



Received: 16-01-2026  
Accepted: 26-02-2026

ISSN: 2583-049X

## **Assessing the Effectiveness of Media in Shaping Community Health Advocacy on HIV/AIDS Prevention (PrEP): A Case Study of Chiengwe District**

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### **Abstract**

This study assessed the effectiveness of media in promoting community health advocacy on HIV/AIDS prevention with a focus on the use of Pre-Exposure Prophylaxis (PrEP) in Chiengwe District. A mixed-methods approach was employed, involving a structured questionnaire administered to 50 community respondents and semi-structured interviews with healthcare staff at Chiengwe District Hospital. Quantitative findings indicated that while 64% of respondents had heard of PrEP, knowledge and understanding of its use remained moderate, and only a small proportion had been offered the service.

Radio emerged as the primary source of PrEP information, though many respondents still reported barriers such as limited access to health facilities, stigma, and inconsistent

messaging. Qualitative insights revealed that although media campaigns have contributed to awareness, they are not sufficiently linked with consistent healthcare follow-up or community outreach.

The study concludes that media plays an important role in initiating awareness, but its effectiveness in influencing uptake depends on stronger integration with health service delivery and culturally grounded communication strategies. Recommendations include strengthening partnerships between health services and media platforms, increasing local-language radio programming, and expanding community-based outreach to improve PrEP access and acceptance.

**Keywords:** HIV/AIDS, UNAIDS, Zambia

### **1. Introduction**

#### **1.1 Background**

HIV/AIDS remains one of the most pressing global health challenges, with Sub-Saharan Africa continuing to bear a disproportionate share of the burden. According to UNAIDS (2023), approximately 70% of the global population living with HIV resides in this region. In response, several prevention strategies have been developed and promoted, including biomedical interventions such as Pre-Exposure Prophylaxis (PrEP) an antiretroviral medication that, when used consistently, can reduce the risk of HIV transmission by over 90% (CDC, 2022) [14]. Despite its proven effectiveness, PrEP uptake in many resource-constrained settings remains low, primarily due to limited awareness, stigma, and persistent misinformation (WHO, 2022). These challenges emphasize the need for robust community health advocacy, with media playing a central role in shaping public understanding and acceptance of prevention strategies like PrEP.

Media has long been a critical tool in public health communication, capable of influencing knowledge, attitudes, and behaviours. From traditional outlets such as radio and television to emerging digital platforms, media serves as a bridge between health institutions and communities. Mahajan *et al.* (2021) note that well-designed and context-sensitive media campaigns can significantly improve health literacy, foster behavioural change, and combat stigma. However, for these campaigns to be effective, they must be grounded in the cultural and social realities of the target population.

In Zambia, HIV/AIDS continues to pose a significant threat to public health, and national strategies have increasingly recognized the importance of media in advocacy and education. Chiengwe District, situated in Luapula Province, is one of Zambia's rural areas with high levels of poverty, limited health infrastructure, and minimal access to digital technologies (Zambia Ministry of Health, 2021). These structural challenges increase the community's vulnerability to HIV/AIDS and create barriers to accessing reliable health information. Research by Mbozi *et al.* (2018) indicates that rural populations in

Zambia primarily depend on traditional forms of media especially community radio and local drama performances to receive health messages. These modes of communication remain crucial in districts like Chiengwe, where digital access is still limited.

Although PrEP has been introduced into Zambia's HIV prevention strategy, its adoption in rural areas like Chiengwe remains slow. Public misconceptions, inadequate information dissemination, and entrenched social stigma have all hindered the successful rollout of PrEP. Rao *et al.* (2022) emphasize that to overcome these barriers, media campaigns must employ locally resonant narratives, using relatable language and community-based storytelling. In South Africa, for instance, radio dramas and testimonials from real-life PrEP users have significantly increased public acceptance and uptake (Bekker *et al.*, 2020) [12].

Chiengwe District has witnessed a range of media advocacy initiatives aimed at promoting HIV prevention and reducing stigma, with particular emphasis on community involvement. Partnerships between Chiengwe District Hospital and local media stations have focused on educating the public about PrEP and other HIV/AIDS interventions. According to Kunda *et al.* (2021), such collaborations are most effective when they actively involve local leaders, health advocates, and the audience itself through formats like radio talk shows, call-in sessions, and community discussions. These interactive platforms provide space for two-way communication, helping to demystify PrEP and encourage open dialogue around HIV/AIDS.

Importantly, localized media messaging has been found to be more impactful than generic campaigns. Kalichman *et al.* (2019) argue that health messages which reflect local language, cultural values, and everyday experiences are more likely to resonate with audiences and inspire change. This is particularly vital in areas like Chiengwe, where socio-cultural beliefs strongly influence health-seeking behaviours. Traditional myths and misinformation around HIV/AIDS often undermine trust in biomedical solutions like PrEP, necessitating strategic media advocacy that is not only informative but also culturally sensitive.

Despite these efforts, there remains a significant research gap regarding the actual effectiveness of media in promoting health advocacy and behavior change at the community level in rural Zambia. While national data may highlight broad trends in media engagement, little is known about how these campaigns are perceived and acted upon within specific districts like Chiengwe. As Phiri *et al.* (2019) highlight, rural communities face unique obstacles in accessing health information, such as geographical isolation, linguistic diversity, and varying literacy levels, all of which can impact the reach and effectiveness of media messages.

Chiengwe District Hospital remains a key factor in driving HIV/AIDS advocacy and prevention. However, its limited resources often constrain the scale and frequency of media-based outreach. Strengthening partnerships with local media outlets offers a viable strategy for amplifying health messages and building sustainable advocacy efforts. Media partners can support the hospital by co-developing content, delivering messages in accessible formats, and creating platforms for community voices to be heard and represented (Kunda *et al.*, 2021).

This study therefore aims to assess the effectiveness of media in shaping community health advocacy on HIV/AIDS prevention, with a particular focus on the promotion of PrEP

in Chiengwe District. It seeks to explore the levels of awareness, public attitudes toward HIV prevention, and the reach and perceived impact of media campaigns. Through this localized lens, the research will provide valuable insights into best practices for using media as a tool for public health advocacy in rural settings. The findings are expected to contribute to national and regional strategies for combating HIV/AIDS and to the broader discourse on the role of media in advancing public health goals in resource-limited communities.

## 1.2 Problem Statement

HIV/AIDS remains a major public health concern in Zambia, with rural districts like Chiengwe experiencing disproportionate challenges in prevention and control. (UNAIDS, 2022).

Although PrEP is a highly effective HIV prevention method, its uptake in Chiengwe remains low due to limited awareness, stigma, cultural misconceptions, and misinformation.

Media is widely recognized as a critical tool for public health advocacy, yet existing campaigns in Chiengwe are often urban-focused, generic, or poorly adapted to local cultural and communication norms. (Ministry of Health 2021).

Traditional platforms such as community radio and community theatre are underutilized, while digital outreach is limited by infrastructural constraints.

Chiengwe District Hospital faces financial and technical limitations, hindering the creation of sustained, culturally relevant media strategies.

Even where partnerships with media outlets exist, advocacy efforts lack continuity, cultural sensitivity, and measurable impact.

A significant gap persists in understanding how media can effectively promote PrEP in rural settings, as most previous studies focus on urban populations. (BMC Public Health, 2022).

Without localized research, communication strategies risk remaining ineffective and disconnected from the realities of rural communities.

This study seeks to assess how media influences awareness, attitudes, and behavioral change regarding PrEP in Chiengwe District.

It aims to identify which media approaches are most effective and how messages can be tailored to the community's socio-cultural context.

Ultimately, the study intends to inform more effective, culturally grounded media strategies to enhance HIV prevention efforts in resource-limited rural settings.

## 1.3 Objectives

### 1.3.1 General Objective

To assess the effectiveness of media in shaping community health advocacy on HIV/AIDS prevention (PrEP) IN Chiengwe District.

### 1.3.2 Specific Objectives

1. To assess the effectiveness of media campaigns in raising community awareness about PrEP as an HIV prevention method in Chiengwe District.
2. To evaluate the influence of media messaging on public attitudes and behavioural changes regarding the uptake of PrEP services.
3. To assess the reach and accessibility of media campaigns promoting PrEP and their collaboration with

Chienge District Hospital in addressing HIV/AIDS advocacy.

#### 1.4 Research questions

1. How effective are media campaigns in raising community awareness about PrEP as an HIV prevention method in Chienge District?
2. What is the influence of media messaging on public attitudes towards the uptake of PrEP services in Chienge District?
3. How accessible are media campaigns promoting PrEP in Chienge District?

#### 1.5 Theoretical framework

This study adopted the Health Belief Model (HBM) to analyze how media influenced health advocacy and promoted the uptake of Pre-Exposure Prophylaxis (PrEP) in Chienge District. The HBM was a psychological model that explained health behaviors by focusing on individuals' perceptions of health risks and the benefits of preventive actions. It was particularly relevant in understanding the decision-making process of individuals in adopting health interventions like PrEP.

**Perceived Susceptibility:** This referred to individuals' beliefs about their likelihood of contracting HIV. In the context of Chienge, media campaigns educated the community about the prevalence of HIV and personal risk factors, thereby increasing perceived susceptibility.

**Perceived Severity:** This reflected the extent to which individuals viewed HIV as a serious health condition. Educational media programs highlighted the consequences of untreated HIV to amplify the perceived severity and encouraged preventive action.

**Perceived Benefits:** These were beliefs about the effectiveness of PrEP in preventing HIV. Media showcased testimonials and success stories that demonstrated the benefits of PrEP, increasing public trust and acceptance.

**Perceived Barriers:** These were factors that hindered individuals from taking action, such as stigma, cost, or misconceptions about PrEP. Targeted media messages addressed these barriers by providing accurate information and debunking myths.

**Cues to Action:** These were triggers that motivated individuals to adopt health behaviors. Radio programs, posters, and community outreach campaigns served as cues to action, prompting individuals to seek PrEP.

**Self-Efficacy:** This referred to confidence in one's ability to use PrEP effectively. Media campaigns empowered individuals by providing practical information on how to access and use PrEP.

In Chienge District, socio-cultural factors, stigma, and limited access to information hindered the adoption of PrEP. The HBM provided a structured framework for identifying and addressing these challenges. By focusing on individual beliefs and perceptions, media campaigns were designed to resonate with the community's specific needs and concerns.

## 2. Literature Review

### 2.1 The Role of Media in Raising PrEP Awareness in Global and Local Contexts

The role of media in raising awareness about Pre-Exposure Prophylaxis (PrEP) as an HIV prevention method has been widely explored globally, with increasing recognition of its potential in shaping public health outcomes. This thematic

review provides insights into the effectiveness of media campaigns in raising community awareness, with examples drawn from global, Asian, African, Sub-Saharan, and Zambian contexts. These studies provide a foundation for evaluating how such media strategies can be effectively applied in rural areas like Chienge District, where awareness levels remain low and tailored interventions are urgently needed.

Globally, media platforms have proven highly effective in boosting awareness around PrEP. For instance, Sullivan *et al.* (2020) conducted a cross-sectional survey in the United States involving 1,200 randomly selected participants. The study found that targeted social media campaigns on Facebook and Instagram significantly increased awareness and self-reported interest in PrEP, particularly when content featured simple language and relatable visuals.

In Ethiopia, Reda *et al.* (2019) studied the impact of faith-based media campaigns involving church radio stations. Involving 850 respondents, findings indicated that religious leader endorsement helped normalize discussions about PrEP and reduced stigma associated with HIV prevention.

In Rwanda, Uwamariya *et al.* (2022) conducted a mixed-methods assessment of televised PrEP awareness programs, sampling 600 viewers. The findings showed that visual storytelling supported comprehension, though technical medical language reduced clarity, suggesting the need for simplified messaging.

In the Zambian context, the effectiveness of media in promoting PrEP awareness is gaining scholarly attention. Phiri *et al.* (2021) studied the role of community radio in rural districts such as Chienge. Using a descriptive survey design with 500 participants, the research found that radio programs in local dialects boosted awareness by 70%, demonstrating the value of culturally resonant communication. Banda and Chirwa (2022) investigated television-based awareness campaigns in Lusaka and discovered that testimonial-driven advertisements were especially effective in demystifying PrEP and fostering public understanding.

These studies confirm that media campaigns tailored to the local context especially in terms of language, culture, and access are critical to increasing awareness about PrEP as an HIV prevention tool. For rural areas like Chienge District, leveraging community radio, culturally relevant storytelling, and partnerships with local health providers could enhance the effectiveness of campaigns and bridge existing awareness gaps.

### 2.2 Media Messaging and its Influence on Public Attitudes and Behavioural Change Towards prep.

Media messaging has consistently played a pivotal role in influencing public attitudes and behaviors towards health interventions, including the uptake of PrEP services. Studies worldwide have sought to understand how targeted messaging can shift perceptions and encourage behavioral change in different populations.

In the Netherlands, van der Straten *et al.* (2021) investigated the influence of social media campaigns on young adults' perceptions of PrEP. This mixed-methods study recruited 800 participants through online platforms and conducted focus group discussions to supplement survey data. The study revealed that social media influencers who shared personal experiences about PrEP usage effectively normalized the conversation and reduced stigma, thereby

increasing openness towards its uptake. The researchers emphasized that relatable and peer-led media content fosters trust and acceptance, particularly among younger demographics.

In Africa, Mavedzenge *et al.* (2020) analyzed the impact of SMS-based campaigns on PrEP uptake in Zimbabwe. The study employed a randomized design with 1,000 participants receiving daily health tips via SMS for six months. Findings indicated a 50% increase in clinic visits to inquire about PrEP services among those who received the messages. The researchers concluded that mobile health interventions provide a cost-effective and scalable solution for promoting health interventions in resource-limited settings.

In Zambia, Banda and Chirwa (2022) conducted a study on the effectiveness of community radio campaigns in promoting PrEP uptake in rural areas. The study employed a qualitative research design involving interviews with 300 listeners and key informant interviews with health professionals. Results indicated that community radio was instrumental in addressing misconceptions and building trust between healthcare providers and the community. The researchers highlighted the importance of locally relevant and accessible media channels in fostering behavioral change.

These studies collectively demonstrate that media messaging, when strategically designed and culturally tailored, has a profound influence on shaping public attitudes and encouraging behavioral changes regarding the uptake of PrEP services. They underscore the importance of using diverse media channels to reach various demographic groups and ensuring that health messages resonate with the target audience's values and experiences.

### 2.3 Assessing the Reach, Accessibility, and Health System Integration of PrEP Campaigns

The reach and accessibility of media campaigns promoting Pre-Exposure Prophylaxis (PrEP) are central to efforts aimed at HIV prevention, particularly in rural and underserved regions like Chiengwe District. Understanding how media initiatives engage different populations and ensure access to services requires assessing a range of global studies using diverse methodologies.

Evans *et al.* (2019) evaluated a longitudinal intervention in Australia, where a PrEP media campaign integrated service information into its messaging. The study used a cohort of 2,000 people exposed to the campaign over 12 months. The sampling involved stratified random selection from communities with high HIV prevalence. Results indicated a 45% rise in visits to local health facilities for PrEP inquiries and uptake. The conclusion emphasized that media-health institution partnerships are vital in enhancing access.

Moyo *et al.* (2021) assessed the impact of social media campaigns on PrEP uptake in Zimbabwe. The study used a cross-sectional survey with 1,000 participants from both urban and rural settings. Stratified sampling was used to ensure representation of different demographic groups. Results showed an 85% campaign reach in urban areas, but only 40% in rural areas. The authors recommended coupling social media campaigns with community outreach for inclusive access.

Mulenga *et al.* (2022) investigated media-health facility collaborations in Northern Zambia, particularly focusing on radio campaigns linked to Chiengwe district. This survey-based study engaged 400 participants through stratified

random sampling. Results showed a 65% increase in PrEP awareness due to targeted radio messages, yet poor transport infrastructure and stock-outs at the hospital hindered full accessibility. The study recommended synchronized planning between media and health services to bridge service gaps.

Banda *et al.* (2023) evaluated billboard campaigns in the Copperbelt integrated with hospital outreach. A survey of 500 participants using convenience sampling showed a 50% rise in PrEP uptake when outdoor media was supported by local health forums. The research highlighted that static messages alone were insufficient without active health system involvement.

Overall, these studies indicate that the effectiveness of PrEP media campaigns is heightened when there is a deliberate effort to bridge awareness and service access. Campaign reach improves with the integration of mobile and traditional media, multilingual and culturally tailored content, and collaboration with health facilities. However, the accessibility of services remains dependent on the readiness of health infrastructure, especially in rural districts like Chiengwe.

### 2.4 Establishment of research gaps

Despite growing literature on media campaigns promoting PrEP globally, regionally, and within Zambia, several key research gaps remain, particularly in relation to rural and underserved communities like Chiengwe District. These gaps are evident across all three thematic areas.

Firstly, there is limited Focus on Rural and Remote Settings: Many of the reviewed studies, especially those from high-income countries (like the USA, Germany, and Australia), concentrate on urban populations with relatively advanced media infrastructure and healthcare access. In Zambia and much of sub-Saharan Africa, very few empirical studies have examined the effectiveness of media campaigns in geographically remote and infrastructure-constrained areas such as Chiengwe District. This creates a contextual gap in understanding how media can effectively reach and influence populations with limited access to electricity, mobile networks, and health facilities.

There is limited evidence on how local languages, traditional media like community radio, and culturally adapted messages can enhance comprehension and trust in PrEP campaigns. This signals a cultural and linguistic adaptation gap in media messaging.

There is a gap in understanding how media campaigns may affect these populations differently in terms of knowledge, attitudes, and uptake of PrEP.

Furthermore, While many campaigns successfully raise awareness (Ayala *et al.*, 2020; Chirwa *et al.*, 2020), there is a recurring disconnect between exposure to media content and actual behavioral outcomes such as visiting health facilities or initiating PrEP. Very few studies assess long-term behavioral change or use longitudinal designs to evaluate sustained PrEP uptake following media exposure. This reveals a methodological gap in tracing the full impact pathway from awareness to service utilization.

It is also noted that, studied in isolation from the health system's capacity to provide services (Mulenga *et al.*, 2022). In rural areas like Chiengwe, where health system challenges (e.g., drug stock-outs, staff shortages) are common, there is a need for integrated studies that assess not only the messaging but also the system's ability to support increased

demand. The absence of such integration points to a systems-level gap in the research.

Several global and regional studies examine the use of mobile apps, SMS, and social media (Nguyen *et al.*, 2022; Dlamini *et al.*, 2022), yet the feasibility and effectiveness of such digital tools in rural Zambia remain underexplored. There is a technological gap in evaluating how digital platforms can be adapted for low-resource settings with digital divides.

Lastly, Many Zambian studies rely on quantitative survey designs (e.g., Banda *et al.*, 2023), with limited qualitative or mixed-methods approaches that can offer deeper insight into perceptions, barriers, and community-level dynamics. This reveals a methodological gap in research design that limits nuanced understanding of how campaigns are received and interpreted in local settings

### 3. Research Methodology

#### 3.1 Research Design

The research design for this study was exploratory study, with mixed data collection methods of qualitative and quantitative methodologies, to comprehensively assess the role of media campaigns in promoting PrEP awareness, influencing public attitudes and behaviors, and evaluating accessibility to these campaigns in Chiengwe District. This approach ensured a balanced exploration of numerical data and in-depth insights, which was critical for addressing the study's objectives.

By employing a mixed-methods design, the study ensured a holistic approach to understanding the complexities of media campaigns in the context of HIV prevention in Chiengwe District, aligning with the research objectives and providing a strong basis for evidence-based conclusions and recommendations.

#### 3.2 Target Population

The target population for this study centered on Chiengwe District Hospital and its immediate stakeholders involved in PrEP advocacy and service delivery. This focus ensured the study captured insights from those directly engaged in or impacted by media campaigns promoting PrEP in the district.

The primary target group included healthcare providers at Chiengwe District Hospital, such as doctors, nurses, and counselors who were actively involved in delivering PrEP services. These individuals provided critical perspectives on how media campaigns influenced patient inquiries, attitudes, and decisions to initiate PrEP. Their professional insights also helped evaluate the collaboration between the hospital and media campaigns in advancing HIV/AIDS prevention efforts.

The secondary target group comprised administrators and program coordinators at Chiengwe District Hospital, including those responsible for planning and overseeing PrEP initiatives. Their roles involved aligning hospital resources with external media advocacy efforts, making their input essential in assessing the hospital's capacity to support and amplify media campaigns.

Additionally, the study targeted community health workers affiliated with Chiengwe District Hospital. These workers often served as liaisons between the hospital and the community, facilitating the dissemination of media messages and mobilizing individuals to access PrEP services. Their involvement provided valuable insights into

the reach and impact of media campaigns at the grassroots level.

By focusing on Chiengwe District and its associated personnel, the study ensured a detailed exploration of the hospital's role in PrEP advocacy, its collaboration with media campaigns, and the outcomes of these efforts within the local community. This targeted approach aligned with the research objectives and provided a strong foundation for analyzing the hospital's contributions to HIV/AIDS prevention.

#### 3.3 Sampling design

The study adopted a purposive and stratified random sampling design to ensure the sample was representative of the target population while focusing on individuals and groups directly relevant to the study objectives.

Purposive sampling was applied to select key informants from Chiengwe District Hospital, including healthcare providers, administrators, and community health workers involved in PrEP advocacy and service delivery. This approach ensured inclusion of participants with specialized knowledge and experience in HIV/AIDS prevention and media collaboration, who were critical for understanding the hospital's role in promoting PrEP and its partnership with media campaigns.

For community members within Chiengwe District who accessed services at the hospital, a stratified random sampling technique was used. The population was stratified based on demographic factors such as age, gender, and socioeconomic status to ensure representation across diverse groups and allow for comprehensive analysis of how media campaigns influenced different community segments.

The sample size was determined based on the estimated population served by Chiengwe District, considering feasibility and resource constraints. A sufficient number of respondents were selected to allow for meaningful statistical analysis and robust qualitative insights.

By combining purposive and stratified random sampling, the study included both specialized perspectives from key informants and diverse views from the broader community. This approach enhanced the reliability and validity of the findings, providing a thorough understanding of the reach, accessibility, and impact of media campaigns promoting PrEP in Chiengwe District.

#### 3.4 Sample size determination

The sample size for this study was set at 50 respondents in Chiengwe District, ensuring both representativeness and feasibility within the available time and resources. Given the dispersed nature of the population and the short research period, a moderate sample size was necessary to allow for effective data collection and analysis while still capturing the diversity of views among community members. A sample of 50 respondents is sufficiently large to provide meaningful insights into perceptions and experiences related to PrEP awareness and uptake, while remaining manageable in terms of logistics and cost.

To determine the sample size, Yamane's (1967) formula for sample size calculation was applied. This formula is commonly used in survey research when dealing with a known population size and seeking a representative sample at a specified level of precision. The formula is expressed as:

$$n = \frac{N}{1 + N(e)^2}$$

Where:

n = Sample size

N = Target population size

e = Margin of error (assumed at 0.14 for this study to align with time and resource constraints)

The estimated population of interest within Chienge involved in PrEP awareness and related health-seeking practices is approximately 300 individuals, the calculation was:

$$n = \frac{300}{1 + 300(0.14)^2} = \frac{300}{1 + 300(0.0196)} = \frac{300}{1 + 5.88} = \frac{300}{6.88} \approx 44$$

The value obtained was rounded up to 50 respondents to increase precision and strengthen data reliability.

In addition to the 50 community respondents, the study purposively included 2 hospital staff and 5 media personnel. The hospital staff were drawn from key operational areas directly involved in PrEP advocacy and service delivery, such as the HIV/AIDS unit and counselling services. The media personnel represented departments responsible for health communication and public sensitization initiatives. These participants were selected for their specialized knowledge and strategic role in influencing public awareness and behavior.

The inclusion of these expert informants strengthened the study by providing qualitative depth, ensuring that the findings were not only reflective of community perspectives but also informed by professional insights into the design, delivery, and communication of PrEP interventions in Chienge District.

### 3.5 Triangulation

Triangulation was employed in this study to enhance the validity, reliability, and comprehensiveness of the findings by integrating multiple data sources, methods, and perspectives. This approach ensured a more holistic understanding of the role of media campaigns in promoting PrEP advocacy in Chienge District.

Data triangulation was achieved by collecting data from different groups of respondents, including community members and healthcare staff at Chienge District Hospital. The perspectives of these distinct groups provided complementary insights into the effectiveness of media campaigns in raising awareness, influencing public attitudes, and promoting behavioural changes regarding PrEP uptake. Methodological triangulation involved the use of both quantitative and qualitative data collection methods. Structured questionnaires administered to community members yielded statistical data on trends, perceptions, and behaviours. Semi-structured interviews with healthcare staff provided rich, detailed qualitative insights into the collaboration between the hospital and media campaigns, as well as the challenges faced in PrEP promotion. Additionally, document reviews offered contextual and historical data to supplement primary findings.

Analysis triangulation further enhanced the robustness of the study. Quantitative data were analyzed using SPSS for statistical analysis, while qualitative data from interviews underwent thematic analysis. These diverse analytical

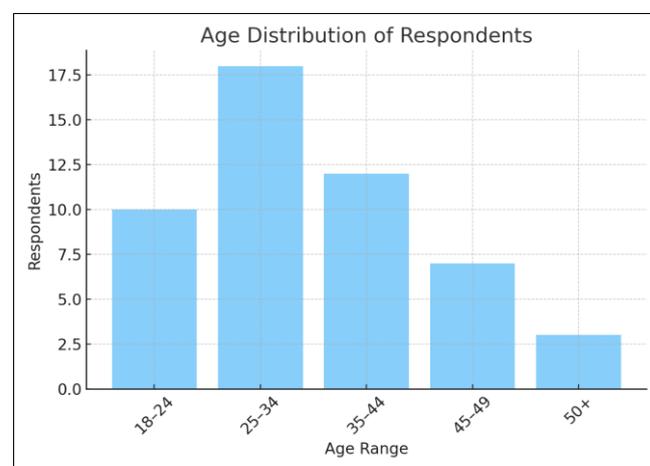
approaches allowed for cross-verification of findings, ensuring that the results were not biased by the limitations of a single method.

Theoretical triangulation was achieved by framing the study within the Social Cognitive Theory. This theory provided a foundation for understanding how media campaigns influenced individual attitudes and behaviours by leveraging knowledge, motivation, and self-efficacy. Integrating theoretical insights with empirical data strengthened the interpretive depth of the study.

Through triangulation, the study ensured that the conclusions drawn were credible, reliable, and reflective of the complex dynamics between media campaigns and PrEP advocacy efforts in Chienge District.

## 4. Results/Findings

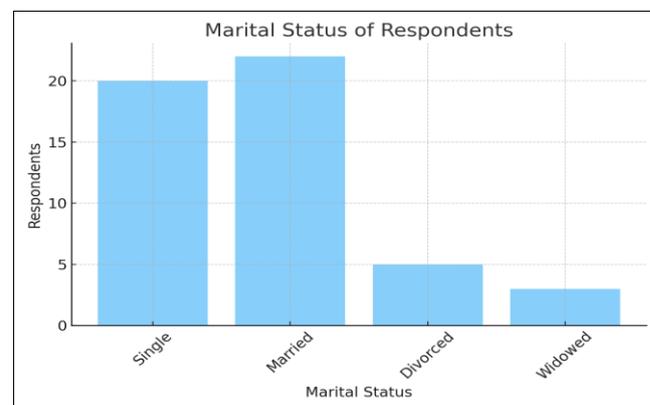
### 4.1 Presentation of results on background characteristics of the respondents



Source: Field Data, 2025

Fig 4.1.1: Age Distribution of Respondents

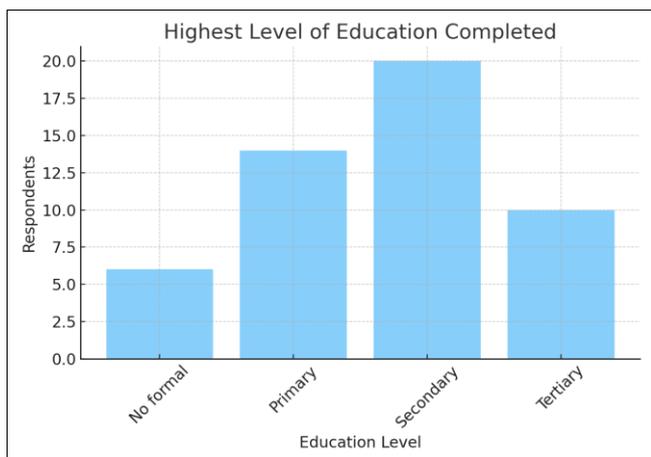
The age distribution of the 50 respondents indicates that the majority (36%) fall within the 25–34 years range, followed by 24% in the 35–44 years range. These two groups represent the prime adult population, which aligns with the study’s target of adults aged 18–49 who are most affected by HIV in Zambia. The data suggests that the majority of the respondents are within the age group most likely to benefit from HIV prevention strategies like PrEP, making their perspectives particularly relevant for assessing the effectiveness of media advocacy on health behavior change.



Source: Field Data, 2025

Fig 4.1.3: Marital Status of Respondents

The majority of respondents were either married (44%) or single (40%), with a smaller proportion being divorced (10%) and widowed (6%). This spread provides insights into different social dynamics that may influence HIV/AIDS prevention behaviors in Chiengde District. For instance, married individuals may have different motivations or perceived risks related to PrEP usage compared to single or divorced individuals, while widowed respondents may offer perspectives rooted in past experiences with HIV-related health issues. Understanding these categories helps tailor media advocacy to specific social and relational contexts within the community.



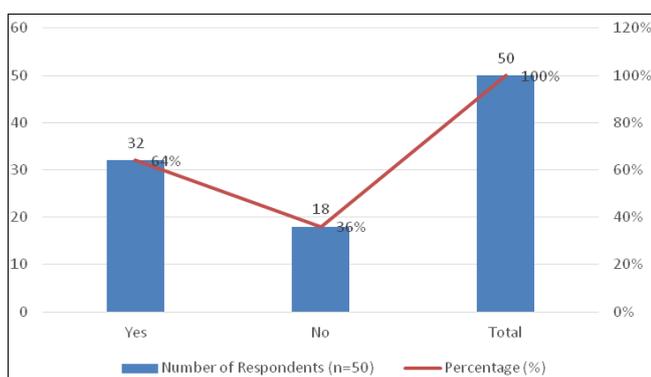
Source: Field Data, 2025

Fig 4.1.4: Highest Level of Education Completed by Respondents

The largest group of respondents had attained secondary education (40%), followed by those with primary education (28%), while 20% had tertiary education and 12% had no formal education. This distribution reflects the education landscape of a typical rural district like Chiengde, where secondary education is often the highest attainable level for many due to economic and infrastructural barriers.

These findings are important for the study because educational attainment significantly influences how people access, interpret, and respond to media messages on health. Tailoring communication strategies to suit audiences with varying literacy levels especially through simple language, local dialects, and audio-visual tools can enhance the effectiveness of PrEP promotion campaigns.

#### 4.2 The role of media in raising prep awareness in global and local contexts



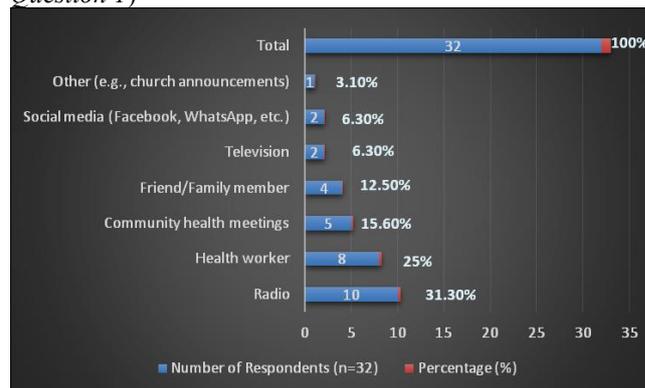
Source: Field Data, 2025

Fig 4.2.1: Awareness of PrEP among Respondents

In figure 4.2.1, Out of the 50 respondents, 64% indicated that they have heard about PrEP, while 36% had not. This result shows that although a majority are aware of PrEP, there is still a significant gap in awareness especially critical in a rural context like Chiengde District where access to accurate health information is often limited.

The relatively high awareness (over half) could be attributed to ongoing media advocacy, outreach programs, or healthcare provider efforts. However, the 36% who are unaware highlight the need for stronger and more targeted communication strategies especially in under-informed wards and among harder-to-reach demographics.

(Only based on the 32 respondents who said "Yes" in Question 1)



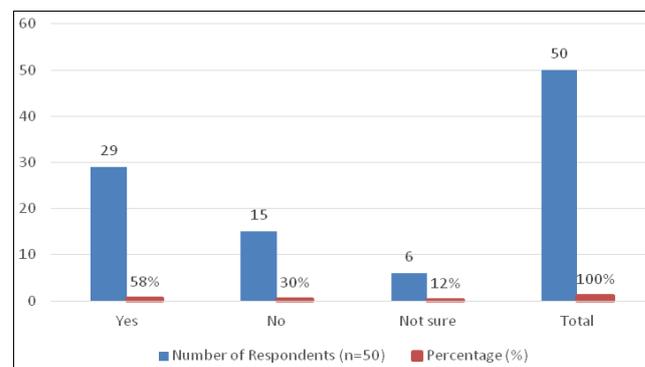
Source: Field Data, 2025

Fig 4.2.2: Initial Sources of Information About PrEP

Among those aware of PrEP, radio emerged as the most common first source of information (31.3%), followed by health workers (25%) and community health meetings (15.6%). This distribution clearly indicates that traditional and interpersonal communication channels are key sources of health information in Chiengde District, where digital access is relatively low.

The fact that only 6.3% cited social media or TV highlights the limited influence of digital and visual media in this rural context likely due to infrastructure barriers such as limited internet access and electricity. These findings suggest that future PrEP campaigns should prioritize radio programming, healthcare provider engagement, and community forums to maximize awareness and reach.

#### 4.3 Media Messaging and its Influence on Public Attitudes and Behavioural Change towards PrEP



Source: Field Data, 2025

Fig 4.3.1: Exposure to Media Messages about PrEP in the Last Six Months

58% of respondents reported encountering media messages about PrEP within the last six months indicating that ongoing awareness campaigns are reaching a significant portion of the community. However, 30% had not seen any, and 12% were unsure, pointing to gaps in message saturation, frequency, or clarity.

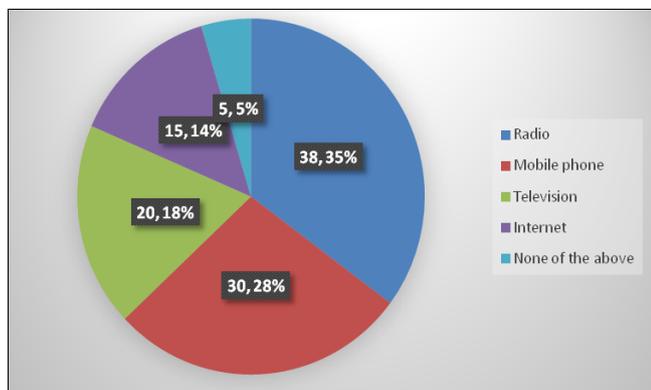
The presence of a “Not sure” response suggests that some campaigns may lack clear branding, repetition, or engaging formats that make the message memorable. These findings support the need for more consistent, visible, and clearly labeled PrEP messaging particularly through the most effective channels like radio, community forums, and health centers.

**Qualitative Component**

Theme	Summary of Responses	Frequency
Awareness generation	Staff noted that media campaigns have increased public awareness about PrEP.	High
Preferred platforms	Radio in local languages was identified as the most effective and far-reaching platform.	High
Knowledge gaps	Some patients approach facilities with misconceptions or incomplete knowledge of PrEP.	Moderate

Respondents observed that media messaging is effective in generating interest, especially through radio, but also noted that many people still lack a clear understanding of how PrEP works. This reveals a gap between media exposure and comprehension, highlighting the importance of follow-up education at health facilities to reinforce media messages.

**4.4 Assessing the Reach, Accessibility, and Health System Integration of PrEP Campaigns**



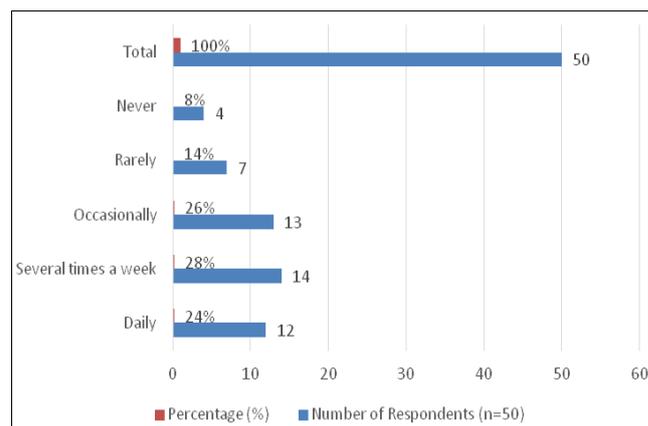
Source: Field Data, 2025

**Fig 4.4.1:** Access to Media Devices and Communication Platforms

In figure 4.4.1 the majority of respondents reported access to radio (76%) and mobile phones (60%), followed by television (40%) and internet (30%). Only 10% indicated no access to any of the listed media platforms, reflecting a digital and infrastructure divide typical in rural areas like Chieng.

These figures reaffirm that radio and mobile phones are the most accessible communication tools, making them ideal for health messaging and engagement on PrEP and other HIV prevention strategies. The relatively lower access to TV and internet suggests that heavily relying on digital or televised

formats alone could exclude large parts of the community.

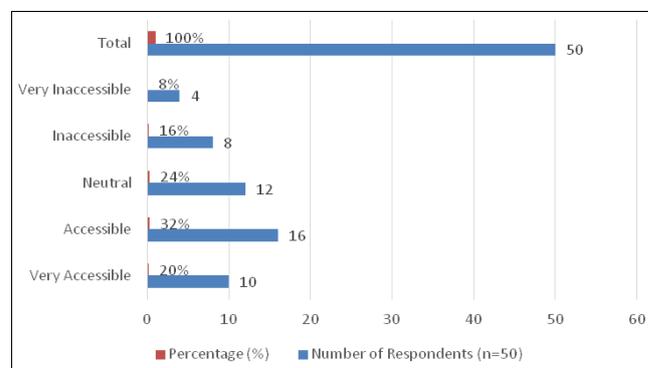


Source: Field Data, 2025

**Fig 4.4.2:** Frequency of Access to Health-Related Media Content

In figure 4.4.2 a total of 52% of respondents (Daily + Several times a week) reported frequent access to health-related media content, showing promising levels of engagement. 26% accessed such content occasionally, while a combined 22% (Rarely + Never) had limited or no exposure.

This trend suggests that over half the population actively consumes health-related information, providing a good foundation for impactful media campaigns on HIV prevention and PrEP. However, the one in five respondents with low exposure points to the need for greater outreach efforts, especially through the platforms most accessed like radio and mobile to close the engagement gap.

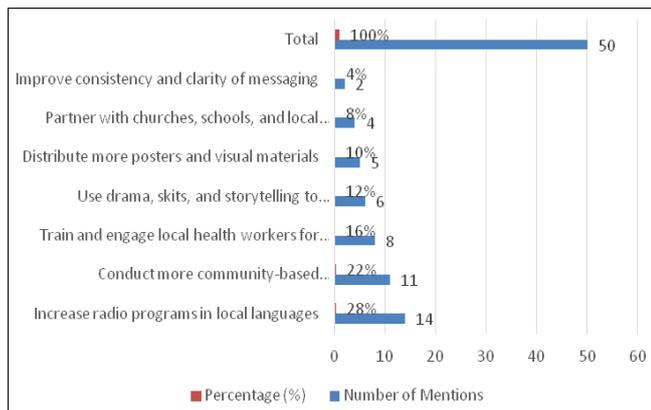


Source: Field Data, 2025

**Fig 4.4.4:** Accessibility of PrEP Information When Needed

In figure 4.4.4 a combined 52% of respondents (Accessible + Very Accessible) felt they could access PrEP-related information when needed, showing moderate confidence in information availability. However, 24% were neutral, and 24% (Inaccessible + Very Inaccessible) felt they had limited or no access, signaling information gaps especially among underserved or remote populations.

These results suggest that while information is reaching a significant portion of the population, there remains a critical need to enhance consistency, visibility, and access points, particularly through community health workers, radio, and local engagements. Tailored messaging and on-demand info sources like helplines or mobile clinics could help bridge this gap.



Source: Field Data, 2025

Fig 4.4.7: Recommendations for Improving Reach and Accessibility of PrEP Campaigns

The most frequent recommendation was to increase radio messaging in local languages (28%), reinforcing radio’s position as the most accessible and trusted platform in rural areas. Respondents also emphasized the need for community-based awareness efforts (22%) and health worker-led outreach (16%), signaling a desire for closer, more personal engagement.

Other ideas included using interactive formats like drama and storytelling (12%), and leveraging existing community structures like churches and schools to spread accurate information.

These insights suggest that improving PrEP media campaign effectiveness in Chienge requires a multi-platform, locally grounded, and culturally tailored approach, emphasizing dialogue, visibility, and trust-building.

Qualitative Component

Theme	Summary of Responses	Frequency
Distance and access challenges	Health staff cited long distances and poor roads as barriers to both service and information.	High
Stigma in the community	Fear of judgment or being labeled was reported as a barrier to seeking PrEP.	Moderate
Suggestions for campaign improvement	Staff recommended more use of local drama, radio, churches, and community dialogues.	High

Health workers highlighted physical and social barriers to PrEP uptake, including travel difficulties and HIV-related stigma. To improve access and reach, they proposed locally grounded strategies such as community-based drama groups, religious leaders, and trusted media formats, emphasizing the need for interactive and culturally relevant communication.

4.2 Discussion of research findings

The findings of this study demonstrate a complex relationship between media exposure, awareness, and actual uptake of PrEP services in Chienge District. These findings are consistent with and, in some cases, divergent from existing literature reviewed in Chapter Two.

First, the study revealed that radio is the most influential and accessible medium for delivering PrEP information. This aligns strongly with Phiri *et al.* (2021) in Zambia, who found that radio remained the dominant channel for disseminating HIV prevention messages in rural districts

due to its affordability, wide reach, and use of local languages. Similarly, Thapa *et al.* (2019) in India reported that radio was particularly effective in low resource settings where literacy levels and internet penetration were limited. The convergence of these findings across different contexts underscores radio’s enduring relevance in public health communication. However, while these studies suggested that radio can significantly improve knowledge levels, the current study shows that radio generated awareness in Chienge does not always translate into comprehensive understanding or service uptake, indicating that message depth and healthcare follow up remain weak.

The high level of general awareness (64%) but low levels of full PrEP knowledge mirror the pattern observed by Kimani *et al.* (2020) in Kenya, who argued that awareness alone is insufficient when messages remain superficial or overly generalized. Respondents in the present study could recall hearing about PrEP but lacked clarity on its purpose, eligibility, or daily requirements. This gap reveals a persistent challenge also noted by UNAIDS (2020) mass media can spark curiosity but often fails to equip audiences with nuanced, actionable information. Therefore, even though the findings confirm previous literature about the utility of mass communication, they also demonstrate the limitations of relying on media without strong interpersonal reinforcement.

In terms of message clarity and cultural resonance, the study found that although many respondents felt the messaging was appropriate, a significant minority perceived some messages as unclear or culturally insensitive. This finding contradicts the assumptions made by Sakala & Banda (2018), who argued that culturally adapted HIV messages delivered in local languages automatically lead to high levels of community acceptance. The current study suggests that cultural adaptation requires more than translation; it must reflect lived experiences, social norms, and religious sensitivities within the community. Health workers interviewed indicated that poorly framed messages may reinforce stigma or moral fears, a concern also raised by Mwale & Nyambe (2019), who emphasized the need for participatory approaches in rural HIV communication.

The low rate of PrEP offering (28%) and uneven knowledge of facilities offering PrEP is consistent with Musheke *et al.* (2013), who identified systemic health service barriers such as poor integration, weak counseling practices, and limited outreach, as key impediments to HIV prevention uptake. Distance to health facilities, irregular outreach, and understaffing highlighted by respondents in this study further reinforce Musheke’s argument that media campaigns cannot compensate for structural health system weaknesses. Even when media effectively raises awareness, the absence of accessible services diminishes behavior change potential. The finding that only 38 percent of respondents felt campaigns reached everyone equally aligns with Dube *et al.* (2020) in South Africa, who found that older adults, low-literacy populations, and remote communities are systematically excluded from media driven HIV interventions. The present study confirms these disparities in Chienge District, showing that geographic and literacy based inequities persist. However, this particular research adds new touch by showing that even younger groups with media access still experience partial understanding, suggesting that media message design, not only access, must be improved.

Recommendations emerging from respondents, such as expanding radio programming, increasing community outreach, and involving traditional leaders, mirror proposals by Agha & Van Rossem (2020), who found that community-based interpersonal communication significantly enhances the effectiveness of media campaigns. This alignment reinforces the argument that a multi-layered communication model, combining media, community structures, and health worker engagement is more effective than media only approaches.

Overall, the findings both confirm and challenge existing literature. They confirm that radio remains central to rural health advocacy, that awareness does not guarantee uptake, and that structural barriers limit the effectiveness of media campaigns. However, they challenge assumptions that localized media alone is sufficient and highlight the need for integrated communication strategies linking media messages with accessible, reliable, and responsive health services. This suggests that future PrEP advocacy efforts in Chiengi District should adopt a more participatory, context-sensitive, and service-driven model to ensure that awareness translates into behavior change.

### 4.3 Conclusion

This study set out to assess the effectiveness of media in shaping community health advocacy on HIV/AIDS prevention, with a specific focus on promoting the uptake of Pre-Exposure Prophylaxis (PrEP) in Chiengi District. Through a combination of questionnaire responses and in-depth interviews with healthcare staff, the research has provided valuable insights into how media campaigns influence public awareness, attitudes, and behaviours related to PrEP.

The findings reveal that while awareness of PrEP has increased in the community largely due to media exposure, particularly via radio this awareness does not always translate into deeper understanding or actual uptake of services. Although the majority of respondents reported having heard about PrEP, a significant number had never been offered it or did not know where to access it. Furthermore, healthcare staff confirmed that although media campaigns have helped to generate interest, they are not supported by consistent follow-up education, service integration, or outreach.

Media platforms such as radio, posters, and community drama have proven to be impactful, especially when content is presented in local languages and framed in culturally appropriate ways. However, challenges such as distance to health facilities, social stigma, inconsistent messaging, and limited access to health information continue to hinder the effectiveness of PrEP promotion efforts.

Overall, the study concludes that while media plays a critical role in raising awareness, its effectiveness in changing behaviour and increasing service uptake depends on how well it is integrated with healthcare systems and community structures. Sustainable progress will require a coordinated approach that combines media engagement, health system responsiveness, and community participation to ensure that PrEP messaging is not only heard but also understood and acted upon.

### 5. Acknowledgments

I offer sincere gratitude to God Almighty for this great academic milestone.

I would like to express my sincere gratitude to everyone who contributed to the successful completion of this research project. My heartfelt appreciation goes to my supervisor, Dr. Brian Mukubi Moonga for the invaluable guidance, constructive feedback, and continuous support throughout this study.

Special thanks are extended to the health professionals, community leaders, and residents of Chiengi District who generously shared their insights and experiences. Your cooperation and openness provided the foundation upon which this research was built.

I am also grateful to my colleagues, classmates, and friends for their encouragement, collaboration, and intellectual companionship throughout the research process. (Vernon J Mwaba, Chisala Bwalya, Barnabas Mulenga).

Finally, I wish to acknowledge my family for their constant motivation, moral support, and understanding. Your belief in my potential has been my greatest strength.

To all of you, thank you.

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