

Health Communication for Health Promotion: The Role of HIV/AIDS Prevention Campaigns among Youth in Mozambique

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Publication Date: 2026/07/04

Abstract: Health communication for development and social change constitutes an essential interdisciplinary field for understanding processes of social transformation in the domain of public health. Drawing on a critical review of the paradigms of communication for development modernisation, dependency, participation and emerging approaches this article examines how each of these models shapes the design, implementation and effectiveness of HIV/AIDS prevention campaigns targeting young people in Mozambique. The study also examines the evolution towards Communication for Social Change (CSC), highlighting participatory strategies, digital communication, entertainment-education and social marketing. It is argued that approaches centred exclusively on the transmission of information reveal limitations in promoting sustainable behavioural change, particularly among young populations in contexts marked by structural inequalities, gender norms and stigma. In contrast, participatory, culturally contextualised and digitally diversified models demonstrate greater effectiveness in promoting the active engagement of young people and behavioural transformation. The analysis integrates empirical evidence from the Mozambican context, based on research conducted in the city of Maputo combining content analysis of campaigns, a questionnaire survey of 390 young people and six focus groups with 58 participants.

Keywords: Health Communication for Development; Social Change; Health Communication; HIV/AIDS; Youth; Community Participation; Mozambique; Communicational Effectiveness.

How to Cite: Sónia Deolinda Banguira Posse; Dr. Nelson Ribeiro; Dr. Alice Nhamposse (2026) Health Communication for Health Promotion: The Role of HIV/AIDS Prevention Campaigns among Youth in Mozambique. *International Journal of Innovative Science and Research Technology*, 11(6), 2435-2441. <https://doi.org/10.38124/ijisrt/26jun728>

I. INTRODUCTION

Since the identification of the first HIV/AIDS case in Mozambique in 1986, the epidemic has followed a concerning trajectory. The deterioration of the situation was particularly pronounced following the end of the civil war in 1992, a period that increased population mobility and facilitated the spread of the virus (UNESCO, 2002). HIV prevalence currently stands at 12.5% among adults aged 15 and over (INSIDA, 2022), with significant gender asymmetries 15% among women and 9.5% among men and the city of Maputo recording the highest rate in the country (16.2%). HIV/AIDS remains one of the leading causes of mortality and a structural obstacle to national socioeconomic development (Lisboa, 2023). Young people aged between 15 and 24 constitute a particularly vulnerable group: according to UNAIDS (2024), approximately 620,000 young people were newly infected with HIV in 2023, with 53% of new cases in this age group occurring among girls and young women.

In this context, prevention campaigns play a strategic role in health promotion and behavioural change among young people. Beyond the transmission of information, these campaigns seek to influence attitudes, reduce social stigma and encourage preventive practices. The current National Strategic Plan for the HIV/AIDS Response (PEN V) 2021–2025, coordinated by the National Council for the Fight against AIDS (CNCS), explicitly recognises communication as a structural dimension of the national response to the epidemic, with particular emphasis on the mobilisation of young people as active agents of prevention.

The central problem lies in the fact that, despite continuous exposure to awareness campaigns, risk behaviours persist and resistance to the adoption of sustainable preventive practices among young people remains prevalent. As Arante (2017) and Aduet et al. (2010) observe, the persistently high infection rates in Mozambique, notwithstanding the significant resources invested in health communication, suggest that the principal challenge does not reside in the absence of campaigns, but rather in their quality, cultural appropriateness and effective

capacity to produce lasting behavioural transformation among youth. This raises the following research question:

- *What is the Contribution of HIV/AIDS Prevention Campaigns to the Promotion of Social Change and Preventive Behaviours Among Young People in Mozambique?*

This article is organised into five sections: following the introduction, it presents the theoretical framework, the methodology adopted, the principal results and, finally, the discussion and conclusions with corresponding recommendations.

II. THEORETICAL FRAMEWORK

- *Communication for Social Change: Paradigms and Evolution*

Communication for Social Change constitutes a theoretical and practical field that has evolved significantly over time, reflecting different ways of understanding the role of communication in human development. According to McAnany (2012), this field can be analysed through four major paradigms: modernisation, dependency, participation and emerging approaches based on social and technological innovation. An understanding of these paradigms is essential for analysing how HIV/AIDS prevention campaigns have been conceived in Mozambique and why they present limitations in promoting sustainable behavioural changes among the young population.

The modernisation paradigm, dominant between the 1950s and 1970s, held that mass media played a central role in promoting development through the diffusion of information and values associated with economic progress (Lerner, 1958; Schramm, 1964). Within this model, communication was understood as a linear and unidirectional process in which the receiver was considered passive. Frank (1967) criticised this approach as ineffective in health communication, arguing that it ignores fundamental local cultural aspects and neglects the structural issues that contribute to the emergence of disease. In the context of HIV/AIDS, Sovran (2013) explains how the design of prevention campaigns in sub-Saharan Africa based on Western models of risk groups resulted in persistent failures, given that in this region the pandemic is distributed within the general population. Campaigns directed at Mozambican youth that replicate this logic conveying generic messages without adaptation to the cultural and relational context of young people face the same limitations.

The dependency paradigm, which emerged from the 1970s onwards, constituted a direct critique of the modernisation model. Authors such as Frank (1967) and Cardoso and Faletto (1979) argued that communication and information flows reproduced relations of domination between developed and developing countries, perpetuating structural asymmetries rather than correcting them. Applied to health communication, this perspective reveals that campaigns

designed and financed by international agencies such as PEPFAR or the Global Fund may impose cultural frameworks and external priorities that do not correspond to local needs and contexts, thereby reducing effectiveness and legitimacy among target populations. In Mozambique, this tension manifests in the structural dependence on external funding and the difficulties of local appropriation of communication strategies (Arante, 2017; Servaes, 2019). For young people, this dependency frequently results in campaigns that do not reflect their language, cultural references or the specific barriers they encounter in daily life.

The participatory paradigm, consolidated from the 1980s onwards, places communities at the centre of communication processes. Paulo Freire (1970) had introduced the concept of dialogic communication, arguing that social change must be built through dialogue, critical consciousness and the active participation of communities, rather than through the vertical transmission of information. According to Servaes (2008), this paradigm values horizontal communication, community empowerment and the collective construction of solutions, recognising local knowledge as a fundamental element for social change. Applied to HIV/AIDS prevention among young people, this paradigm underpins strategies such as peer education, community dialogue and entertainment-education, which demonstrate greater effectiveness than unidirectional campaigns, particularly in contexts marked by stigma, gender norms and structural inequalities (Tufté, 2017; Waisbord, 2001).

Emerging approaches, associated with the advancement of digital technologies and the network society, represent the fourth moment of this evolution. Castells (2009) highlights that the proliferation of digital platforms has profoundly transformed communication processes, decentralising the production and circulation of information and broadening the possibilities for social participation. Ihsaniyati et al. (2023) argue that digital platforms strengthen processes of social change when used in a participatory and inclusive manner. For Mozambican youth, these approaches represent a communication opportunity of enormous potential: platforms such as TikTok, digital influencers and digital entertainment-education formats demonstrate growing effectiveness among young people in African urban contexts (Sitar, 2024; Kissi, 2025). However, digital exclusion and inequalities in internet access between urban and rural contexts remain significant limitations that any health communication strategy must address (Singh et al., 2020).

- *Health Communication and Health Promotion*

Health communication constitutes one of the structural pillars of contemporary health promotion and disease prevention strategies. Schiavo (2014) defines it as a strategic process involving the development and transmission of messages intended to influence health-related knowledge, attitudes and behaviours, demonstrating that its function extends well beyond the simple dissemination of information.

Malikhao (2020) argues that health communication cannot be effective if it ignores social inequalities, since these determine access to information, health services and the conditions for adopting preventive behaviours an argument particularly relevant in the context of Mozambican youth, where gender inequalities and socioeconomic vulnerability profoundly condition decisions regarding sexual and reproductive health.

The Social and Behaviour Change Communication (SBCC) approach conceptualises health communication as a systematic, evidence-based process that integrates formative research, audience segmentation and the use of multiple channels (Kaur, 2022). Bose et al. (2023) demonstrate that SBCC interventions are particularly effective in HIV prevention among adolescents and young people in low- and middle-income countries, especially when they combine interpersonal, community, digital and mass communication. Ngigi et al. (2018) underscore that effective strategies combine multiple channels, enabling greater reach and impact of health messages.

Two theoretical models are central to the analysis of campaign effectiveness among young people. McGuire's (1989) communication effects sequence proposes that exposure to a health message triggers a hierarchical chain of effects attention, comprehension, acceptance, retention, recall and action in which each stage is a necessary but not sufficient condition for the next. Ebbinghaus's (1885) forgetting curve adds that acquired information tends to deteriorate rapidly in the absence of reinforcement, which implies that episodic and discontinuous campaigns will necessarily have a limited long-term behavioural impact on young people.

➤ *HIV/AIDS Prevention Campaigns and Behavioural Change among Youth*

HIV/AIDS prevention campaigns constitute one of the principal strategies of public health communication. Scientific evidence indicates that effective campaigns targeting young people go beyond the mere transmission of biomedical information: behavioural change depends on the capacity of campaigns to create emotional identification, promote positive social norms and strengthen individuals' perception of self-efficacy (Awasthi et al., 2019). Effectiveness is likewise related to the cultural appropriateness of messages: Muturi (2005) argues that prevention programmes tend to yield better results when they respect cultural values, local languages and the social dynamics of target populations particularly in African contexts where factors such as gender relations and traditional beliefs directly influence the preventive practices of young people.

The advancement of digital technologies has profoundly transformed health communication strategies directed at youth. Sitar (2024) demonstrates that digital HIV prevention campaigns contribute to increasing knowledge and encouraging preventive behaviours among young people. Kissi (2025) highlights that multilingual, emotionally empathetic digital

campaigns significantly reduce the stigma associated with HIV/AIDS through the use of humanised narratives, authentic testimonials and inclusive messages. Hanan (2009) and Myhre et al. (2000) underscore that the most effective interventions for young people articulate mass communication, peer education, interpersonal counselling and community mobilisation. Terui et al. (2020) observe that peer education programmes strengthen knowledge, confidence and youth engagement in preventive practices.

In Mozambique, prevention campaigns combine multiple communication strategies, including community radio, television, participatory theatre, school-based campaigns, social networks and community mobilisation. However, significant challenges persist: weak segmentation of messages for specific young audiences, episodic communication concentrated around commemorative dates, underutilisation of digital media and insufficient attention to the relational and cultural barriers that condition the preventive behaviour of young people (Gonah et al., 2024; Nieto-Sánchez et al., 2022).

III. METHODOLOGY

This study adopts a mixed-methods approach of an exploratory and descriptive nature, combining documentary analysis, primary data collection and content analysis. According to Creswell and Plano Clark (2017), mixed-methods research enables a more comprehensive understanding of complex phenomena and is particularly appropriate when research questions simultaneously require the measurement of variables and the exploration of meanings and experiences. The study also drew upon scientific literature and reports from international organisations including the WHO, UNAIDS and the CNCS.

The research was conducted in the city of Maputo, the context of highest HIV prevalence in the country (16.2%), which confers particular epidemiological and analytical relevance. Data collection took place in 2025, within the implementation period of PEN V (2021–2025). Three complementary instruments were employed.

➤ *Content Analysis of Campaigns*

The content analysis of campaigns encompassed traditional media radio, television, print press, posters and leaflets — as well as digital media: Facebook, Instagram, TikTok and the institutional websites of entities such as MISAU, CNCS, PEPFAR, FDC, Jhpiego and the United Nations. Observation was conducted over two periods: ten days in August 2024 (without symbolic dates) and ten days around World AIDS Day (1 December) a strategy that enabled comparison of campaign visibility at moments of greater and lesser institutional prominence. Data were recorded in structured analysis grids, following the procedure outlined by Bardin (2011).

➤ *Questionnaire Survey*

The questionnaire survey was administered to 390 young people resident in the city of Maputo, predominantly aged between 18 and 24 the age group most vulnerable to HIV/AIDS in Mozambique (INSIDA, 2022). The sample is predominantly female (71.6%) and was drawn from three higher education institutions: the Universidade Católica de Moçambique (37.2%; n=145), ISCTEM (33.3%; n=130) and the Universidade São Tomás de Moçambique (29.5%; n=115). The questionnaire included items on exposure to campaigns, contact channels, message recall, HIV/AIDS knowledge, preventive attitudes and behaviours. Data were analysed using descriptive statistics.

➤ *Focus Groups*

Six focus groups were conducted with a total of 58 young participants, with the objective of deepening perceptions, experiences and interpretations related to the campaigns. According to Morgan (1997), focus groups privilege interaction among participants as a source of data, enabling in-depth exploration of shared opinions, meanings and experiences. Qualitative data were subjected to thematic analysis, articulated with the quantitative results and the theoretical framework. The research adhered to the ethical principles of anonymity and confidentiality.

IV. RESULTS

➤ *Content Analysis: Episodic Pattern and Digital Gaps*

The content analysis revealed an episodic communication pattern strongly dependent on the commemorative calendar. In traditional media, a residual or non-existent presence of HIV/AIDS content was observed during August, followed by a substantial increase around World AIDS Day (1 December). Identified messages focus on HIV prevention, condom use, voluntary testing and adherence to treatment. Content is predominantly informational and institutional, prioritising governmental sources and epidemiological data, with limited presence of humanised narratives or young people's voices that might foster identification and proximity with target populations (Tufte, 2017).

In digital media, Facebook is the most active institutional channel. The “Testa Lá” (“Get Tested”) campaign stands out for its inclusive approach oriented towards normalising voluntary testing among young people. Instagram exhibits limited and uneven presence. The most significant finding is the complete absence of institutional strategy on TikTok none of the analysed entities maintains an active official account on this platform, despite its status as one of the most widely used platforms by young people in African urban contexts. This gap represents an unexplored communication opportunity of enormous potential for reaching Mozambican youth.

➤ *Campaign Exposure, Channels and Recall*

The majority of young respondents (77.4%; n=302) reported having had contact with campaigns in the previous 12 months, whilst 18.8% had had no contact whatsoever. The

dominant channels are educational institutions and social networks (54.8%), followed by television and radio. The frequency of recalled exposure is, however, markedly insufficient: 59.6% rarely recall being exposed and 7.2% never recall exposure totalling 66.8% with low-frequency recalled exposure. Only 33.2% reported more regular exposure. Regarding temporal recall, 43.3% of young people could not remember when they last had contact with a campaign the modal value of the distribution, with an estimated mean of 3.2 months. This pattern is consistent with Ebbinghaus's (1885) forgetting curve: without regular reinforcement, messages deteriorate rapidly in young people's memory.

➤ *Cognitive and Attitudinal Impact*

At the cognitive level, results are positive: 79.8% of young people reported an increase in HIV/AIDS knowledge following contact with the campaigns, and 78.7% declared a positive change in their perception of people living with the virus a relevant indicator of the campaigns' contribution to stigma reduction among youth. The mean score attributed to campaign impact was 3.96 out of 5, with message clarity rated at 4.16/5 and perceived relevance at 4.35/5. The communicational elements that most captured the attention of young people were scientific and statistical information (35.6%), testimonials from people living with HIV (34.6%), impactful images and videos (30.8%) and emotional messages (25.2%) underscoring the importance of humanised narratives and visual formats in communication directed at young people.

➤ *Behavioural Impact*

At the behavioural level, the data reveal a persistent gap between attitude and practice the “intention-action gap” documented by Ajzen (1991). The rate of HIV testing in the previous 12 months was 58.2%, with a difference of 19.8 percentage points between young people exposed to campaigns (62.3%) and those not exposed (42.5%)

the most robust indicator of behavioural impact identified. Effects differed by sex: young women presented a testing rate of 70.5%, compared to 52.6% among young men. However, only 35.6% of young people use condoms consistently, despite 41.3% acknowledging that campaigns had reinforced awareness of their importance.

This discrepancy illustrates that increases in knowledge and preventive attitude do not translate automatically into behaviour, being mediated by psychosocial, relational and contextual factors. Focus groups revealed that the predominant barriers among young people are relational in nature difficulty negotiating condom use with a partner, masculinity norms and peer pressure rather than merely informational. In light of the COM-B Model (Michie et al., 2011), young people demonstrate capability (knowledge) but face limitations at the level of opportunity and motivation dimensions that current campaigns rarely address directly.

➤ *Challenges Identified in Communication with Young People*

The integrated analysis of the three instruments enables identification of the principal challenges limiting the effectiveness of campaigns among young people in Mozambique. First, the episodic and seasonal character: campaigns concentrate around symbolic dates, contravening the principles of strategic health communication (Nutbeam, 2000). Second, weak segmentation: the majority of campaigns target the general population, without adaptation to the language, preferred channels and specific barriers of young people (Gary & Neuhauser, 2015). Third, the underutilisation of digital media: the absence of strategy on TikTok and limited interactivity on Instagram represent significant gaps. Fourth, predominantly unidirectional communication, with scarce presence of young voices, authentic testimonials and narratives that promote identification and empathy among youth recipients.

V. DISCUSSION AND CONCLUSIONS

The results of this study confirm that HIV/AIDS prevention campaigns in Mozambique demonstrate partial and hierarchically decreasing effectiveness among young people, consistent with McGuire's (1989) effects sequence. The campaigns produce relevant cognitive and attitudinal effects increases in knowledge (79.8%) and positive change in perception (78.7%) but behavioural effects are substantially more limited, with only 35.6% reporting consistent condom use. This dissociation between knowledge and behaviour corroborates what the empirical literature on HIV/AIDS in Africa consistently documents: information is necessary, but insufficient to produce sustainable behavioural change among young people (Figuerola et al., 2014; Harrison et al., 2010).

Ebbinghaus's (1885) forgetting curve explains the limited retention observed: episodic campaigns concentrated around 1 December do not fulfil the continuity requirement necessary for consolidating knowledge and durable behavioural changes. The COM-B Model (Michie et al., 2011) complements this analysis: the barriers identified by young people are located at the level of opportunity and motivation dimensions rarely addressed by current campaigns. These results converge with the conclusions of Gonah et al. (2024) and Nieto-Sánchez et al. (2022), who underscore that many campaigns fail because they do not integrate young people into planning processes and ignore the cultural and relational determinants of preventive behaviour.

Participatory and digitally innovative approaches demonstrate greater potential for effectiveness among young people. Participants identified TikTok, digital influencers and authentic testimonials as strategies with greater power of identification and preventive motivation. Sitar (2024) and Kissi (2025) corroborate this perspective, demonstrating that humanised, emotionally resonant digital campaigns produce deeper effects than conventional institutional campaigns. Tufte (2017) and Servaes (2020) reinforce that health communication is more effective when it promotes dialogue, participation and

the shared construction of meaning, rather than the vertical transmission of information.

On the basis of these results, the following strategies are recommended for strengthening campaigns directed at young people in Mozambique: developing continuous communication strategies throughout the year; creating specific institutional strategies for TikTok and other emerging digital platforms, with short, narrative content that is emotionally resonant with the sociocultural reality of young people; segmenting messages for specific groups, addressing the relational barriers and gender norms that shape preventive decisions; and adopting entertainment-education approaches and peer education that integrate authentic testimonials and active youth participation (Udoudom et al., 2023; Govender, 2025).

In conclusion, HIV/AIDS prevention campaigns in Mozambique face a structural challenge that transcends the question of reach or investment: the challenge of relevance, continuity and strategic appropriateness for young people. The integration of communication, education, youth participation and public policy is essential for strengthening HIV prevention, reducing stigma and promoting lasting social and behavioural changes among Mozambican youth. As Freire (1970, p. 29) affirms, *"No one liberates anyone else, nor does anyone liberate themselves alone: people liberate themselves together"* a principle fully applicable to health communication directed at contemporary Mozambican youth.

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