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# Analysis of HIV/AIDS Information Awareness and Effectiveness Among Artisans in Ogbomoso, Oyo State, Nigeria

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## Introduction

HIV/AIDS awareness initiative is a collective responsibility that is not limited to the health sector only but to all and sundry. It could be termed " a global crisis " with victims all around the entire globe. Inadequate information regarding the spread of this global disease could pose a devastating effect on economic growth and social sustainability of the entire world. Therefore, creativity, synergy and collaboration from all sectors of society are required to finding solution to mitigate and curb the widespread. According to UNAIDS (2008) HIV/AIDS is among the greatest challenges to sustainable economic, social and civil society development today; it is a global crisis that undermines all aspects and all sectors of our entire society. No region of the world has been spared; the epidemic remains extremely dynamic, growing and changing characters as the virus exploits new opportunities for transmission. Hence, an effective response demands committed, urgent and sustained action by alliances of individuals, nongovernmental and governmental organizations. Furthermore, an epidemic as complex and as destructive as HIV/AIDS requires innovative and global sensitization.

## Literature Review

Since the discovery of Human immunodeficiency virus (HIV) as the causative organism of Acquired Immune Deficiency Syndrome (AIDS) in 1983, the infection has attained epidemic proportion globally. HIV/AIDS is an extraordinary kind of crisis; it is both an emergency and a long-term development issue. Tumer and Unal (2000) assert that (HIV/AIDS) is one of the most complex health problems of the 21<sup>st</sup> century. Despite increased funding, political commitments and progress in expanding access to HIV treatment, the AIDS epidemic continues to outpace every global

response.

Today the AIDS epidemic has become a pandemic disease that is threatening the world population. As the HIV/AIDS pandemic continues to spread around the world at an alarming rate, the number of people with this disease is been expected to grow significantly by the end of this decade (ICI 2002). Moreover according to UNAIDS (2006); an estimated 24.7million people are living with HIV/AIDS in sub Saharan Africa. Meyer (2003) claims that HIV/AIDS which is acclaimed the fourth- leading cause of death worldwide is estimated to have claimed 25million lives since the beginning of the epidemic.

Acquired immune Deficiency syndrome (AIDS) is a viral disease caused by human Immunodeficiency virus (HIV) that is usually found in body fluids like blood, semen, vagina fluid, and breast milk of infected persons. The virus can be transferred from one infected person to another, mostly through sexual intercourse and sharing of unsterilised instruments like blades, knives, and syringes which had once been used by infected persons. (Olaleye 2003)

AIDS has rendered many children orphans, many of which were born with HIV infection. AIDS is killing the most productive people in the population, widening the level of development between developed and developing nations. It is also taking toll on the health sector since a lot of fund is channeled towards HIV/AIDS prevention and control. It has been observed that despite the many programmes organized to inform people about the problem of HIV/AIDS, the rate of it infection continues to be on the increase. (Omoniyi and Tayo-Olajubu 2006)

However, Cichocki (2010) Insists that, HIV testing is the first step to take when trying to find out a person's status. Never should one rely on symptoms of HIV to decide whether one is infected. HIV testing is the only way to know for sure. The importance of early diagnosis of HIV cannot be overstated. Decades of HIV and AIDS researches have proven that the earlier HIV is diagnosed, the better the prognosis and the likelihood of a long and healthy life. Meanwhile, certain risk behaviors have been associated with high HIV infection rate. These behaviors according to Anochie and Eneh (2001) are either life style related or health-care provider risk. The life style related risk behaviors include multiple sexual partners, prostitution, sex with prostitute or casual partners, unprotected sex, intravenous, drug abuse and commercial blood donation among others.

Moreover, various campaigns have been mounted by both governmental and non governmental association (NGOs) to curtail the spread of HIV/AIDS. Olaleye (2003) posits that these campaigns focused on measures to prevent HIV/AIDS infection. The measures include total abstainness from sex, use of condom to avoid infections from unprotected sexual intercourse, screening of blood meant for transfusion, keeping to one sexual partner, use of sterilized sharp object like blades, knives, needles / syringe, shaving and barbing instruments, Intending couples are also advised to do HIV/AIDS test before being joined in marriage.

Omoniyi and Tayo-Olajubu (2006) submit that People diagnosed with AIDS may get life-threatening diseases called opportunistic infection which are caused by microbes such as viruses and bacterial that usually does not make healthy people sick. However, What the HIV does is to gradually damage the immune system so that an infected person would be vulnerable to all sorts of diseases and illnesses, which may eventually lead to the total collapse of the immune system. It is at this point a person is said to be suffering from AIDS.

## Information Impact on HIV/AIDS Awareness

Information increases the level of certainty in any human decision process; little wonder, Edewor (2010) posits that information is indispensable for human development. Likewise , Nwafor-Orizu (2003) while describing sources of information dissemination in the rural areas in Nigeria, avers that, oral sources like face-to-face

interaction, radio, television, traditional institutions, associations, and written sources like newspapers and magazines aims to facilitate rural information transfer as a way of eliminating ignorance and superstition. The present information and education campaign to forestall the spread of the disease should be pursued with vigor but some energy has to be dissipated to the care of people already afflicted. (Akanmu and Akinsete 2006)

Mooko and Aina (2007) opine that every individual, whether literate or illiterate, needs information for a variety of issues essential for his or her survival. It is therefore, not surprising that information is needed for awareness, increase productivity, health and so on. They further assert that users of information are complex, while some are homogenous such as professionals, students, policy makers, researchers, some could be heterogeneous like rural inhabitants, artisans and so on. Ilo and Adeyemi (2010) in their own opinion submit that information is the most potent weapon available for the prevention and cure of HIV & AIDS.

HIV is a daily companion, In order to control the HIV epidemic, we all need to learn as much as possible about the disease. As for those living with HIV, comprehensive and up-to-date information is an essential part of a healthy life. There is no better place to start the education than at the beginning.

## Concept of Artisans

According to Mooko and Aina (2007), artisans are those who perform skilled work with their hands. They are equipped with vocational education that may be acquired formally or informally. In most cases, they serve as apprentices before they become adept in their vocation. They are involved in all kinds of occupations, especially those in construction and motor industry; hence we have carpenters, plumbers, bricklayers, welders painters, panel-beaters, electricians, mechanics, and so on. Moreover according to the duo, other activities artisans are involved include hairdressing, tailoring, and dressmaking. They have limited education. Most of them would have primary education and a few have attained secondary education. Artisans are manual workers who labour with their hands, often in an urban setting and originally learned through apprenticeship. Artisans are the producers of hand-crafted goods that require an advanced level of knowledge and training.

The need for awareness programs to be extended to the artisans stems from the fact that this category of people are rarely found at home during the time most educational activities on HIV/AIDS awareness take place. Hence, they harvest relevant and irrelevant information from their immediate environment and share same with their folks during conversation.

## Government Intervention in Nigeria

In Nigeria an estimated 3.1 percent of adult between ages 15-49 are living with HIV/AIDS, approximately 170,000 people died from AIDS in 2007 alone (UNAID 2008). The first two cases of HIV/AIDS in Nigeria were identified in 1985 and were reported at an international AIDS conference in 1986. (Adeyi et al 2006). In 1987, the Nigerian health sector established the National AIDS Advisory Committee which was shortly followed by the establishment of the National Expert Advisory Committee on AIDS (NEACA).

Initially the Nigerian government was slow to respond to the increasing rates of HIV transmission and it was only in 1991 that the federal ministry of health made their first attempt to Nigeria's AIDS situation (Kanki and Adeyi 2006). The result then showed that 1.8 percent of the Nigerian population was infected with the deadly disease. However, when Olusegun Obasanjo became the president in 1999, HIV prevention, treatment and care became one of the government primary concerns. The National Action Committee on AIDS (NACA) was created and in 2001, the government set up a three-year HIV/AIDS Emergency Action Plan (HEAP). Subsequently, the president

hosted the organization of Africa Unity's first African summit on HIV/AIDS, Tuberculosis and other related infection diseases (Adeyi et al 2006). A recent report from the Director General of the National Agency for the Control of AIDS (NACA) during a stake holders meeting with the National Steering Committee on Orphans and Vulnerable Children (OVC), revealed that about one thousand (1,000) fresh cases of Human Immune Virus (HIV) is being recorded daily in Nigeria and that it was prevalent among the youths. (NACA 2010)

## Ogbomoso at a Glance

For the purpose of this study, Ogbomoso is the area comprising the local government area of Ogbomosoland which remained a single local government council until 1989. The area is generally between longitude 4<sup>0</sup>17'E, and between latitudes 8<sup>0</sup>8'N and 8<sup>0</sup>14'N. (Balogun and Omotoso 2008). There is a considerable agreement on the historical traditions which ascribed the founding of Ogbomoso to five personalities who came to settle in the area from different directions. First is the Aale who was described as a Nupe hunter, now Baale Okeelerin, another is the Ohunsile described as an Awori prince now Baale of Ijeru, also is the Orisatolu now Baale isapa, Akandie later Baale Akandie in Isale-Afon who later became extinct. And finally is the Ogunlola from Ibariba, the fifth settler who later became the present ruling dynasty of Ogbomosoland after beheading the age-long feared terror of the area known as "Elemoso" (Oyerinde1934)

After the death of Elemoso, travelers passing to and fro, used to refer to the settlement as of him who beheaded Elemoso meaning "Ido eni ti o gbori Elemoso" this was later contracted to Ogbori- Elemoso and finally to Ogbomoso.

Although Ogbomoso people were renown to be warriors and hunters, during the Fulani wars in the 19<sup>th</sup> century many town and villages about 147 were deserted while their people who were mostly farmers and artisans took refuge in Ogbomosoland (Pamphlet on new palace) The influx of these people further enhanced the size and development of Ogbomoso town most especially in artistic works. Presently, the entire Ogbomosoland is comprised of five local government councils namely; Ogbomoso north, Ogbomoso south, Orire, Ogo-oluwa and surulere. These five local government councils formed the population of this study.

## Methodology

The social survey research technique was adopted for the study. The population of the study comprised of both male and female artisans who were presently practicing their vocational skill in all the local government areas of Ogbomoso. Because of the large population of the participants, stratified purposive sampling technique was adopted as the researchers used each of the five local governments within the town to represent a stratum of the population. The five strata used were: Ogbomoso north, Ogbomoso south, Orire, Surulere and Ogo-Oluwa local government areas. Altogether 300 artisans were used for the study as 60 artisans were randomly selected from each of the strata. The 60 questionnaires were purposively distributed and administered among 30 males and 30 females within each of the strata used for the study.

The major data collection instrument used for this study was questionnaire, the nature of the study called for the usage of an instrument that would collect a significant amount of responses within a reasonable length of time. The questionnaire was constructed based on similar studies of knowledge and awareness in different countries; however the questions were modified according to Nigerian and specifically Ogbomoso customs and social norms.

The questionnaire was administered to those who gave their verbal consents to participate. Participation was voluntary after explaining the purpose of the study to

each of the respondents. The questionnaire was anonymous and participants were assured of the confidentiality of their responses. The researchers recruited and trained four (4) research assistants who in turn took their time to read and explain to participants who could neither read nor write, while those who could read and write were given copies of the questionnaire to complete by themselves. The data was analyzed using Statistical Package for the Social Sciences (SPSS). This study was carried out between March and August, 2010.

## Objectives of the Study

The overall aim of the study is to investigate the extent of HIV/AIDS information awareness on artisans in Ogbomoso with the view to identifying how artisans source and use this information.

The specific objectives of the study were:

- To find out if artisans in Ogbomoso have information about HIV/AIDS
- To determine if the government rural programs on HIV/AIDS are being extended to artisans in Ogbomoso
- To find out sources of information that are available to artisans in this town
- To determine the effectiveness of these sources
- To suggest ways of helping artisans to obtain useful information regarding HIV/AIDS

It is hoped that this study will help policy makers, healthcare providers, health workers, information providers, library and information professionals, and other stakeholders, especially those in the health sector to respond positively to the information needs of artisans by identifying such needs and exploring avenues to meeting them.

## Findings and Discussion

Table 1: Distribution of respondents according to: Sex, Age Religion, Marital status, Vocation, Educational. Qualification and local govt. Areas

VARIABLES		FREQUENCY	PERCENTAGE	CUMULATIVE PERCENTAGE
SEX	Male	150	50	50
	Female	150	50	100
	Total	300	100	
AGE	Under 20	30	10	10.0
	21-30	126	42	52.0
	31-40	102	34	86
	41 and above	42	14	100
	Total	300	100	

RELIGION	Christian	162	54	54
	Islamic	135	45	99
	Others	3	1	100
	Total	300	100	
MARITAL STATUS	Married	207	69	69
	Single	78	26	95
	Divorce	6	2	97
	Widow	6	2	99
	Widower	3	1	100
	Total	300	100	
VOCATION	Catering services	6	2	2
	Tailoring	48	16	18
	Mechanical works	24	8	26
	Carpentry	21	7	33
	Rewire works	21	7	40
	Bricklaying	21	7	47
	Electrical works	24	8	55
	Painting	24	8	63
	Hairdressing	48	16	79
	Vulcanizing	9	3	82
	Welding	27	9	91
	Others	27	9	100
	Total	300	100	
	Pry sch. Certificate	108	36	36

EDUCATIONAL QUALIFICATION	Jnr sec. sch certificate	51	17	53
	TCII/SSCE	87	29	82
	NCE/OND	33	11	93
	HND 1 <sup>ST</sup> Degree & above	21	7	100
	Total	300	100	
LOCAL GOVT. AREA	Ogbomoso north	60	20	20
	Ogbomoso south	60	20	40
	Orire	60	20	60
	Surulere	60	20	80
	Ogo-oluwa	60	20	100
	Total	300	100	

Source: Research field survey (2010)

Table 1 above, illustrates the bio-data of the respondents, the sex distribution was on an equal basis (50%) each. Majority of the respondents were under the age group 21-30years (42%). Their marital status revealed that more than two-third were married while less than one-third were single. It also surfaced in the above table that the most prominent vocations were tailoring and hairdressing (16%) each while the least was catering services (2%). The most common educational attainment was primary school leaving certificate (36%) and twenty percent respondents were selected each from the five local government areas.

Table 2: Awareness of HIV/AIDS Campaign

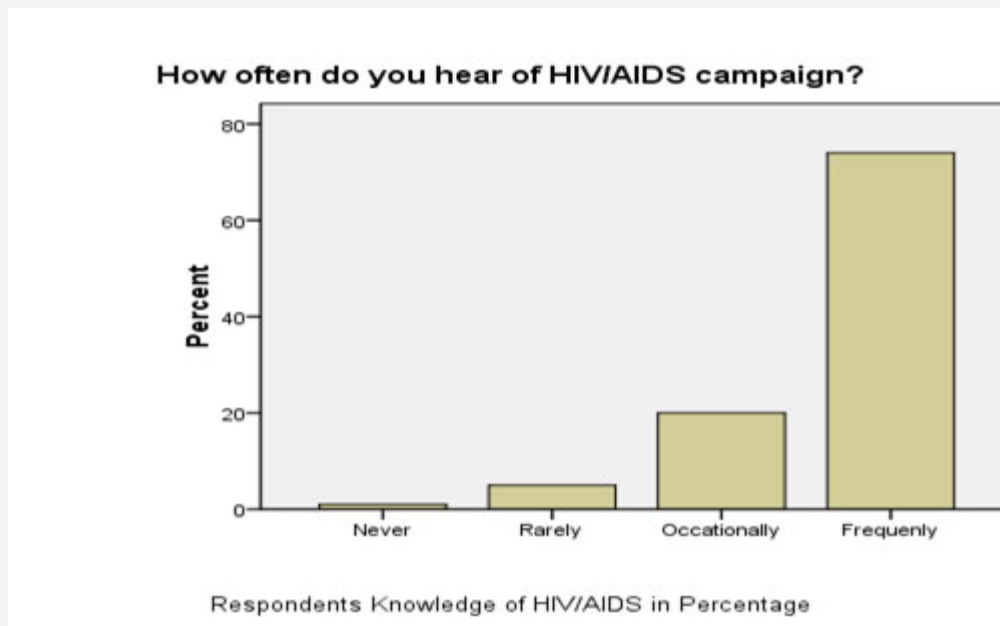
How often do you hear of HIV/AIDS campaigns?	FREQ	%	Cumulative %
Never	3	1	1
Rarely	15	5	6
Occasionally	60	20	26
Frequently	222	74	100
Total	300	100	

Note: FREQ- frequency, Cumulative % - cumulative percentage

Source: Research field survey (2010)



Figure 1: Distribution of respondents' awareness of HIV/AIDS campaign



Source: SPSS analysis output

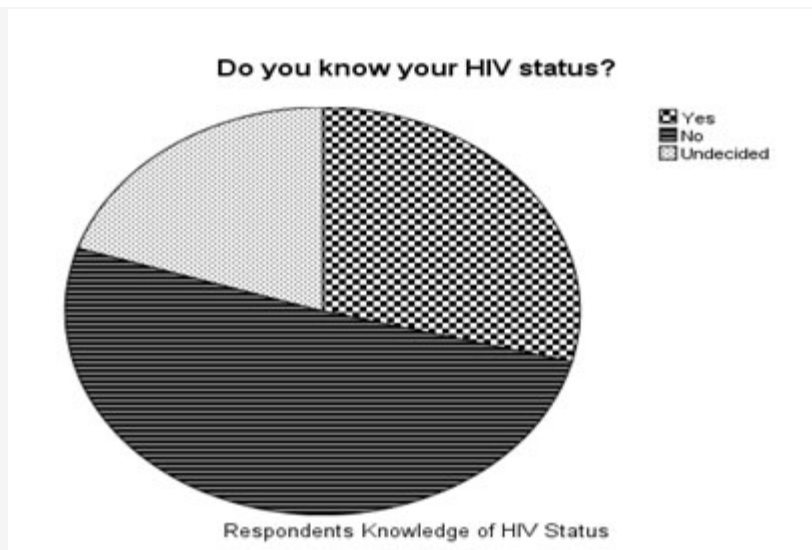
It is evident from the above table 2 and its complementary bar-chart that majority of the respondents had knowledge of the dreaded disease (HIV and AIDS), in that only one percent claimed no idea of the disease while almost three-quarter (74%) of the population consented to frequent awareness of HIV/AIDS campaign.

Table 3a: Awareness of HIV Status

Do you know your HIV status?	Frequency	Percentage	Cumulative %
Yes	87	29	29
No	153	51	80
Missing system	60	20	100
Total	300	100	

Source: Research field survey (2010)

Figure 2: Distribution of respondents' knowledge of HIV status



Source: SPSS analysis output

Table3b: Reasons Adduced to Reluctance in Knowing Status

Reasons Adduced to Reluctance in Knowing Status	Frequency	Percentage	Cumulative %
Just prefer not to know	48	16	54
Fear of Death	40	13.3	67.3
Fear of been positive	31	10.3	83.3
Fear of been stigmatized	162	54	93.7
Undecided	19	6.3	100
Total	300	100	

Source: Research field survey (2010)

Although majority of the respondents were aware of HIV/AIDS campaign, yet more than half of the population (51%) were not willing to surrender themselves for HIV testing for various reasons, as seen in the table above. 16 percent of which just prefer not to know their status, over 50 percent feared stigmatization, about 10% were afraid of being positive, while less than 15% feared death. The remaining 6.3 percent provided no response, which may likely mean they were not well informed.

Table 4: Information Awareness of HIV/AIDS

MODE OF TRANSMISSION	AGREE		DISAGREE		UNDECIDED	
	FREQ	%	FREQ	%	FREQ	%
Infected mother to baby	242	80.6	39	13	19	6.3
Sharing same bed with infected person	33	11	244	81.3	23	7.7

Sharing unsterilised objects	274	91.4	15	5	11	3.6
Through mosquito bite	147	49	147	49	6	2
Sexual intercourse with infected person	279	93	18	6	3	1
Eating with infected person	39	13	261	87	-	-
Through blood transfusion	288	96	12	4	-	-
Hand shake with infected person	27	9	202	67.3	71	23.7
Sharing toilet with infected person	81	27	213	71	6	2
MODE OF PREVENTION	AGREE		DISAGREE		UNDECIDED	
	FREQ	%	FREQ	%	FREQ	%
Use of condom	203	68.7	81	27	16	5.3
Abstaining from pre/extra marital affairs	258	86	39	13	3	1
Not sharing sharp objects with infected person	262	87.4	27	9	11	3.6
Isolation of victims from others	172	57.3	125	41.7	3	1

Source: Research field survey (2010)

Table 4 above illustrates information awareness of respondent as regards mode of transmission and prevention of HIV/AIDS. Among the catalogue of options provided 80.6 percent of the artisans believed transmission of HIV is possible from mother to baby, 96 percent believed it can be transmitted during blood transfusion, about the same percent (93% & 91.4%) believed it can be transmitted through sexual intercourse and sharing unsterilised sharp objects respectively. However close to half of the respondents (49% & 27%) believed wrongly that the virus can be transmitted through mosquito bite as well as sharing of same toilet with an infected person respectively. It is obvious some of these artisans were not well informed.

As reflected in the above table, Most of the artisans had common information on prevention. More than two-third advocated the use of condom. Over four-fifth of the artisans agreed that discouraging the sharing of needles and abstaining from pre- and extramarital sex can serve as a check to contacting the virus. Obviously, fear of stigmatization remains the major reason why many people living with HIV/AIDS have refused to openly declare their status. This is made clear considering well over half (57.3%) of respondents that supported isolation of victims as a means of cubing the menace of HIV/AIDS.

Table 5: Sources of Information Available to Respondents

SOURCES OF INFORMATION	AGREE		DISAGREE		UNDECIDED	
	FREQ	%	FREQ	%	FREQ	%

Poster and pamphlets	212	70.7	72	24	16	5.3
Radio and television	277	92.3	21	7	2	0.7
Friends & colleagues	226	75.3	42	14	32	10.7
Internet	96	32	204	68	-	-
Newspaper	120	40	177	59	3	1
Rural programmes	96	32	201	67	3	
Libraries	34	11.4	262	85.8	4	1.3

Source: Research field survey (2010)

Talking about sources of information available to respondents, radio and television appeared to be the most common source as 92.5 percent claimed to get their information from them. Honestly, it was observed during the research visit that most of the artisans had transistor radio in their workshops. Meanwhile, over 70 percent sourced their information from friends and colleagues. This explains why most of them were wrongly informed as they harvested relevant and irrelevant information from friends and colleagues and spread same to others.

Surprisingly, internet and libraries which suppose to be the major information providers especially in this age of technology constituted a non significant source by artisans in Ogbomoso. This could be attributed to the fact that the use of internet requires the knowledge of computer which is not in the artisan's immediate environment or possibly because of their general low level of education. Likewise, the low level of library use could be attributed to the fact that libraries had neglected artisans. Rather, they concentrated their services on the elite groups in the community.

Table 6: Regularity of sources

SOURCES OF INFORMATION	RARELY & NEVER		FREQUENTLY & OCCASIONALLY		UNDECIDED	
	FREQ	%	FREQ	%	FREQ	%
Posters and pamphlets	54	18	212	70.7	34	11.3
Radio and television	9	3	291	97	-	-
Friends & colleagues	48	16	250	83.4	2	0.6
Internet	213	71	81	27	6	2
Newspaper	102	34	185	61.7	13	4.3
Rural programmes	204	68	96	32	-	-
Libraries	260	86.7	34	11.3	6	2

Source: Research field survey (2010)

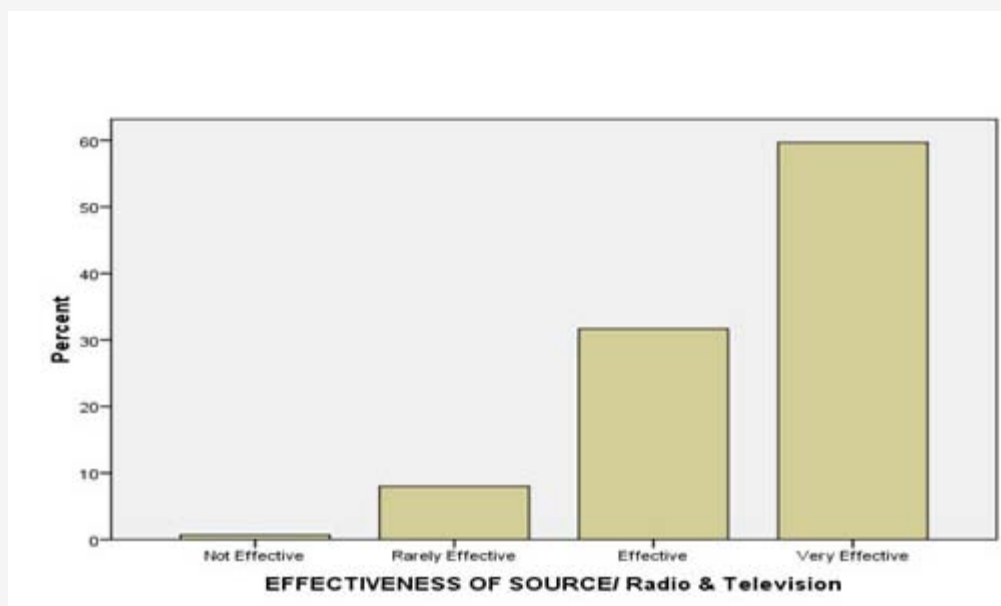
However, when respondents were asked to indicate how frequently they get information from these sources. Result from table 6 above revealed that 97 percent replied "frequently" or "occasionally" to "radio and television", 83.4 percent replied same to "friends and colleague". Others were 32 percent (rural programmes), 11.3 percent (libraries) and 27 percent (internet). It is obvious above that In spite of government and nongovernmental organizations claims of holding campaigns in rural areas to make people aware of HIV/AIDS, yet awareness in rural places were not sufficient for artisans as only 32 percent artisans agreed to frequent access to government rural campaigns.

Table 7: Effectiveness of Sources

SOURCES OF INFORMATION	EFFECTIVE & VERY EFFECTIVE		RARELY & NOT EFFECTIVE		UNDECIDED	
	FREQ	%	FREQ	%	FREQ	%
Posters and pamphlet	211	70.3	66	22	23	7.7
Radio and television	274	91.3	26	8.7	-	-
Friends & colleagues	205	68.3	75	25	20	6.7
Internet	93	31	204	68	3	1
Newspaper	144	48	153	51	3	1
Rural programmes	100	33.3	189	63	11	3.7
Libraries	80	26.7	218	72.7	2	0.7

Source: Research field survey (2010)

Figure 3: Showing effectiveness of radio & television as a source



Source: SPSS analysis output

Ilo and adeyemi (2010) opine that effectiveness of information is in the ability of the user to access it with ease and convenience. The revelation in table 7 and it's complementary bar-chart above shows that radio and television remained the most effective source of information to artisans in Ogbomoso. This is made clear as 93.1 percent respondents agreed to its effectiveness, meanwhile only 33.3 percent and 26.7 percent agreed to the effectiveness of rural programmes and libraries as a source respectively. However, in table 8 below, 83.3% percent respondents supported the fact that constant power outage which is a common phenomenon in Nigeria has constituted a big challenge to the use of radio and television. Likewise 76.7 percent of respondents were of the opinion that difficulty in understanding language of sources was responsible for misconception of useful information; furthermore, 84 percent respondents saw insufficiency of rural campaigns as a constraint to information access for artisans in Ogbomoso, while only 33 percent believed general illiteracy to be the cause.

Table 8: Constraints to Information Access

CONSTRAINTS	AGREE		DISAGREE		UNDECIDED	
	FREQ	%	FREQ	%	FREQ	%
Constant power outage	250	83.3	42	14	8	2.7
General illiteracy	99	33	194	64.7	7	2.3
Difficulty in understanding Language of the source	230	76.7	51	17	19	6.3
Timing of radio & TV program	210	70	75	25	15	5
Lack / insufficient of rural campaign	252	84	48	16	-	-

Source: Research field survey (2010)

Table 9: Distribution of respondents' Suggestions of other Ways to Obtaining Useful Information Regarding HIV/AIDS.

SUGGESTIONS	FREQ	%
HIV/AIDS information should be communicated through religious bodies	136	45.3
Market and rural area campaigns should be intensified	212	70.7
Parents & guardians should be encouraged to educating their wards on HIV/AIDS	131	43.7
Daily HIV/AIDS campaign jingles should be adopted on Radio and TV	163	54.3
House to house campaign should be adopted	83	27.7
Others	62	20.7

Source: Research field survey (2010)

Table 9 above illustrates suggestions of respondents on other ways with which useful information can reach artisans. The highest percentage (70.7%) of the respondents suggested that market and rural campaigns should be intensified, this suggests that people especially those in rural areas are been staffed of useful information regarding HIV and AIDS. Over half of the participants suggested that jingles on HIV/AIDS should be made a daily activity on radio and television, while close to half of the respondents (45.3%) believed that HIV campaigns should be extended to artisans through the various religious bodies, about the same percentage (43.7%) felt parents and guardians should be saddled with the responsibility, while 17 percent of the respondents were mute when asked for their suggestion.

## Conclusion

Artisans in Ogbomoso generally have a high level of literacy rate as 93% percent of them had one form of education or the other. They (artisans) were

Involved in different kinds of vocations among which were; tailoring (16%), hairdressing (16%), bricklaying (7%), painting (8%), welding (9%), carpentry (7%), electrical works (8%), mechanical works (8%) catering services (2%) among others. Information on HIV/AIDS was not strange to majority of the artisans as results obtained indicated that 74% of the respondents do frequently hear of HIV/AIDS campaign but only 51% are aware of their HIV status. The study investigated the reasons adduced to reluctance in knowing HIV status and result obtained showed that 54% of the respondents are reluctant of knowing their HIV status for fear of stigmatization, 16% preferred not to know, 13.3% feared death, 10.3% had the fear of testing positive while 6.3% were indecisive.

Result obtained on artisan's information awareness on HIV/AIDS' mode of transmission revealed that 80.6% of the respondents were aware of "infected mother to child" as a mode of transmission, "sharing of unsterilised object" carried 91.4%, mosquito bite stood at 49%, "sexual intercourse with infected person" was at 93%, while 96% believed in the transmission of HIV/AIDS through "blood transfusion". Moreover, results obtained on HIV/AIDS' mode of prevention indicated that 68.7% respondents agreed to "the use of condom" as preventive measure, 86% agreed to total abstainess from pre/extra marital affairs, while 57.3 % believed that victims of HIV/AIDS be isolated from others in the community.

The study also investigated the available sources of information and their effectiveness to artisans. Result obtained indicated the level of effectiveness as follows; "posters and pamphlets" (70.3%), radio and television (91.3%), friends and colleagues (68.3%), internet (31%) while rural programmes and libraries were (33.3%) and (26.7%) respectively

Sequel to the results obtained in this study, it is recommended that government and other NGO's should technically strategize on the HIV/AIDS campaign initiative and a government policy on HIV/AIDS be initiated and implemented to enforce the awareness of citizen's HIV status so that immediate medical attention could be rendered to those that test positive. The sensitization programme should carry with it major past successes for those who tested positive so has to encourage those who live in fear of testing positive and those indecisive to go for the test. Also it is necessary for government to mandate the state and local action committee on AIDS to intensify their effort by organizing weekly seminars/workshops in market and rural places where professionals can address artisans in their mother tongue. Public libraries can as well help to repackage information on HIV/AIDS in the mother tongue of artisans

Finally, there is also the need for government to establish free HIV/AIDS awareness

and information sensitization centre where artisans can have an immediate access to HIV/AIDS information, its mode of transmission and preventive measures in Ogbomosho town. The implementation of all these will equip artisans with the needed information to ensure a significant change to the present challenges.

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