

Increasing People's Knowledge about HIV/AIDS: An Investigation into the Effectiveness of Reading as a Communication Strategy

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Among the factors probably causing stigma and discrimination against people living with Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) (PLWHA) are the public's inadequate knowledge and strong misconceptions about the pandemic. Having realised this fact, stakeholders intensify efforts at educating the public about HIV/AIDS. Reading is one of the communication strategies they employ to enrich people's knowledge about the disease. This article, therefore, focused on reading, primarily to investigate its effectiveness as a receptive communication skill, through which the public can be better educated about HIV/AIDS and thus, dispel their misconceptions about the disease and its patients. An experimental method was employed, using 220 respondents. Two separate instruments—attitude scale/questionnaire and an HIV/AIDS-related story—were used. The results showed that absolute majority of respondents (78.2 per cent) from the experimental group, which actually read the select HIV/AIDS-related story demonstrate better knowledge about HIV/AIDS than do the respondents from the control group. Thus, the study has established reading as an effective communication strategy for educating people and dispelling their misconceptions about HIV/AIDS and its patients. The findings also showed that there is a statistically significant difference in the attitude of male and female subjects to HIV/AIDS and PLWHA after reading the story.

Introduction

Evidently, HIV/AIDS is one of the deadliest diseases that threaten humanity. Since 1981, when scientists first identified HIV/AIDS as a fatal disease condition that makes the infected person vulnerable to infections,

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malignancies and neurological disorder, the societal responses to the disease and the infected persons have been those of denial, fear, contempt, discrimination, stigma and misconceptions (Fredriksson and Kanabus 2005). Sad enough, the disease has continued to decimate the world population, with sub-Saharan Africa being estimated as the worst hit region. For instance, according to UNAIDS report, in 2007, 22.5 million people in sub-Saharan Africa were living with HIV/AIDS—a representation of nearly 68 per cent of the total 33.2 million cases worldwide. Also, about 76 per cent of the 2.1 million AIDS-related deaths worldwide in 2007 occurred in sub-Saharan Africa (USAID, 2008).

Having realised this ugly trend, government, non-governmental agencies and stakeholders across the world do not spare efforts to fight the pandemic. However, as the global campaigns against the scourge heighten, the trend of stigma and discrimination against people living with the disease has continued to surge incredibly. Our society treats people with HIV/AIDS (PLWHA) with extreme disdain and contempt (Krishnatray et al. 2006), while friends and relatives ostentatiously avoid them. At places of work, in hospitals, schools, family, etc, the stigma and discrimination continue unabated. For instance, a person living (or believed to be living) with HIV/AIDS may be denied certain privileges at his work place or a public place. He may be prevented from enjoying equal social benefits or opportunities with others who are believed to be free from the disease. This usually gives the 'victim' more psychological trauma and worsens the effects of the disease (Fredriksson and Kanabus 2005; Letamo 2005; Olley 2003).

Instances of Stigma and Discrimination against PLWHA

Cases of stigma and discrimination against PLWHA abound. In December 2006, Mar Dionvisis LP School, a primary school in India, threw out five of its pupils (four girls and a boy aged between five and eleven) for being HIV-positive. The school bowed to the pressure from a mob of angry parents, and the threats from the state government to withdraw the school's permit to operate if it continued to keep the infected children with other pupils. During the 1 December 2006 AIDS Day Celebration in India, the local media splashed on the front pages, the pictures of some children who had not yet disclosed their HIV status. Parents of fellow pupils reacted violently

and the school authorities reacted by expelling the children from the school. Nigeria: a 37-year old PLWHA, Abigail Atirene-Obeten, claimed that her daughter was expelled from a nursery school in Lagos a few years back because the school discovered that she (Abigail) was HIV-positive (*TELL* [Nigeria] 16 July 2007: 37). Margaret Marabe's story is relatively scary. A local activist, Margaret reported she had seen AIDS patients buried alive in Papua New Guinea: 'I saw three people with my own eyes...when they (AIDS patients) got very sick and people could not look after them, they buried them alive', she recounted (*Nigerian Tribune* 30 August 2007: 37).

Apart from the incontestable fact that AIDS is currently incurable, other factors attributable to the sad trend of discrimination are misconceptions and lack of proper knowledge about the pandemic. For instance, Pakure, the acting director of Papua New Guinea's National AIDS Council, conceded that stigma and discriminations against PLWHA were very strong in the country's remote Southern Highland Province, where education about HIV was scarce (*Nigerian Tribune* 30 August 2007).

Various scholars have advocated the use of more effective communication strategies to enlighten the public and dispel the misconceptions and myths they hold about HIV/AIDS and its patients. Letamo, based on the findings of his research, submits that people really hold strong misconceptions about HIV/AIDS. He, therefore, concludes that to dispel such misconceptions, society needs to intensify the information, education and communication component of HIV/AIDS prevention and de-stigmatisation efforts.

The Problem

Reading is one of the communication strategies that stakeholders and scholars across the world employ to educate the public and dispel the myths and misconceptions they seem to hold about HIV/AIDS and people living with the disease. But, unlike the developed nations of the world, most African countries (including Nigeria), are characterised by a low reading culture and high rate of illiteracy. The zeal for book writing is low because the people do not show much interest in reading. Onukaogu and Ohia (2003: 63) appreciate this fact as they contend that 'the intra/inter ethnic, religious, social and political conflicts which plague our community continue because we are not sufficiently informed by ourselves'. Nevertheless, government and other stakeholders do not relent in their efforts to encourage the culture of

reading among the populace. The burning question, therefore, is, with all these variables, can reading be proved to be an effective campaign strategy for educating people about HIV/AIDS? This study aims to explore this gap.

Research Hypotheses

Ho1: Reading the select story will not lead to increase in subjects' knowledge about HIV/AIDS.

Ho2: There will be no significant difference in the attitudes of male and female subjects after reading the select story.

Methodology

Research Design

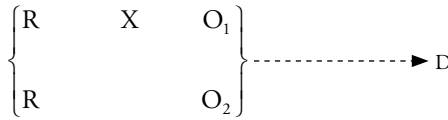
The experimental method was used for the study. Specifically, the researcher adopted the Post-test Only Control Group design where there were no pre-tests on both the control and the experimental groups (Figure 1). The two groups were post-tested only after the experimental group had received experimental treatment (that is, reading the select HIV/AIDS-related story). The basic reason why the researcher employed the Post-test Only Control Group design was to guard against the possibility of subject's sensitisation to the post-test, a phenomenon which could prevent honest responses on the part of the respondents, especially in a sensitive issue as the one under investigation. This method also allows at least half of the subjects to function freely in their natural setting with little interference from the researcher (Wimmer and Dominick 2000).

The design could be symbolically represented thus:

Sampling and Sample

The researcher chose 220 respondents for the study. Each of the experimental and control groups comprised 110 subjects. The purposive sampling technique was initially used to select a senior class from the school (that is, The International School, University of Ibadan, Nigeria). A senior class was selected because relatively, the students were likely to possess some affective and cognitive maturity.

Figure 1
Symbolic Representation of the Research Design



Explanation:

- where, R = random sample or random assignment of the subjects;
- X = treatment or manipulation of the independent variable (that is, reading of PLWHA) in order to measure the effects of this variable on the dependent variable (that is, knowledge about HIV/AIDS and attitude to PLWHA);
- O = process of measurement (observation);
- O₁ = post-test (observation) of experimental group;
- O₂ = post-test (observation) of control group;
- R × O₁ = progression of experiment;
- D = difference in knowledge of HIV/AIDS and attitude to PLWHA between experimental and control groups possibly attributable to the treatment (X)

A simple random sampling technique was subsequently used to select the samples from the six arms of the class. The students' comprehensive attendance registers were used as the sampling frame from which the samples were randomly selected.

Background Characteristics of Sample The sample—a representative of the population—was made up of 220 students chosen randomly from first year students of the Senior Secondary School (SSS 1) of the International School, University of Ibadan, Nigeria. The students were teenagers whose minds were tender, and impressionable. However, they possessed good cognitive, effective and linguistic maturity because of their exposure to a high academic standard. According to the readability test administered on the students, 90.9 per cent of them could read independently, while only 9.1 per cent needed minor instructions to read effectively. The experimental group had 52 (47.2 per cent) male and 58 (52.7 per cent) female respondents, while the control group comprised 62 (56.3 per cent) male and 48 (43.6 per cent) female respondents. Ninety-one (82.7 per cent) of the respondents were Christians and 19 (17.2 per cent) were Muslims. The sample consisted of four different ethnic groups, that is, Hausa (six; 2.72 per cent); Igbo (34; 15.45 per cent), Ijaw (eight; 3.63 per cent) and Yoruba (172; 78.18 per cent). The sample was dominated by Yorubas because the school was located in Ibadan, a Yoruba city in the south-western region of Nigeria.

Instrumentation

Two research instruments were used for data collection: a 14 paragraph HIV/AIDS-related story, titled *Midday Darkness* (see Appendix), and an attitude rating scale/questionnaire. This fictitious story, which was conceived and developed by the researcher, was used as the treatment given to the experimental group.

The Story The 14 paragraph short story, titled *Midday Darkness*, is a tragedy. It is the tragic story of a young, promising girl (Sandra Ilori), a graduate of medicine, who is the pride of her people and the only hope of her parents. She is admired and respected by her friends, college mates and even lecturers. Her outstanding diligence, exemplary humility, superlative brilliance and unusual chastity endear her to virtually everybody around her. At 26, she is still a virgin. However, she contracts the deadly HIV/AIDS disease in mysterious circumstances. She eventually dies miserably after being deserted by friends, church and relatives. The story is fictitious, but original. It is written in a lucid style that is appropriate to the linguistic maturity of the students. Besides, the average length of the story justifies its inclusion as an appropriate instrument used as the treatment for the experimental group.

Control of Possible Extraneous Variables In order to ensure that possible confounding variables did not affect the validity and reliability of the instruments and the findings of the study, the researcher took the following steps:

1. The two groups were identical in the sense that they were selected from the same sub-set of the population, that is, they were both from Senior Secondary School I (SSS I) classes of The International School, University of Ibadan, Nigeria.
2. The instruments used requested no names. This was to ensure high confidence.
3. There were no pretests on both groups. This was deliberate as pretests are capable of sensitising the subjects to the post-tests, thereby preventing their honest responses (Wimmer and Dominick 2000).
4. The post-tests were carried out immediately after the treatment was given to the experimental group. This was to prevent the possibility

of any intervening variables that could create wrong explanation of results. Wimmer and Dominick describe these as *artifacts*.

5. The post-tests (observations) were carried out simultaneously on both groups.
6. Respondents were not allowed to discuss during the post-tests. This eliminated the possibility of the bandwagon effect¹ on their responses. Some staffers of the school assisted the researcher to conduct the post-tests.

Data Collection and Analysis

In order to determine the appropriateness of the story, a readability test (Cloze test²) was conducted. The result of the test, using Bormuth's (1967) scale showed that 90.9 per cent of the subject read at independent level, 9.1 per cent at instructional level and zero per cent at frustration level. This indicated that the story was appropriate for the linguistic maturity of the subjects (Arua 2003).

Only the experimental group had been exposed to the experimental treatment (that is, reading the HIV/AIDS-related story), before observations (post-tests) were carried out on both groups. With the assistance of some staffers of the school, the researcher conducted the post-tests on the subjects by distributing the attitude rating scale/questionnaire to the two groups simultaneously. A combination of frequency count, simple percentage and t-test comparison analysis were used to analyse the data collected.

Findings

Ho1: Reading the select story will not lead to increase in subjects' knowledge about HIV/AIDS.

Table 1 shows that in the control group, five respondents, representing 4.5 per cent chose option 'A'; 19 (17.2 per cent) respondents chose option 'B'; 36 (32.7 per cent) respondents chose option 'C'; while 50 (45.4 per cent) chose option 'D'. In the experimental group, only one respondent standing for 0.9 per cent chose option 'A'; none of the respondents chose option 'B'; 105 (95.4 per cent) respondents chose options 'C'; while 4 (3.6 per cent) respondents chose option 'D'. NB: Except option 'C', other options given in the key (Table 1) contain correct concepts about HIV/AIDS.

Table 1
Respondents' Level of Awareness of Wrong Concepts about HIV/AIDS

Response	Control group		Response	Experimental group	
	No. of respondents	Percentage		No. of respondents	Percentage
A	5	4.5	A	1	0.9
B	19	17.2	B	–	1
C	36	32.7	C	105	95.4
D	50	45.4	D	4	3.6
Total	110	100	Total	110	100

- Notes:** A: HIV/AIDS has not got a permanent cure yet.
 B: HIV/AIDS itself does not kill directly, but it attacks the human immune system, which makes the infected person susceptible to opportunistic infections that eventually kill.
 C: It is very easy to identify a person living with HIV/AIDS because the symptoms of the disease quickly manifest in the eyeballs, even at the early stage of infection.
 D: HIV/AIDS is not transmitted by casual contact; transmission requires a direct exchange of body fluids such as blood or blood products, breast milk, etc.

Table 2 indicates that in the control group, 67 respondents, standing for 60.9 per cent, agree with the assumption that the retrovirus (HIV) is the end-product of AIDS. Forty-three (43) respondents, representing 39.1 per cent, disagree with the assumption. In the experimental group, 24 (21.8 per cent) respondents agree with the assumption, while 86 (78.2 per cent) respondents disagree.

Table 2
**Respondents' View on the Assumption that
 the Retrovirus (HIV) is the End-product of AIDS**

Response	Control group		Experimental group	
	<i>f</i>	Percentage	<i>f</i>	percentage
Yes	67	60.9	24	21.8
No	43	39.1	86	78.2
Total	110	100		100

Going by the findings as shown in Tables 1 and 2, respondents from the experimental group, which read the story, demonstrate, to a very significant extent, better knowledge about HIV/AIDS than do the control group that did not read the story. Thus, findings (see Tables 1 and 2) reject the null

hypothesis 1 (Ho1), that reading the select story will not lead to increase in subjects' knowledge about HIV/AIDS. The converse, therefore, holds.

Ho2: There will be no significant difference in the attitudes of male and female subjects after reading the select story.

Table 3 shows that out of 52 male respondents in the experimental group, 13 (25 per cent) respondents support the view that school authorities should screen every student and keep in separate classrooms students who are HIV positive, while 39 (75 per cent) male respondents hold a contrary view. On the other hand, out of 58 female respondents in the experimental group, three (5.1 per cent) respondents support the view, while 55 (94.8 per cent) female respondents disagree with the view.

Table 3
Respondents' Reaction to the View that School Authorities
Should Screen Every Student and Ensure that Students
Who are HIV Positive are Kept in Separate Classrooms

Gender	Response		Total
	Yes	No	
Male freq. (%)	13 (25%)	39 (75%)	52 (100%)
Female freq. (%)	3 (5.1%)	55 (94.8%)	58 (100%)

Table 4 shows that *t*-calculated (3.040) is greater than *t*-tabulated (1.980) at 0.05 level of significance (that is, $t\text{-cal} = 3.040 > t\text{-tab} = 1.980$ at 0.05 level of significance). This implies that there is a statistically significant difference between the attitudes and views of the male and female respondents in the experimental group.

Table 4
Summary of t-Test Analysis to Measure Possible Level
of Difference in the Opinions of Male and Female Respondents

	<i>t-cal</i>	<i>Df</i>	<i>t-tab</i>	<i>Sig. (2 tailed)</i>
Ho2	3.040	108	1.980	0.0003

The findings (see Tables 3 and 4) show that the number of male respondents that want the school authorities to screen every student and separate

students living positively from others not infected is more than the number of the female respondents that hold a similar view. The findings, thus, reject the null hypothesis 2 (Ho2). The implication of this, therefore, is that there is a statistically significant difference in the attitudes of male and female students after reading the select story.

Discussion of Findings

The study reveals that reading the select HIV/AIDS-related story is capable of improving subjects' knowledge about HIV/AIDS. The study, therefore, presents reading of HIV/AIDS-related fictions as a potent means of enhancing readers' knowledge and dispelling the misconceptions they might hold about HIV/AIDS. This is so because the findings of the study show that respondents from the experimental group, which actually read the story, demonstrate better knowledge about HIV/AIDS than do the respondents from the control group, which did not read the story.

The findings reaffirm the relevance of 'edutainment' that when a communication message combines entertainment with appropriate information and education, so that people are informed, educated and entertained simultaneously, the effect is much greater and far-reaching (Mac Bride 1981; Soola 1999; Wright 1986). The select story used as the treatment in this study is a creative work that educates and entertains the reader simultaneously.

The findings also agree with the tenets of Behavioural Model of reading. The model states that learning is habit formation, which has relationship between a stimulus and response. This relationship is called an S-R bond. It presents learning as the process of acquiring new behaviour and knowledge by encouraging or discouraging such old behaviour patterns through training or practice (Dechant and Smith 1977).

Furthermore, based on the results in Tables 3 and 4, it is apparent that there is a statistically significant difference in the attitudes of male and female respondents after reading the select story. However, this level of difference in the attitudes of male and female subjects may not be absolutely attributable to the treatment they were exposed to, because the two genders received the same treatment (that is, reading of the select story) simultaneously as a group. Nevertheless, this difference in attitude change between the two genders

could be a function of other variables or factors such as individual's level of previous experiences and exposure, level of comprehension and linguistic competence, which can be further explored by other researchers.

The stated findings have their root in the tenet of the cognitive model of reading, which asserts that the learner is not a simple reactor to stimuli, who forms new habits or behaviour patterns through the conditioning of stimulus–response (S–R) bond. Rather, it presents learner as 'a gatherer, processor, and consumer of information', who is capable of making critical and active contribution by adding his or her experiences (Dechant and Smith 1977; Kress 1971; Ruddell 1971; Stauffer 1971). This is a deadly blow on the Instinctive S-R theory of communication, but a further confirmation of the Post-instinctive S-R theory of communication, which recognises the relevance of individual differences, social categories and social relation perspectives in the process effect of the mass media (Folarin 1998; Severin and Tankard 2001). The attitude a person holds is the function of one learning experience or the other. This attitude, therefore, dictates how the individual acts individually or collectively (*Encyclopedia Americana* 1997).

Conclusion and Recommendation

Reading has been established as a communication strategy that can be used to enhance people's knowledge about, and dispel myths and misconceptions they seem to hold against, HIV/AIDS and those living with the disease. In a society which is characterised by heterogeneity of language and culture as ours, exposure to literature can promote peaceful co-existence among the various socio-cultural groups (Onukaogu and Ohia 2003). In fact, writing of interesting fictions that treat HIV/AIDS-related subject matters should be encouraged, and such fictions should be composed in lucid expressions that would not bore the readers. More so, government and other stakeholders should encourage the culture of reading in our society. Since print permits detailed presentation of information and thorough discussion of complex subject matters (Silverblatt 2001), the use of reading materials to reach and educate the public about HIV/AIDS would always prove effective. However, caution must be exercised while using reading for this purpose, since individuals are not the same in their attitudes and experiences; they react

differently to issues. Therefore, factors such as social relations perspective, social categories perspective, individual differences perspective and levels of experiences should be always carefully considered because reading is a function of experiences (Lee and Allen 1963).

Appendix

Midday Darkness

It was the peak of the harmattan. The night arrived too prematurely, accompanied with impenetrable darkness and freezing cold. An unending power outage, which had been plaguing the entire neighbourhood since about three weeks, compounded the situation. Except Sandra, every living being in the entire Fagbolu Close had gone to sleep.

Inside her dimly lit room, amidst profuse, bitter sobs, she stared unconsciously at the large frame of a colour photograph where she was being presented with a prize by the Vice-Chancellor as the over all best graduating medical student that year. The photograph, where she was elegantly decorated in the academic robe, was hung conspicuously just above the brown lintel of her room's window. On her reading desk at the right corner of the room, a glass-cup containing a milky liquid was carefully placed beside a pile of text-books. In the dimness of the room, Sandra's eyeballs, swollen and bloodshot, radiated an aura of melancholy, despondency and extreme desperation.

The chill of the pregnant night obviously had no effect on her as beads of hot sweat rolled down her oval face. She dejectedly rested her emaciated frame on a rickety wooden couch, which produced some creaking sounds intermittently whenever she coughed.

Just as she was about to take the final decision, her tortured mind wandered back to the ugly past: that fateful afternoon when she received the devastating verdict that shattered her entire life. 'Sandra, I am sorry to tell you this,' Doctor Wilfred started soberly, trying to avoid a direct eye contact with Sandra, who now looked more confused. 'The results of the various tests we have been carrying out since your admission in this hospital are the same,' the doctor managed to conclude as he gave a copy of the result of the latest test to Sandra. The piece of paper was apparently too heavy for her frail fingers. Anxiety was boldly written on her face. She trembled visibly reading through the report. 'Why me-e-e!!!' she screamed and slumped into a deep unconsciousness.

After about three hours, when she eventually came round, Doctor Wilfred invited Sandra to his office for counselling. 'Sandra,' the doctor began, 'what has happened

to you is not the end of life. You don't need to despair at all. That you are HIV/AIDS positive doesn't give a death verdict. Life still continues as usual', he counselled. 'In fact, you can still live your normal life if you have good care and receive proper attention from your people and society at large. Let them know your status. Don't conceal it. I will invite your parents to see the reason why they should not abandon or avoid you. Nothing makes you different from other people in society', he concluded.

On getting home that afternoon, Sandra was totally downcast. Myriad of negative thoughts flooded her mind. 'I, Sandra Ilori, HIV/AIDS positive? How will I tell my people, especially my friends and Peter, the only man in my life?' she asked herself amidst sobs, sitting lonely on the only sofa in her father's sitting room.

Of course, Sandra had many reasons to worry and grieve. Her parents, Mr. and Mrs. Ilori Williams, were extremely poor. She was their only child and hope. All along, she would not have been able to complete her university education, thanks to a state scholarship she won after emerging the overall best candidate at the Joint Admission and Matriculations Examination.

She was loved by all her lecturers and respected by her friends and classmates. Her outstanding diligence, exemplary humility and unusual chastity endeared her to virtually everybody. At twenty-six, she was still a virgin! This usually gave her a sense of pride and confidence before Peter, her future man, who was also a medical student undergoing his housemanship.

'How did I get HIV/AIDS? What will I tell the Pastor, who always trusts me as a decent maiden?' she asked herself, confusedly. She remembered vividly that the doctor had told her that 'HIV/AIDS can be contracted only by exchange of body fluids such as blood, breast milk, etc., but casual and indiscriminate sex poses the highest risk'. 'None of my parents is HIV/AIDS positive, and I have never had a blood transfusion neither did I have any...', she thought aloud.

The hurricane lamp that faintly illuminated her room flickered. As she got up to adjust its wick, her mind came back to the consciousness of her present predicament. Drenched with the flood of her tears and sweat, Sandra painfully adjusted her frail frame and emitted some cracking cough, which had now become her permanent partner. Her legs were too weak to support her fragile trunk. Any time she tried to walk, she felt like a drunken gorilla walking with the limbs of a praying mantis. She tried to get up one more time that night, but that was exceedingly painful! Once again, the bitter reflection of the pathetic downturn of her life engulfed her. She crashed in tears.

Mr. Ilori Williams, her father and her only companion, was lying critically ill in the hospital as a result of the trauma of his wife's death who was involved in a fatal auto crash that happened two weeks ago along the Ibadan—Ife highway. Sandra now had no one to care for her. All her friends, relations, church members, including the Pastor, had deserted her. Her only soul mate at present was the foray of opportunistic infections that threatened her life. Peter? He had walked out of her life! Sandra had

heard him say he could not risk his precious life in the name of loving a shameless whore. Uncle Kunle, her mother's younger brother, who stayed in Port Harcourt, was no more forthcoming in the recent time. She was convinced that the whole world had abandoned her. To Sandra, life was brutish, worthless, nasty and meaningless.

As her senile fingers caressed the glossy surface of the enlarged photograph, she sobbed bitterly and crashed into her bed. Immediately, a renewed fog of hopelessness and desperate determination overshadowed her. She grunted and emitted a deep, ominous breath, groping her right hand purposefully towards the dark edge of her reading desk. She eventually got what she needed.

The morning tarried. It crept in reluctantly and belatedly. Uncle Kunle, who had arrived, but very late, at the town that previous night, put up in a nearby hotel. He had come to see Mr. Ilori Williams and take Sandra to Port Harcourt for proper treatment. On the arrival of the morning, uncle Kunle headed for Sandra's apartment. But he was rather late! On the bare floor inside her room, uncle Kunle met Sandra's skeleton laid motionless. A mass of thick white foam oozed from her mouth, which painted a vivid picture of tragedy. Just beside her, a glass-cup containing some whitish dregs was visibly placed on a white piece of paper. On the piece of paper, she composed an epitaph, which she earnestly instructed must be cut on her tombstone. It reads:

Let the earth mourn not my exit
Nor the world weep over my death,
For like a naked burning candle
In the turbulent hurricane;
You caused my star to dwindle
And my sun to set so soon...

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Notes

1. An observed psychological phenomenon where people tend to do and believe what they see majority of people do and believe, irrespective of whether such things are right or wrong.
2. A readability test that involves a passage of about 250 words where every fifth or sixth word of the passage (the first sentence may be exempted) is deleted, leaving a blank space in place of the deleted word. Then, the reader is asked to fill in the missing words.

References

- Arua, A.E.** (2003). Getting ready to teach reading in the primary school. In C.E. Onukaogu, A.E. Arua and O.B. Jegede (eds), *Teaching reading in Nigeria: A guidebook to theory and practice* (pp. 78–96). Newark: International Reading Association.

- Bormuth, J.R.** (1967). *Implications and use of the cloze procedure in the evaluation of instructional programmes*. Occasional Report No. 3. Centre for the Study of Evaluation of Instructional Programmes, Los Angeles: University of California.
- Dechant, E.V.** and **H.P. Smith** (1977). *Psychology in teaching reading*, 2nd edition. New Jersey: Prentice-Hall Inc.
- Encyclopedia Americana* (1997). *Attitude*, 2(1), 659.
- Folarin, B.** (1998). *Theories of mass communication: An introduction*. Ibadan: Stirling-Horden Publishers (Nig.) Ltd.
- Fredriksson, J.** and **A. Kanabus** (2005). HIV & AIDS stigma and discrimination: UNAIDS, AIDS eepidemic update, <http://www.avert.org/aidsstigma.htm>, accessed 5 October 2005.
- Kress, R.A.** (1971). Reaction to reading as cognitive function. In H. Singer and R.B. Ruddell (eds), *Theoretical models and process of reading* (pp. 142–46). Delaware: International Reading Association Inc.
- Krishnatray, P., S.R. Melkote** and **S. Krishnatray** (2006). Providing care to persons with stigmatised illness: Implications for participatory communication. *Journal of Health Management*, 8(51), 51–63.
- Lee, D.M.** and **R.V. Allen** (1963). *Learning to read through experience*. New York: Meredith Publishing Company.
- Letamo, G.** (2005). The discriminatory attitude of health workers against people living with HIV, <http://www.rxgnews.com/medianews/healthcare/Africa/article>, accessed 14 November 2005.
- Mac Bride, S.** (1981). *Many voices, one world*. Ibadan: Ibadan University Press.
- Nigerian Tribune* (2007). AIDS patients buried alive in Papua New Guinea. *Nigerian Tribune*, 30 August, p. 37.
- Olley, B.** (2003). Investigatory attitudes toward caring for people with HIV/AIDS among hospital care workers in Ibadan, Nigeria: The role of self-efficacy. *African Journal of Aids Research*, 2(1), 57–61, <http://www.ingentaconnect.com/content/nisc/ajar>, accessed 19 July 2005.
- Onukaogu, C.E.** and **I.N. Ohia** (2003). Literature in the reading curriculum. In C.E. Onukaogu, A.E. Arua and O.B. Jegede (eds), *Teaching reading in Nigeria: A guidebook to theory and practice* (pp. 57–77). Newark: International Reading Association.
- Ruddell, R.B.** (1971). Psycholinguistic implications for a system of communication model. In H. Singer and R.B. Ruddell (eds), *Theoretical models and process of reading* (pp. 239–58). Delaware: International Readers Association Inc.
- Severin, W.J.** and **J.W. Tankard, Jr.** (2001). *Communication theories: Origin, methods and uses in the mass media*. New York: Addison Wesley Longman Inc.
- Silverblatt, A.** (2001). *Media literacy: Keys to interpreting media messages*, 2nd edition. Westport: Praeger Publishers.
- Soola, E.O.** (1999). Traditional and modern communication media use and strategies for effective environmental awareness. *Journal of Communication and Language Arts*, 1(1), 32–44.
- Stauffer, R.G.** (1971). Reading as a cognitive function. In H. Singer and R.B. Ruddell (eds), *Theoretical models and process of reading* (pp. 124–41). Delaware: International Reading Association Inc.

- TELL (Nigeria)** (2007). The childish face of stigma. *TELL*, 16 July, p. 14.
- USAID** (2008). *HIV/AIDS health profile: African region* http://www.usaid.gov/our_work/global_health/aids/Countries/africa/hiv_summary_africa.pdf, accessed 28/10/2009.
- Wimmer, R.D. and J.R. Dominick** (2000). *Mass media research: An introduction*, 2nd edition. Belmont: Wadsworth Publishing Company.
- Wright, C.R.** (1986). *Mass communication: A sociological perspective*, 3rd edition. New York: Random House.

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