

Evaluating the Impact of Mass Media HIV and AIDS Campaigns on the Behaviours and Attitudes of Adolescents and Youth in Mathare Sub-County

Authors

Silas Odongo Oriaso ⁽¹⁾; Cyprene Wasike ⁽²⁾

Main Author's Email: soriazzo@uonbi.ac.ke

(1,2) University of Nairobi, Kenya.

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Abstract

This study examines the effect of mass media campaigns on HIV and AIDS awareness, attitudes, and behavioural practices among youth and adolescents in Mathare Sub-County, Nairobi. In a setting where youth remain disproportionately affected by HIV, it is crucial to understand the effectiveness of media-driven interventions. Using a mixed-methods design that included focus group discussions, surveys, and key informant interviews, the research assesses the reach, comprehension, and behavioural impact of HIV and AIDS messages broadcast or transmitted via radio, television, social media, and print media. A multi-stage sampling method was used. Mathare was selected purposively. Stratified random sampling was used to choose 384 survey respondents (based on Yamane's formula). Purposive sampling was also used for four focus group discussions (6–8 participants each) and 10 key informant interviews. Quantitative data from piloted questionnaires were analysed using SPSS version 27 with descriptive statistics and chi-square tests, while qualitative data from FGDs and KIIs underwent thematic analysis using NVivo. The results show that although mass media play an important role in raising awareness and evoking positive attitudes, there are deficiencies in the translation of knowledge into long-term, preventive behaviours. The study advocates for youth-oriented, culturally appropriate messaging and proposes an integrated media strategy to achieve optimal public health benefits in urban slums.

Key terms: Adolescents, attitudes, behaviour change, HIV and AIDS, mass media.

INTRODUCTION

Individuals in the age group of 10 to 24 years, including young people and adolescents in Kenya, are still disproportionately impacted by HIV/AIDS, accounting for a large share of new infections annually (Kenya National AIDS Control Council [NACC], 2022). Despite biomedical advances and policy measures, young people's behaviour remains erratic due to myths, stigma, peer influence, and inadequate access to youth-friendly sexual and reproductive health services (World Health Organisation [WHO], 2021).

Mass media have been reported to be a potent instrument in health promotion, capable of changing people's attitudes, creating awareness, and even transforming social norms (Wakefield et al., 2010). In urban informal settlements like Mathare Sub-County, where poverty, congestion, and poor school coverage are the norms, media campaigns are available formats for delivering lifesaving information regarding HIV and AIDS. Greater access to social media and mobile platforms now exposes young people to health information in more diverse and engaging ways (Perrin & Anderson, 2019).

The ability of mass media to connect HIV awareness to consistent preventive habits has not been examined sufficiently, specifically in marginalised communities. A notable void exists with regard to learning not only about the reach and substance of the messages but also how they communicate among young people exposed to high risk. The aim of this research is to explore the impact of mass media campaigns on HIV and AIDS on the knowledge, attitudes, and behaviours of young people and adolescents in Mathare Sub-County.

LITERATURE REVIEW

Theoretical Framework

The theory for this study is based on behaviour change and communication theories explaining the contribution of media to public health knowledge and behaviour.

Social Cognitive Theory

Albert Bandura's Social Cognitive Theory (SCT) explains that individuals acquire behaviours by observing models within their environment, such as media personalities (Bandura, 2001). The theory

suggests that mass media influence behaviour indirectly by shaping how people view social norms, expected outcomes, and their confidence to act. In the case of HIV and AIDS, Social Cognitive Theory explains how young people adopt behaviours they see in dramas or public health campaigns. However, a major critique of the theory is that it places strong emphasis on observational learning while overlooking the structural and socio-economic barriers that hinder behaviour change. This limitation is particularly relevant in informal settlements like Mathare.

Health Belief Model

The Health Belief Model (HBM) argues that people's willingness to adopt healthy behaviours depends on how they perceive their risk, the seriousness of the issue, and the benefits versus barriers of taking action (Rosenstock et al., 1988). Mass media campaigns often use the principles of the HBM by highlighting the dangers of unsafe sex and the benefits of HIV testing. Although the model is useful for creating persuasive health messages, it also has some important limitations. It assumes that people make logical choices by evaluating risks and advantages, ignoring the significant influence of emotions, cultural standards, and social influences that affect behaviour (Champion & Skinner, 2008).

Agenda-Setting and Framing Theory

Agenda-setting theory states that the media influence what issues the public considers important by shaping the topics that receive attention (McCombs & Shaw, 1972). Framing theory builds on this by explaining how the media shape the way people understand and interpret these issues. How HIV campaigns frame their messages, such as by emphasising risk, responsibility, or empowerment, affects how people understand and react to them (Entman, 1993).

Communication Strategies in HIV and AIDS Campaigns

Mass media interventions used in HIV/AIDS communication include edutainment, social media messaging, public service announcements (PSAs), and community radio.

Traditional Media Campaigns

Radio and television remain powerful channels of communication, particularly in urban poor settings where access to digital media may be limited. Evidence

from Kenya and Uganda indicates that frequent exposure to HIV-related messages on the radio is associated with increased condom use and higher rates of HIV testing among young people (Kagaari & Munene, 2019). A comparative example from South Africa further underscores this influence: the Soul City multimedia campaign demonstrated a significant positive impact on HIV knowledge and behaviour, especially when mass media messages were reinforced through community-based and grassroots interventions (Goldstein et al., 2005).

Digital and Social Media Interventions

With the increasing use of mobile technology, especially among urban youth, social platforms such as Facebook, WhatsApp, and TikTok have become key channels for health communication. Research shows that social media campaigns can effectively promote positive health behaviours; for instance, in Nigeria, such campaigns have been found to increase HIV testing rates among youth (Garofalo et al., 2021). However, despite their potential, these digital interventions face notable limitations. Social media platforms may fail to reach young people living in extreme poverty or those with limited access to smartphones and low levels of digital literacy, a challenge that is especially evident in informal settlements like Mathare.

Criticism of Literature and Research Gaps

While an immense body of work links mass media with information and awareness about HIV, little research investigates its actual effect on behaviour change in the long term, particularly among poor urban youth. The majority of the studies continue to be descriptive rather than analytical, in that they fail critical analysis of message content, reception by the audience, and contextualities.

In addition, communication theories tend to overlook the informal structures, peer groups, cultural beliefs, and economic constraints that influence how adolescents interpret and apply media messages. Furthermore, few studies employ mixed-methods designs to measure both qualitative insights (perceptions, values, interpretations) and quantitative behaviour changes. This gap restricts the understanding of why some campaigns work and others do not, even with comparable reach.

Summary and Conceptual Framework

The significance of integrating theories of communication and behavioural theories in the study of mass media campaigns is emphasised by this review. Social Cognitive Theory, together with the Health Belief Model, offer models for explaining individual behaviour change, while Agenda-Setting and Framing Theories indicate media influence on public discussion.

The conceptual model underlying this research connects media exposure type and frequency with variations in knowledge, attitudes, and behaviour, mediated by socio-economic and culture-specific factors unique to Mathare Sub-County.

METHODOLOGY

This study used a mixed-method design to assess how mass media HIV and AIDS campaigns influence the attitudes and behaviours of youths and adolescents (aged 15–24) in Mathare Sub-County, an informal settlement in Nairobi. The design integrated quantitative and qualitative approaches for comprehensive insights. Quantitative data were collected using a piloted, structured questionnaire with closed-ended questions assessing media exposure, HIV knowledge, attitudes, and behaviours. Four focus group discussions were used to collect qualitative data (6–8 participants each), and ten key informant interviews with health workers, community leaders, and media practitioners. Interview guides were used to ensure consistency.

A multi-stage sampling technique was applied: purposive sampling selected Mathare as the study site, stratified random sampling ensured representation across villages and age groups, and purposive sampling identified FGD and KII participants based on expertise and involvement. The survey sample size, calculated using Yamane's (1967) formula at a 95 per cent confidence level and 5 per cent margin of error, comprised 384 youths. SPSS version 27 was used to assess quantitative data, employing descriptive statistics, chi-square tests, and logistic regression to explore associations between media exposure and behavioural outcomes. Qualitative data underwent thematic analysis per Braun and Clarke (2006), supported by NVivo software to identify patterns. Validity was ensured through expert reviews, pilot

testing, and triangulation, while reliability was confirmed with a Cronbach's alpha of 0.7. Ethical clearance was granted by the corresponding institutional review board. Confidentiality and informed consent were maintained by the participants. For participants under the age of 18 years, assent was also obtained along with parental or guardian consent, according to ethical standards in research with children.

FINDINGS AND DISCUSSION

The section presents and discusses findings of the data collected from 15- to 24-year-olds, youths, and adolescents in Mathare Sub-County regarding exposure to and response to mass media HIV and AIDS campaigns. Findings are presented thematically based on the study objectives, and quantitative data are supplemented by qualitative data that were derived from key informant interviews (KIIs) and focus group discussions (FGDs).

Demographic Characteristics of Respondents

52 per cent of the 384 interviewed were female and 48 per cent were male. 63 per cent were aged between 18 and 24, and 37 per cent were aged between 15 and 17. About 71 per cent were in school, while 29 per cent had dropped out or graduated. This categorisation provides significant context for comprehending receptivity to HIV and AIDS messages influenced by age, education, and gender.

Patterns of Media Exposure among Youth

Availability of Media Platforms

Findings indicated that 89 per cent of the participants used radio on a regular basis, 76 per cent television, and 65 per cent social media (both Facebook and TikTok). Radio in the Mathare community was particularly influential because it was conducted in the local language and was pertinent.

Qualitative Finding

One of the FGD participants, who was a youth, stated: "Radio shows on HIV are easier to relate to because they speak our language and talk about our area." This concurs with Goldstein et al. (2005), who underscored the effect of local edutainment campaigns on young people's behaviours.

Mass Media Campaigns' Impact on HIV Knowledge HIV Transmission and Prevention Awareness

Quantitative data showed that 92 per cent of the respondents identified at least three ways of HIV spread. An equal percentage identified condom use and abstinence as prevention factors correctly. Respondents who watched media frequently containing health information proved to be much more informed compared to those exposed to little ($\chi^2 = 14.7$, $p < 0.01$). High correlations existed between media exposure and awareness of HIV among the urban Kenyan population.

Change in Attitude towards People Living with HIV (PLWH)

Decline of Stigma

Around 78 per cent of the interviewees claimed open-minded attitudes toward PLWH, attributing them to sensitisation via TV soap operas and social media testaments. Individuals exposed to firsthand stories in the media were less prone to stigmatising views.

This is in accordance with Bandura's (2001) Social Cognitive Theory that vicarious learning through modelled behaviour can potentially reduce discrimination.

Key Informant Observation

"Youth-friendly programs that introduce young people to positive living with HIV make a big difference. They lead to empathy and normalise testing," (Health officer, KII).

Behaviour Change Influenced by Media Campaigns Sexual Behaviour and HIV Testing

63 per cent of all respondents reported that media messages prompted them to think about practising safer sex, and 45 per cent had gone for HIV tests after hearing about it on the radio or social media.

Logistic regression analysis showed that respondents who viewed HIV content frequently on two or more platforms were 2.3 times more likely to have undergone HIV testing in the past year (OR = 2.3; CI = 1.6–3.2, $p < 0.05$).

These findings are in line with those of Garofalo et al. (2021), who found that youth-oriented digital media

campaigns greatly enhanced voluntary testing rates in Nigeria.

Barriers to Effective Media Messaging

Despite the benefits of media messaging, several barriers still reduce its impact. Many teenagers report feeling tired of repeated messages, which has lowered their interest and engagement. Digital exclusion also remains a major challenge, as youth living in informal settlements often lack consistent access to smartphones or internet bundles, restricting their ability to participate in digital health campaigns. Furthermore, cultural taboos persist, particularly around sensitive topics such as condom use and LGBTQ+ issues, which are often avoided or dismissed in mixed-age households. These limitations reflect the observations of Ataguba and Ataguba (2020), who cautioned that socio-economic and cultural factors significantly mediate the effectiveness of health communication efforts.

Comparison with Other Urban Informal Settlements

Comparative findings of South Africa's Soul City campaign (Goldstein et al., 2005) and Uganda's Straight Talk (Kagaari & Munene, 2019) show the same trend towards increased youth awareness and testing. The above programs, however, entailed multi-platform implementation and community outreach, which are commonly reported as missing in Kenyan campaigns by Mathare youth. This comparative analysis warrants the plea for participatory and integrative communication strategies (McKee et al., 2004).

Discussion

The findings validate Social Cognitive Theory, wherein adolescents copied behaviour emulated from media (Bandura, 2001). The Health Belief Model also suggests that youths who perceived HIV as a severe threat and believed they were empowered through media information were more likely to engage in preventive behaviour (Champion & Skinner, 2008). But Framing Theory explains differential response: messages framed to empower and encourage were more powerful than those framed on fear or blame, as hypothesised by Entman (1993).

Summary of Key Findings

The study found that mass media campaigns played a significant role in increasing HIV knowledge and

promoting safer sexual behaviours among young people. Youth respondents particularly appreciated messages that were relatable and locally framed, with radio and social media emerging as the most preferred and impactful platforms. Moreover, exposure to media messages was strongly linked to positive health behaviours, such as undergoing HIV testing. However, several barriers were identified, including message fatigue resulting from repetitive content, digital inequities that limit access among poorer youth, and persistent socio-cultural constraints that restrict open discussion of sensitive topics. Overall, these results highlight the transformative potential of strategic media messaging in HIV prevention while underscoring the importance of context-sensitive, participatory, and youth-inclusive approaches to ensure lasting behavioural change.

CONCLUSION AND RECOMMENDATIONS

Conclusion: The findings confirm that mass media play a crucial role in shaping HIV-related knowledge, attitudes, and behaviour among adolescents and youth in Mathare Sub-County. Media campaigns, especially those couched in local realities and disseminated through omnipresent platforms, have been effective in facilitating health literacy and behaviour change. However, to maintain such an effect, the campaigns must overcome structural barriers like digital disparity and cultural resistance.

The study establishes the validity of Social Cognitive Theory and the Health Belief Model in predicting young people's uptake of health messages delivered through media. Media can be an effective agent of change when it is sensitive to the lived experiences of the target audience and employs participatory, empowering communication styles (Bandura, 2001; Champion & Skinner, 2008).

Recommendations: Several key recommendations emerge from the findings of this study, targeting policymakers, practitioners, media professionals, and researchers. For policymakers and government agencies, there is a need to invest more in community media by increasing funding and support for local radio and television programs that address sexual and reproductive health in formats that appeal to youth audiences. Additionally, integrating media literacy into school curricula is crucial, enabling young people to

critically interpret, evaluate, and respond to HIV-related messages more effectively.

For health communication practitioners, diversification of messaging strategies is essential. Rather than relying on repetitive prevention slogans, campaigns should incorporate real-life stories, testimonials, interactive content, and locally relevant narratives that resonate with young audiences. Increasing youth participation in the design, implementation, and evaluation of campaigns is equally important to ensure that interventions are meaningful, relatable, and impactful.

Broadcasters and media creators also have a vital role to play. They should adopt edutainment approaches such as dramas, music videos, and talk shows that

promote positive health behaviours while dispelling myths and misconceptions about HIV. Expanding internet reach is another priority, particularly through the use of popular youth platforms like TikTok, Instagram, and WhatsApp. However, media content should also be designed to remain effective in low-data environments to include youth in underserved communities.

Finally, researchers and scholars are encouraged to conduct longitudinal studies to assess the long-term behavioural effects of media campaigns among adolescents. Future research should also prioritise underrepresented groups such as out-of-school youth, LGBTQ+ youth, and young people with disabilities to better understand and address their unique communication needs and barriers.

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