There is still the need to strengthen the social marketing infrastructures in most developing countries like Nigeria, in order to achieve better health promotion results in futures. Such infrastructures include steady power supplies for television viewing, radio listening and even Internet communications.

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