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LANGUAGE, BELIEFS AND THE HIV-AIDS CAMPAIGN IN AFRICA

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ABSTRACT

African governments accepted the reality of HIV-AIDS as a matter of convenience and not out of conviction. As a result, many of them failed to achieve the targets they set for HIV-AIDS prevention. This paper attributes this failure to the language and concepts used in introducing HIV-AIDS as a disease and in promoting safer sex practices such as abstinence, being faithful and condom use (ABC) as the core measures for the prevention of sexual transmission of HIV infection. The paper observes that the concepts of HIV-AIDS, abstinence, mutual fidelity (monogamy) and condom use originated from the west and did not fit into the cosmology, the consensus of meaning and normative behaviour within the African sociocultural and economic environment and therefore could not engender the desired sexual behavioural changes at the group and individual levels. The paper notes however, that there are linguistic elements in some African countries studied that negatively or positively reinforce the spread of HIV-AIDS and promote large family size. By identifying the linguistic elements in the culture that positively reinforce HIV-AIDS prevention messages and behaviours, we may succeed in assimilating the people's traditional values in line with the demands of modernity. There is therefore need for semantic restructuring of HIV-AIDS campaign messages so that words, slogans and messages originate from the community and reflect the linguistic and sociocultural realities of the people. By using local language, local idioms, local media and local social networks, we may succeed in reducing the semantic noise in HIV-AIDS messages.

Keywords: *Language and Beliefs, Language use and HIV/AIDS Transmission in Africa.*

INTRODUCTION

The control of the spread of HIV infection is one of the major challenges facing African countries at the beginning of the 21st century. Since HIV-AIDS was first reported in the 1980s, many African governments have grappled with the multiple challenges of high rates of HIV-prevalence among the general public, the resultant high level of vertical transmission, the preponderance of orphans and destitutes and the gigantic task of caring for the infected including those with AIDS related complications (Imoh, 2002).

The prevention and control of HIV-AIDS infection is one of the Eight Millennium Development Goals (MDGs). These goals and targets which seem realizable in the developed world may be unattainable in Africa. Many factors account for this. First, the initial controversy surrounding the existence and origin of the AIDS virus led to denial and complacency among many African governments. Secondly, many African leaders accepted the concept of HIV-AIDS as a matter of convenience and not out of conviction (Imoh, 2009). These factors resulted in low levels of political commitment to programme intervention at all levels and sectors of society.

The HIV-AIDS campaign has created a lot of awareness about HIV-AIDS prevention, but there has not been a corresponding change in behaviours that put people at risk of HIV infection at the individual level. (Imoh, 2009). This is happening because the concepts being promoted are alien and fail to have any near equivalents in the African culture.

For this reason, any communication strategy to be effective in promoting innovations in developing societies should arise from its cultural contexts (Georgoudi and Rosnov 1985).

Even science with its specific methods is culturally specific. Communicating scientific concepts in a tradition bound developing society should in principle be culturally embedded and arise from the people. The principles of plurality and multiplicity recognize the need to acknowledge the differing social, economic, cultural and linguistic characteristics of the target population, when conceptualizing and disseminating innovation messages. By using local language, local media and cultural entertainment channels, development communicators have been quite effective in promoting innovations among rural dwellers in India and Egypt (Hedebro 1982).

STATEMENT OF THE PROBLEM

The process of communicating change in knowledge, attitudes, beliefs, behaviours and practices relating to HIV-AIDS prevention and control in Africa has been problematic. This is because programme planners failed to acknowledge the resistances inevitably aroused by the language, concepts and messages used in promoting abstinence, mutual fidelity and condom use as the primary means of HIV-AIDS prevention among sexually active members of the African population. The language, concepts, technologies and behaviours being promoted originated from the West. Some of these concepts however are not in consonance with local beliefs, shared norms and values. Development communication is a contextual process. Without linking communication to its contexts, the process of change cannot be streamlined (Georgoudi and Rosnov, 1985). Any communication among humans to be effective, must arise from its social, cultural and semantic contexts.

According to Onyewadume (2003, p.19), the lack of behavioural change in the HIV-AIDS campaign in Africa may be reflective of the apparent lack of insight into the semantics of most HIV-AIDS prevention messages and slogans, such as abstinence, be faithful and condomise (ABC) which form the core of HIV-AIDS campaign messages. Such messages and slogans, Onyewadume observes, do not fit into the consensus of meaning and therefore could not engender optimum change at the group and individual levels. He further observed that there are linguistic elements in some African languages that negatively or positively reinforce the spread of HIV-AIDS, other sexually transmitted infections and promote large family size.

As Imoh (2009) rightly observed, the recipients of HIV-AIDS messages often exhibit selective attention, selective perception and selective retention when exposed to HIV-AIDS preventive messages, such as abstinence, mutual fidelity and condom use. This is because, the receiver is not a passive decoder of information but one whose psychological, sociological, sociopolitical and economic makeup determines the extent to which he is able to participate fully in the communication act (Defleur, 1966). In this context, the acceptance of abstinence, mutual fidelity and condom use among Africans is more likely if they are compatible with existing sociocultural and socioeconomic realities and are congruent with local norms and practices.

OBJECTIVES OF THE STUDY

1. To provide insight into the perception of the concept of disease prevention in Africa.
2. To explain the role of language in the transmission of sexual norms, values and beliefs.
3. To explain the way language is used as a negative reinforce of HIV-AIDS prevention messages and safer sex practices.
4. To explain the way language is used as a positive reinforce of HIV-AIDS preventive behaviours.

MATERIALS AND METHODS

Because of the qualitative nature of the study, the researcher relied on qualitative methods; secondary data sources, such as journal articles, conference reports, research reports etc, in addition to participation in local, national and international conferences which focused on language and the Discourse of HIV-AIDS in Africa.

CONCEPTUAL CLARIFICATIONS

Language and Human Communication

Language is the vehicle of communication among humans, as such, it is a major tool in the dynamics of culture. It may be defined as the relationship between what is going on in our heads and bodily activities perceivable by others and interpretable by them.

Defleur and Ball Rockeach (1982) described human communication as a semantic process in that it is dependent upon symbols and rules for their use, that have been selected by a given language community. It is also a neurobiological process in which meanings for particular symbols are recorded in memory functions for individuals. Thus, the nervous system plays a key role in the storage and recovery of internal meaning experiences.

Human communication is a social process in that language is the principal means by which human beings are able to interact in meaningful ways. Through symbolic interchange, human beings can play roles under group norms, apply social sanctions and appraise each other's actions, within a system of shared values (Defleur, 1966,109). Human communication is also a cultural process, because language is a set of cultural conventions, in that the language of any society is a set of gestures, symbols and their arrangements that have shared or agreed upon interpretations.

Finally, human communication is a psychological process, whereby the meaning of words or symbols to a given individual are acquired through learning. Such meaning therefore plays a central part in perceiving the world and responding to it.

Elaborating further on language and human communication, Akpan (1980) identified some characteristics of the human communication process, namely;

- Meaning is not in words used in a message, therefore, meaning and ideas are not transferable from one person to another.
- Messages do not influence automatically because of being broadcast on the mass media.
- A new concept or attitude that a listener ends up with as a result of linguistic communication was built or discovered by himself entirely from ideas or attitudes he already had.

What this implies is that the HIV-AIDS concept and messages promoting abstinence, be faithful and condomise, true as they are in the developed world, may be unrealistic in Africa because they do not elicit similar meanings in the minds and hearts of the African people with differing linguistic, ethnic and religious backgrounds. This is because people often perceive and respond to the HIV-AIDS prevention messages by relating the information to their knowledge and experience.

RELATONSHIP BETWEEN LANGUAGE AND HUMAN BEHAVIOUR

Locke (1975) in his analysis of human communication noted that the mind was directly linked to the language process. He theorized that there was a relationship among words and internal meanings and that language is the basis of both mind and society. He further observed that the receiver of messages is not a passive decoder of information but one whose psychological, sociological, sociopolitical and economic make up determines the extent to which he or she is able to participate fully in the communication act. The role of language is to express the community's beliefs about reality. What is real and what is unreal shows itself in the sense that language allows. What I count as true in my language may not even be able to be observed in yours. Translation becomes impossible in principle. Therefore, there is the need to tailor the language used in the HIV-AIDS campaign to the reference groups within the communication encounter. By linking the campaign messages to the linguistic elements in the culture that positively reinforce desired behaviours, we may hope to achieve message saliency. This is because, the receiver needs minimum effort to be able to decode the innovation messages (Abstinence, be faithful and condomise), some of which are alien to his culture and have no local equivalents.

LANGUAGE AND CULTURE

Culture serves as a screen or filter through which new technology, methods and ideas are introduced or evolved into society. According to Ketudat (1983), scientific methodologies and technologies are screened by the prevailing culture, such that people exhibit selectivity in their exposure to messages that support their self image, while avoiding those messages that challenge their misconceptions. This selectivity can be based on psycholinguistic factors, past experience, expectations, impressions and classifications (Kohler, 1966). An essential prerequisite for a successful HIV-AIDS campaign planning and implementation therefore is audience analysis in order to understand the receivers, their language, beliefs and prevailing normative behaviours and misconceptions relating to HIV-AIDS.

THE ROLE OF LANGUAGE IN THE DEFINITION OF CULTURE AND REALITY

The interaction between language, beliefs and human behaviour has long been investigated by social scientists. Beatie (1964) cited in Imoh (1986) observed that when two radically different sets of concepts, beliefs, values, norms, derived from scientific theories and traditional religious beliefs and language compete for our allegiance, there is a problem of conceptual relativity. According to Beatie, many of the concepts of one culture fail to have any near equivalent in the other. Each culture through its language and beliefs sees the world in a different way.

Truth therefore depends on what a group of people happen to believe. Reality in this case becomes merely what people think it is, and as different people have different conceptions of it, there must be different realities (McVeigh, 1974). For instance, certain African core values have profound influence on the thoughts, imaginations and perceptions of the people. AIDS campaign messages, especially those involving socio-behavioural changes and adoption of certain innovations such as being mutually faithful in sexual relationships; HIV-testing, condom use, anti-retroviral drugs and the prevention of mother-to-child transmission programmes etc, may not be in consonance with local socio-economic and cultural realities

Obeng (1986) identifies some key African values which may negatively influence the way the people perceive and respond to HIV-AIDS preventive messages in Africa. These values have led to feelings of invulnerability, rationalism, denial and complacency among the people at all levels of society, such that there is a low level of political and professional commitment to the HIV-AIDS campaign at the local level.

The African concept of time has an influence on him. To the African, time has a long past, a small present and virtually no future at all. (Quidoo, 1986). This implies that anything that lies so much in the future is regarded as insignificant and inconsequential. Since the HIV-AIDS messages have some time dimensions, the fact that it takes HIV about 10 years to metamorphose into full blown AIDS, the people may not have taken the threat as immediate warranting more immediate response. As one youth observed, “if it takes 10 years for me to die after contacting HIV, then let me enjoy myself. Even without HIV-AIDS, who says I will be alive in ten years time”.

Imoh (1986) noted that “faith depends on what groups of people happen to believe. In other words, when two fundamental different sets of concepts – the western and the traditional appear to compete for our allegiance, there is a problem. This problem arises when we are faced with different languages, or different scientific theories promoted among people who believe in spiritual healing ancestral worship and magic. It happens when a radically different set ideas from one culture meets members of another culture, such that many of the concepts of one culture fail to have any near equivalent in the other. Each culture through its language and beliefs sees the world in a different way, so in a real sense, one cannot talk about the world (Imoh, 1986).

LANGUAGE AND LEARNING

Mowbray (1971) sees learning as both a perceptual and associative process. It is a process which involves alterations in the strength of connections between stimulus and response. The "law of effect" holds that learners will acquire and remember most readily those responses which lead to satisfactory results. In other words, the significant feature of this process is the way the learner of new ideas, concepts, technologies and behaviours being promoted by development agencies ascribes meaning or significance to language, signs, pointers and cues.

Unoh (1982) identifies two different types of learning among others, to include rational learning and associational learning and highlights the role of language in the learning of new ideas and concepts which are derived from the west and are being introduced into Africa.

Table. 1: Types of Learning and the Role of Language

Type	Characteristics	Role of Language
Rational learning	- Acquisition of knowledge - Exercise of judgement - Process of reasoning - Perceiving - Problem solving	- Heavily dependent on individual differences and competence in language skills. - Very crucial
Association learning	- Acquisition of fixed response patterns - Requires drills - Repetitive - Subject to review	- Involves the application of associative bonds through language usage - Considerable

Source: Unoh, (1981).

As can be seen on Table 1, rational learning relies heavily on the use of language in relation to cognitive and psycholinguistic processes of thinking, reasoning, imaging, perceiving, analysis, synthesizing and mental problem solving.

However, in the context of learning new ideas, behaviours and values through a second language (English), the learner must develop mastery and judicious application of the second language skills. Olagoke (1980) cited in Imoh (1986), in his study of forgetting and retention in learning with a second language, observed that there is a mutual competition between the responses in the first language and the second at recall.

On the other hand, associational learning involves the development of associative chains or mental patterns, by which facts, information and experiences are retained, recalled and recognized through the process of linking them together or establishing relationships between and among them (Unoh, 1981). This type of learning consists of fixed response patterns as habits formed through association. Apparently, learning as fixed response patterns occurs in traditional societies during the formative years of life through language. The three primary laws associated with learning are similarity, contrast and contiguity, while the three secondary laws are receiving, frequency and vividness. These laws when viewed in relation to the HIV-AIDS campaign goals, objectives and their messages show clearly that the rural people have not had enough contact and interactions with the programme planners and implementers to satisfy these primary and secondary laws of learning.

SHARED CONCEPTIONS, CONSENSUS OF MEANING AND HEALTH BEHAVIOUR

Cancian (1974:101) hypothesized that informal shared conceptions about health and illness, that is "the consensus of meaning" attached to ideas and words, may have a substantial relationship to health and social behaviour. So, the naming process, the use of words as symbols for what is wrong is effective, not only because of the knowledge the words convey, but because this knowledge makes possible a specific experience in the course of which conflicts materialize in an order and on a level permitting their free development, leading to their resolution (Levi-Strains 1963, Imoh 1986). Having a shared classification system between the therapist and the patient helps the patient to chose and decide on utilizing the health service. Torrey, (1973) identified characteristics which both patients and therapist must share in common both in the modern medical and traditional settings. According to him, they must share the following (i) a shared world-view (ii) the classification of the disease, the naming process, especially that part concerning the illness (iii) the nature of the therapist patient relationship, and (iv) satisfaction of the patient's expectations among others.

BELIEF AS A FUNCTION OF LANGUAGE

Belief is viewed as a commitment to something such as a proposition, a position, or a procedure. Psychologists are of the view that belief has a great effect on our bodies as well as our minds. Hume (1974) viewed it as a psychological state differing from imagination only by its greater vividness and steadiness.

Beliefs are transmitted not only unconsciously, but also through the direct and intentional pressure of parents, teachers, or other authoritative leaders. The medium for this transmission is language. According to Wittgenstein (1966), there is a relationship between language, belief and reality. He observes that language expresses a community's belief about reality. The essential function of language is to concern itself *with what* is actually the case. Its business is to attempt to communicate truth. As Wittgenstein further observed:

> *Reality is not what gives languages sense, what is real and what is unreal* shows *itself in the sense that language allows. Both the distinction between the real and unreal and the concept of agreement with reality themselves, belong to language. What I count as true in my language, may not even be able to be described in yours. Translation becomes impossible in principle. Truth is made to depend on concepts and as concepts are relative to "forms of life" truth must be as well.*

BELIEFS AND HEALTH BEHAVIOUR

Rosenstock (1974) proposed that beliefs in causes, prevention and cure of illnesses acting together with people's perception of vulnerability to health problems, form a set of related elements which can influence health behaviour in individuals. In his Health Belief Model (HBM), the key to the application of health information, is motivation. He identified individual "locus of control" and the influence and social pressure of the "significant others" as other key determining factors.

RELIGIOUS BELIEFS AND HEALTH BEHAVIOUR

Religion is defined by Lienhardt (1961) as a felt practical relationship with what is believed in as a super human power. He acknowledged the fact that religious beliefs can play a significant role in man's life, and it is distinguished from other beliefs because of its enormous influence on every part of his life.

On the whole, religion contributes to the integration of the personality. But unlike other medicines, it can sometimes make worse the very thing it seeks to remedy. A study of the relationship between religious beliefs, health beliefs and the utilization of childhood immunization services among mothers in Oyo state Nigeria, showed that there is no significant relationship between religious beliefs and health beliefs. However, there was a relationship between religion and the pattern of utilization of immunization services. We also discovered that about 58.3 percent of mothers who did not utilize immunization services, gave religious reason (Imoh, 2006). Mbiti (1971) observes that among African cultures, healing shrines of wide repute with religious overtone are found scattered throughout the continent. These days, the traditional shrines in rural areas have been replaced by spiritual churches and cults which most people invest with a healing function.

AFRICAN VALUES AND HIV-AIDS PERCEPTION

Certain values in the African society give direction to people's perception of the HIV-AIDS campaign messages. People employ differing degrees of selectivity when faced with alien concepts and technologies. The Magic Bullet Theory of mass communication has been overtaken by the principle of selective exposure, attention, perception and retention. The principle states that communication is a selective process based on individual differences in cognitive orientation.

What this implies is that different types of people in an audience select and interpret mass communication content in different ways and members of the audience selectively pay attention to messages, partially if they are related to their interests, consistent with their attitudes, congruent with their beliefs and supportive of their values and self image (Defleur, 1966).

Selectivity Theory

Studies by Klapper (1960), Egeth (1967) and Imoh (1986, 1991), clearly show that individuals selectively expose themselves to already existing attitudes.

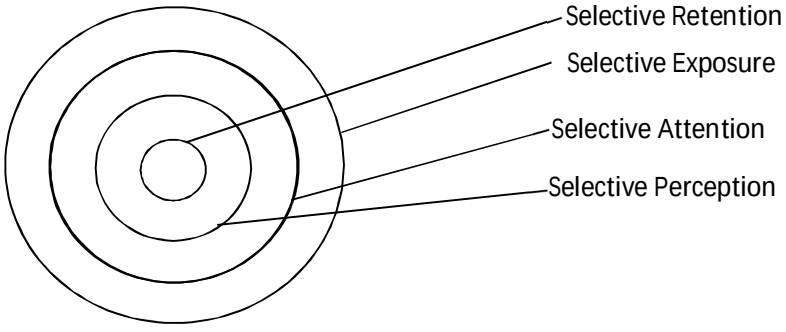

Fig. 2: Levels of Selectivity

In every communication situation, people bring certain perceptual factors which Bergeon and Ruffner (1974) identified as (i) Psychological experience factor, (ii) Limited experience factor (iii) Values, beliefs and attitudes and (iv) culture and expectation. Consequently, these factors can determine the way and manner a given people perceive and interpret reality. Wilbur Schramm's (1968) principle of selective exposure, attention, perception and retention in the face of alien ideas and technologies is very relevant to our understanding of health behaviour in Africa.

DIFFUSION OF INNOVATION

The Diffusion of Innovation Theory was developed by Everett Rogers based on agricultural extension work in the United States of America (USA) and Kenya in East Africa. It explains the collective human behaviour and responsiveness of members of a community over time, when new ideas, behaviours, technologies, practices, policies and programmes are introduced.

The theory emphasizes the role of communication and the value of social networks or interpersonal communication in individual adoption decision making. The theory also provides an insight into the factors that influence speediness and adoption of the innovation by a specific population, among which are complexity and compatibility. It brings under focus issues such as how simple or complex the new idea, technology or behaviour is to understand, act on or adopt and issues like compatibility of the desired behaviour with existing practices, values and cultural norms of the intended beneficiaries. The relevance of this theory to the HIV-AIDS prevention (ABC) is that the Nigerian public are more likely to adopt the HIV-AIDS messages, if the behavours advocated are simple and understandable and the benefits of compliance are visible and better than current practices. The challenges facing HIV-AIDS communicators therefore is to emphasize the benefits of adopting the ABC of HIV prevention. This can be done by highlighting the linguistic elements within the culture that positively reinforce the behaviours advocated and using local language, local idioms, local media and the interpersonal network and support of opinion leaders and extensionists (Osakwe, 2010).

WHAT IS THE PERCEPTION OF DISEASE PREVENTION IN AFRICA?

Among some African tribes, Mburu (1977) observed that the concept of preventive medicine is an anathema. "How, they ask, can you prevent *that* which *you* neither have nor know?" His thinking of disease prevention stems from man, that he is socially and necessarily evil. He will not prevent the disease as such, rather he will protect himself from being bewitched by others or will protect himself from others by bewitching them and thereby ward off all ill omen that might come to him. Ndeti (1968) also noted that, the fact that it takes time for prevention to bear fruits, makes it more difficult to convince the African of its efficacy. As a consequence, there is an immense popularity for therapeutics, which should ordinarily be secondary to preventive health.

According to Mbiti (1971), the business of disease prevention is entirely entrusted into the hands of medicine men and religious leaders. These medicine men and faith healers supply people with counter measures in the form of charms, special prayers, and perform rituals at the homes or fields of those in need or applying medicine, holy water or oil that are swallowed or rubbed on the body. Mume, (1973) described the use of traditional immunization (Ekpofia-Ifue) which have been used for ages in Africa. Such preparations (Ekpofia ifue) are made from vegetable, animal and mineral elements which are rubbed on dermal incisions on the chest, arm or forehead and contain vita-vibrative forces that can protect all beings against disease and ill forces such as HIV-infection.

The Implication of this for the HIV-AIDS campaign is that the modern and traditional health systems in Africa have little in common. While the western medical doctor operates on the germ theory, the African patient and his relatives seek to find the reason why it all happened to him not how it happened to all and sundry. To the African, the concept of prevention is still not fully accepted. He will not prevent the disease, rather he will protect himself from others by bewitching them, thereby warding off all ill-omen that might come to him/her. Consequently, medicine in Africa is full of contradictions in most aspects of life. Health planners therefore need to engage in ethnographic and psycholinguistic analysis of the targeted human populations for HIV-AIDS preventive messages.

HOW IS LANGUAGE USED AS A REINFORCER OF SEXUAL BEHAVIOUR: ANALYSIS OF SOME AFRICAN LANGUAGES?

If language is viewed as the relationship between what is going on in our heads and bodily activities perceivable by others and interpretable by them, then it is clear that being the major vehicle of communication, it is also a major tool in the dynamics of culture.

In his analysis of some African languages in relation to HIV/AIDS preventive behaviours. Onyewadume (2003) observed that the lack of behaviour change in the HIV-AIDS campaign in Africa may be reflective of apparent lack of insight into the meaning of most HIV/AIDS preventive messages and slogans such as: ABC which form the core of campaign messages. He noted that awareness of HIV/AIDS is not synonymous with behaviour change and that such slogan and messages, which originated from the West, did not fit into the consensus of meaning. He described the process of language and influence as consisting of unconscious acquisition of HIV/AIDS risk behaviour through exposure to linguistic elements in the culture. He observed that there are linguistic elements that may negatively reinforce the spread of HIV/AIDS infection in Africa. In some African communities he studied, language is used in the social contexts as positive or negative reinforcers to HIV/AIDS risk behaviours.

HOW IS LANGUAGE USED AS A NEGATIVE REINFORCER OF SAFER SEX PRACTICES?

Among the Akan in Ghana, the Igbo and Yoruba in Nigeria, the Bemba in Zambia, the Swahili in Tanzania and the Setswana in Botswana, Onyewadume (2003) found that the languages he analyzed were expressing the view that multiple sex partnership was good for both sexes, especially the man. From the statements expressed in the local languages, he observed that “a man needs a variety of sexual stimulations through various sexual partners, or else, he would die of boredom from exposure to the same sexual partner”. These statements positively reinforce male promiscuity and present a notion of sharing in these societies.

Some cultures in Nigeria, also encourage female promiscuity. Among the Yoruba in Nigeria, Onyewadume reported that females are encouraged to source for concubines to meet their emotional, sexual, and economic needs. “Oko kan ko un kombouda” which means “a single man cannot fill a cupboard with his size. Some space will be left. More men are needed to fill the cupboard”. As Onyewadume observed, these statements are usually in the affirmative sense, usually instructive, authoritarian and psychologically coaxing. He further noted that the imagery of some of these statements could make individuals to engage in the sexual act that may expose the individual to transmitted infections including HIV/AIDS. Among the Urhobos in Delta state in Nigeria, there are statements such as “Ohoro ovo hwo sho” which means “having sex with only one woman can result in impotence” and “Avwi so ovo ghere erakoo” which means you cannot feed a dog with only excreta”, (Imoh, 1991).

HOW IS LANGUAGE USED AS A POSITIVE REINFORCER OF HIV-AIDS PREVENTIVE BEHAVIOURS?

In some other Nigerian societies studied by Onyewadume, he also found aphorisms, idioms and proverbs which provide mental imagery that represses sexual thoughts, unconscious quest for sexual gratification and multiple sexual relationships. He cited an Igbo axiom "Nasuso negbu egbu" which means "whatever is sweet can kill". In this case, language is used to warn people to be ready to face the consequences (infections) of multiple sex partner relationships. Among the Urhobos in Delta state, Nigeria, songs, dance and other cultural practices are used to encourage premarital sexual abstinence among young unmarried girls. The virgin is rewarded, so was the mother for preserving her virginity (Otite, 2003). Today, however, this has been replaced by reverberating slogans that tend to promote a "play it" as long as it is safe sexual orientation.

SUMMARY

All human communication is built around language and the sharing of meaning. The language we use to convey HIV-AIDS messages in order to inform, convince and influence people to accept, utilize and support HIV-AIDS prevention services, may not elicit similar meaning in the hearts and minds of the receivers/listeners. This is because meaning does not lie only in the words used, but also in the people who use those words. The ABC of HIV prevention require for their amelioration, certain culturally rooted beliefs and values. Language is the tool for the transmission of beliefs and values, especially those relating to illness ideas and human bisexuality, interaction and association. In this context, language can act either as a negative reinforcer or a positive reinforcer of the behaviours, attitudes and actions which act as risk factors to HIV infection. Since these behavioural risk factors are modifiable, there is the need for linguistic or semantic restructuring of the languages used in the campaign in order to ensure positive behavioural changes, at the policy and implementation levels.

Language as the consensus of meaning attached to concepts can guide people's thoughts and actions. In the introduction of innovative concepts such as ABC, an understanding of local idioms and linguistic elements within every linguistic group is a necessary precondition for the design and dissemination of salient HIV-AIDS messages. Individuals perform some degree of selectivity in the way and manner they respond to messages which are basically western concepts that may not be transferable to the multireligious and tradition bound African societies.

RECOMMENDATIONS

In designing and planning communication programmes in support of HIV-AIDS prevention, programme planners need to focus upon the receivers' cognitive needs and competences and the receptive communication skills, with a view to adapting messages to cater for the needs of the audience. The packaging of HIV-AIDS information should facilitate accurate interpretation and critical appraisal to enable the receiver provide a kind of feedback and derive maximum benefit from his positive mental set and readiness to change risk behaviours.

In this vein, Ugboajah and James (1986) have advocated the use of oral medium in communicating HIV-AIDS messages among rural audiences in Nigeria. This is because, rural communities have a long standing oral tradition that can ensure accurate message reception. In the traditional context, psycholinguistic factors such as language dissimilarities or incompetence, poor channel and bad taste in which the messages, are sent are less prominent and this can aid listening comprehension among rural dwellers (Oyerokun, 1986).

The strategies used for promoting HIV-AIDS preventive, behaviours, are premised on the transfer of technology and diffusion of innovation theories. Since culture acts as a filter through which new ideas and technologies are introduced into a society and since language is the vehicle for the transmission of culture and beliefs, what is real and what is unreal can only be defined by language, the driving force behind our thoughts and actions. It is therefore necessary to take cognizance of the multilinguistic, multiethnic and multireligious nature of the traditional African societies while designing and producing messages and slogans created to demand support for HIV-AIDS related programmes and services. Failure to do this, will result in semantic ambiguity and communication breakdown resulting in cognitive dissonance.

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