

Assessing The Effectiveness Of HIV/AIDS Communication Approaches By Intervention Agencies In Select Nigerian States – A Study Of Abia And Imo States

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Abstract

This study examined the effectiveness of HIV/AIDS communication approaches employed by intervention agencies in Abia and Imo States, Nigeria, with a focus on how these approaches influence key outcome variables such as awareness, attitudes, and preventive behaviours among residents. The study was anchored on Diffusion of Innovations Theory, Social Cognitive Theory, and Framing Theory, which provided a framework for understanding how communication strategies shape knowledge, perceptions, and behavioural responses. Using a descriptive survey design, structured questionnaires were administered to 400 residents, out of which 378 were properly completed and analysed, alongside semi structured interviews with 22 key stakeholders. The independent variable in the study was HIV/AIDS communication approaches, while the dependent variables included level of awareness, attitudes toward HIV/AIDS, and preventive behaviours. Findings revealed that intervention agencies utilize a combination of community outreach, peer education, radio and television campaigns, social media platforms, and interpersonal communication strategies. About 68 percent of respondents reported regular exposure to HIV/AIDS messages, indicating a wide reach of communication efforts. The level of awareness was generally high, with 72 percent of respondents demonstrating moderate to high knowledge, although gaps were observed among rural populations. In terms of attitudes and behaviours, 65 percent of respondents reported adopting safer practices such as consistent condom use and regular HIV testing, with a mean score of 3.0 and standard deviation below 1.0, suggesting relatively consistent responses. The study also identified major challenges including limited funding, inadequate personnel, and socio-cultural barriers, reported by 59 percent of respondents. Comparative analysis showed slight differences between the two states, with Imo State recording higher engagement levels than Abia State. Thus, the findings imply that HIV/AIDS communication approaches significantly influence awareness, attitudes, and preventive behaviours. Based

on this understanding, the study recommends strengthening integrated communication strategies, improving resource allocation, and tailoring interventions to local socio-cultural contexts to enhance effectiveness.

Keywords: HIV/AIDS Communication, Health Communication Strategies, HIV/AIDS Awareness, Preventive Behaviours, Behaviour Change Communication, Public Health Interventions

INTRODUCTION

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) remain one of the most significant public health and development challenges confronting the global community. Since its discovery in the early 1980s, HIV/AIDS has claimed millions of lives and continues to pose serious health, social, and economic threats, particularly in sub-Saharan Africa (UNAIDS, 2023; WHO, 2023). Despite remarkable scientific advances in antiretroviral therapy (ART) and improved management strategies, the disease persists largely due to gaps in prevention, awareness, behavioral change, stigma, and communication effectiveness (UNAIDS, 2022).

Globally, HIV/AIDS has transitioned from being perceived solely as a medical condition to a complex socio-cultural and communication-related issue. This shift underscores the importance of communication in influencing knowledge, attitudes, beliefs, and behaviors that either mitigate or exacerbate the spread of the virus (Rimal & Lapinski, 2009; UNAIDS, 2022). Communication approaches have therefore become central to HIV/AIDS interventions, especially in developing countries where cultural norms, misinformation, poverty, and limited access to healthcare services intersect (Singhal & Rogers, 2003; WHO, 2023).

Nigeria, as Africa's most populous nation, bears a substantial share of the HIV/AIDS burden. Although the national HIV prevalence rate has declined over the years—from over 5% in the early 2000s to approximately 1.4% in recent estimates—the absolute number of people living with HIV remains high due to the country's large population (NACA, 2023; UNAIDS, 2023). Nigeria accounts for a significant proportion of new HIV infections in West and Central Africa, making effective communication strategies crucial for prevention and control (UNAIDS, 2023).

Intervention agencies—comprising governmental bodies, international donor agencies, non-governmental organizations (NGOs), faith-based organizations (FBOs), and community-based organizations (CBOs)—have played a pivotal role in Nigeria's HIV/AIDS response. These agencies deploy various communication approaches aimed at increasing awareness, promoting safe sexual behaviors, encouraging testing and counseling, reducing stigma, and improving treatment adherence (NACA, 2023; WHO, 2022). Such approaches include mass media campaigns, interpersonal communication, community mobilization, peer education, advocacy, digital and social media messaging, and culturally adapted information, education, and communication (IEC) materials (Singhal & Rogers, 2003; UNAIDS, 2022).

Despite the proliferation of HIV/AIDS communication initiatives in Nigeria, questions persist regarding their effectiveness. Communication effectiveness is not merely determined by message dissemination but by the extent to which messages are understood, accepted, internalized, and translated into positive behavioral outcomes (Rimal & Lapinski, 2009). In many cases, communication efforts have been criticized for being overly generic, urban-centered, donor-driven, or culturally insensitive, thereby limiting their impact at the grassroots level (UNAIDS, 2022).

Abia and Imo States, located in the South-East geopolitical zone of Nigeria, present unique socio-cultural, economic, and demographic contexts that influence HIV/AIDS communication outcomes. Both states

share similarities in language and cultural heritage, yet differ in urbanization levels, educational attainment, migration patterns, and exposure to intervention programs (National Bureau of Statistics [NBS], 2022). These contextual differences make them suitable for a comparative assessment of HIV/AIDS communication approaches.

In Abia State, HIV/AIDS intervention agencies have focused largely on community outreach programs, radio campaigns, and youth-targeted peer education initiatives. Imo State, on the other hand, has witnessed a combination of mass media campaigns, faith-based interventions, and school-based HIV education programs (NACA, 2023). However, the effectiveness of these communication approaches in shaping knowledge, attitudes, and preventive behaviors among residents remains under-researched.

Furthermore, socio-cultural factors such as religious beliefs, gender norms, traditional practices, and stigma significantly influence how HIV/AIDS messages are perceived in both states. Misconceptions about HIV transmission, fear of discrimination, and moral judgments often undermine communication efforts, discouraging individuals from seeking testing, treatment, or openly discussing HIV-related issues (Oluwole & Olatunji, 2022; UNAIDS, 2022).

The role of communication channels is also critical.

This study therefore situates itself at the intersection of health communication, development studies, and public health, with the overarching goal of evaluating how communication approaches employed by intervention agencies influence HIV/AIDS awareness, perception, and preventive behaviors in selected Nigerian states.

Statement Of The Problem

Despite decades of HIV/AIDS interventions and extensive communication campaigns in Nigeria, the disease continues to pose serious public health challenges (UNAIDS, 2023). While awareness of HIV/AIDS is generally high, this awareness has not consistently translated into sustained behavioral change, reduced stigma, or optimal utilization of prevention and treatment services (WHO, 2023). This paradox raises critical concerns about the effectiveness of existing HIV/AIDS communication approaches (Rimal & Lapinski, 2009).

In Abia and Imo States, various governmental and non-governmental organizations, including public health agencies and international development partners, have implemented communication programs aimed at curbing the spread of HIV/AIDS. These programs utilize strategies such as radio and television broadcasts, community sensitization workshops, posters, drama presentations, school outreach programs, and faith-based advocacy (NACA, 2023). However, risky sexual behaviors, low uptake of voluntary counseling and testing (VCT), persistent stigma, and misinformation remain prevalent (UNAIDS, 2022).

One major problem lies in the disconnect between message design and audience realities. Many HIV/AIDS messages are developed using a top-down approach, often reflecting donor priorities rather than local needs. As a result, messages may fail to resonate with the lived experiences, cultural values, and socio-economic conditions of the target population. In some cases, the language used is too technical, abstract, or moralistic, thereby limiting comprehension and acceptance. Another critical issue is the persistence of stigma and discrimination against people living with HIV/AIDS (PLWHA). Communication campaigns intended to reduce stigma sometimes inadvertently reinforce stereotypes by portraying HIV as a consequence of immoral behavior (UNAIDS, 2022). This discourages open discussion, disclosure, and access to care.

Additionally, there is limited empirical evaluation of communication strategies employed by these organizations. Many programs focus on output indicators such as the number of workshops conducted or

materials distributed, rather than outcome indicators such as changes in knowledge, attitudes, and behavior (WHO, 2022). Without systematic assessment, ineffective approaches may continue to be used.

The diversity of communication channels also presents challenges. While mass media campaigns may achieve wide coverage, they often lack depth and personalization. Interpersonal and community-based approaches, though potentially more effective, are sometimes underutilized due to cost and logistical constraints. The rise of digital media further complicates the communication landscape, as not all segments of the population have equal access or digital literacy (NBS, 2022).

Given these challenges, there is a clear problem regarding the extent to which HIV/AIDS communication approaches used by these organizations in Abia and Imo States are effective in achieving their intended objectives. Without a systematic assessment, policymakers and development partners lack evidence-based guidance for improving communication strategies.

Research Questions

1. What HIV/AIDS communication approaches are used by health organizations in Abia and Imo States?
2. What is the level of HIV/AIDS awareness among residents of Abia and Imo States?
3. How HIV/AIDS communication approaches influence residents' attitudes toward HIV/AIDS?
4. What challenges do health organizations face in implementing HIV/AIDS communication programmes?

REVIEW OF RELATED LITERATURE

Concept of HIV/AIDS

The Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) remain among the most critical public health challenges facing the global community, particularly in sub-Saharan Africa (UNAIDS, 2024; World Health Organization [WHO], 2023). Beyond its biomedical implications, HIV/AIDS represents a deeply rooted social, cultural, economic, and communicative problem. Over the decades, global responses to HIV/AIDS have increasingly emphasized the centrality of communication in prevention, treatment adherence, stigma reduction, and behavioral change (Rimal & Lapinski, 2020; WHO, 2025). As such, communication has evolved into one of the most vital tools deployed by intervention agencies to combat the spread and impact of the disease (UNAIDS, 2024).

In Nigeria, the HIV/AIDS epidemic has attracted sustained attention from government institutions, international development partners, non-governmental organizations, faith-based organizations, and community-based groups. Despite recorded progress in reducing prevalence rates, the country continues to record a high number of people living with HIV due to its large population size (National Agency for the Control of AIDS [NACA], 2023; UNAIDS, 2024). Consequently, HIV/AIDS communication remains a critical area of intervention, particularly in ensuring that awareness translates into meaningful and sustained behavioral change (WHO, 2023). This reality underscores the importance of systematically reviewing existing literature to understand what has been done, what has worked, and what gaps persist.

The purpose of this chapter is to critically review existing scholarly works, policy documents, and empirical studies relevant to the assessment of HIV/AIDS communication approaches employed by intervention agencies, with particular emphasis on Nigeria and, by extension, Abia and Imo States. A literature review is essential in situating the present study within existing academic discourse, avoiding duplication of efforts, and identifying gaps that justify the research (Creswell & Creswell, 2018). It also provides theoretical and conceptual clarity by highlighting dominant perspectives and debates in the field of HIV/AIDS communication (Dutta, 2020).

HIV/AIDS communication is inherently multidisciplinary, drawing from public health, mass communication, sociology, psychology, and development studies. Literature in this area demonstrates that knowledge dissemination alone is insufficient to curb the spread of HIV. Rather, communication must be strategically designed to influence attitudes, reshape social norms, address cultural barriers, and empower individuals to adopt safer behaviors (Rimal & Lapinski, 2020; Kreps & Neuhauser, 2019). This realization has led to the adoption of diverse communication approaches, including mass media campaigns, interpersonal communication, community mobilization, peer education, advocacy, and digital and social media interventions (UNAIDS, 2024; WHO, 2023).

This study is organized to reflect the multidimensional nature of HIV/AIDS communication research. It reviews conceptual literature that defines and explains key concepts such as HIV/AIDS communication, intervention agencies, communication approaches, and communication effectiveness. Conceptual clarity is essential for ensuring that terms are used consistently and meaningfully throughout the study (Creswell & Creswell, 2018). By examining how scholars conceptualize HIV/AIDS communication, this section lays the foundation for analyzing how intervention agencies operationalize communication strategies in practice.

In addition to conceptual perspectives, the chapter reviews relevant theoretical frameworks that explain how communication influences individual and collective behavior. Theories such as the Health Belief Model, Theory of Planned Behavior, Diffusion of Innovations, and Social Cognitive Theory have been widely applied in contemporary health communication research (Ajzen, 2020; Bandura, 2018; Rogers, 2021). These theories provide explanatory lenses for understanding why individuals accept or reject HIV/AIDS messages and how communication can facilitate behavioral change. Reviewing these theories helps situate the present study within established theoretical traditions and justify the choice of theoretical framework adopted.

Furthermore, this chapter examines empirical studies conducted at global, regional, and national levels. Global studies provide insights into best practices, innovative approaches, and lessons learned from diverse contexts (UNAIDS, 2024; WHO, 2025). African and Nigerian studies offer context-specific evidence on the challenges and successes of HIV/AIDS communication within similar socio-cultural environments (NACA, 2023; Oluwole & Olatunji, 2023). Empirical literature is critically analyzed to identify methodological approaches, key findings, limitations, and areas of convergence and divergence among researchers.

Particular attention is given to Nigerian studies, as they provide the most relevant context for understanding HIV/AIDS communication in Abia and Imo States. Nigeria's complex interplay of religion, tradition, ethnicity, and socio-economic disparities significantly shapes communication outcomes (NACA, 2023).

However, empirical research specifically comparing communication effectiveness across states within the South-East zone remains limited, thereby justifying the present study.

Another critical focus of this study is the issue of communication effectiveness. Effectiveness is not merely measured by message exposure or awareness levels but by tangible outcomes such as attitude change, risk reduction behaviors, stigma reduction, and increased utilization of HIV-related services (Rimal & Lapinski, 2020). Many intervention programs emphasize output indicators such as the number of campaigns conducted without rigorous evaluation of outcomes (WHO, 2025). This review therefore examines how scholars have measured effectiveness and the strengths and weaknesses of these approaches.

Additionally, the chapter explores socio-cultural and structural factors influencing HIV/AIDS communication outcomes. Literature consistently highlights the role of stigma, religious beliefs, gender norms, and power relations in shaping how HIV/AIDS messages are perceived and acted upon (UNAIDS, 2024). In many Nigerian communities, discussions about sexuality remain sensitive, limiting open communication. Gender inequality further constrains women's ability to negotiate safe sexual practices, despite awareness campaigns (WHO, 2023). These factors underscore the need for culturally sensitive and participatory communication approaches.

The emergence of digital media has also transformed the landscape of HIV/AIDS communication. Social media platforms, mobile health applications, and SMS-based interventions are increasingly adopted to reach young people and urban populations (Kreps & Neuhauser, 2019; WHO, 2023). While digital communication enhances engagement and confidentiality, concerns remain regarding misinformation, unequal access, and digital literacy gaps (NACA, 2023). Reviewing this emerging body of literature provides insight into contemporary trends and future directions in HIV/AIDS communication.

In summary, this study synthesizes existing knowledge and identifies gaps that the present study seeks to address. While numerous studies examine HIV/AIDS communication in Nigeria, limited research comparatively evaluates communication effectiveness across states within the South-East region. By focusing on Abia and Imo States, this study responds to the need for localized, comparative assessments capable of informing more effective and context-specific communication strategies.

The conceptual framework provides a systematic explanation of the key variables examined in this study and the presumed relationships among them. It serves as a visual and narrative representation of how HIV/AIDS communication approaches employed by intervention agencies influence awareness, attitudes, and behavioral outcomes among the target population in Abia and Imo States, Nigeria (Rimal & Lapinski, 2020).

At the core of this framework is the assumption that effective communication is not merely about message dissemination but about the interaction between the communicator, the message, the channel, and the audience within a specific socio-cultural environment.

National Agency for the Control of AIDS (NACA) – Nigeria

The National Agency for the Control of AIDS (NACA) is Nigeria's lead government body responsible for coordinating and implementing the national HIV/AIDS response, including communication strategies. The agency's mandate includes policy formulation, stakeholder engagement, strategic planning, monitoring and evaluation of HIV programs, and resource mobilization to ensure an integrated response across all sectors of society. NACA also develops strategic communication documents that guide national messaging on HIV prevention and uptake of services such as HIV self-testing and PrEP (Pre-Exposure Prophylaxis) (NACA, National HIVST and PrEP Communication Strategy, 2022)

To address gaps in awareness and stigma, NACA collaborates with institutions like the National Orientation Agency (NOA) to expand awareness campaigns nationwide, leveraging media networks and community structures to disseminate information and reduce misinformation among youths (NOA & NACA collaboration, 2025)

Communication efforts under NACA emphasize social and behavior change communication (SBCC) to influence knowledge, norms, attitudes, and behaviors related to HIV, and to support community outreach and counseling services across urban and rural areas of Nigeria (NACA, National HIV and AIDS Strategic Framework 2021–2025).

Joint United Nations Program on HIV/AIDS (UNAIDS)

The Joint United Nations Program on HIV/AIDS (UNAIDS) provides global leadership, technical support, and strategic guidance on HIV/AIDS prevention, treatment, and stigma reduction, working closely with national governments, including Nigeria, to improve HIV communication and policy implementation. UNAIDS supports country-level HIV monitoring systems, disseminates evidence-based best practices, and helps align national communication efforts with global targets such as ending AIDS as a public health threat by 2030.

In Nigeria, UNAIDS collaborates with government and civil society to strengthen communication on HIV-related stigma, discrimination, and rights, for example through partnerships such as the Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination—a platform which Nigeria joined in 2025 to bolster inclusive communication and reduce barriers to services. UNAIDS also plays a key role in the global HIV Prevention 2025 Road Map, which emphasizes strategic communication and community engagement to drive awareness and prevention behaviors in high-burden countries, including Nigeria.

World Health Organization (WHO)

The World Health Organization (WHO) provides technical leadership and communication guidance for HIV prevention, treatment, and care globally. WHO develops evidence-based guidelines (for instance, on HIV self-testing and treatment protocols) that form the basis of national communication strategies and health messaging used by governments and partners in countries including Nigeria (e.g., adoption of global HIV service standards)

WHO also works with national public health systems to strengthen health worker capacity and ensure consistent messaging about prevention, testing, and treatment—as part of comprehensive strategies to improve uptake of HIV services and reduce new infections. While WHO's role is largely at the policy and technical level, its guidance deeply influences how HIV/AIDS communication is structured in national programs.

United States President's Emergency Plan for AIDS Relief (PEPFAR)

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) is a major international donor and implementer of HIV/AIDS programs, including communication, prevention, and community outreach efforts in Nigeria and across sub-Saharan Africa. PEPFAR's support has enabled extensive testing, treatment, and prevention services, helped avert millions of new infections, and facilitated communication campaigns that promote health-seeking behavior (e.g., promoting HIV testing, voluntary counseling, and safe practices).

PEPFAR operates through partnerships with government agencies, NGOs, and community groups to implement communication strategies tailored to local contexts, particularly for key populations and vulnerable groups. It also supports data-driven communication planning (e.g., through PEPFAR's "Getting the Data Right" initiative in Nigeria), which ensures that messaging aligns with epidemiological evidence and health service delivery goals.

Recent reductions in international HIV funding have highlighted the sensitivity of communication and service delivery programs to donor support, showing how essential sustained investment is for ongoing prevention and stigma reduction communication activities.

Mass Media Communication

Mass media communication involves the use of radio, television, newspapers, billboards, posters, and

jingles to disseminate HIV/AIDS messages. In Nigeria, radio remains one of the most accessible channels, particularly in rural areas. Mass media campaigns are primarily used to create awareness, reinforce key messages, and reach large and heterogeneous audiences. However, their effectiveness depends on message clarity, frequency, cultural relevance, and language appropriateness.

Campaign Approaches: Interpersonal Communication

Interpersonal communication refers to face-to-face interactions such as counseling sessions, peer education, health talks, and outreach programs. This approach allows for feedback, clarification, and emotional support, making it particularly effective in addressing sensitive issues such as HIV testing, disclosure, and stigma. In the conceptual framework, interpersonal communication is expected to play a significant role in influencing attitudes and personal decision-making.

Community-Based Communication

Community-based communication includes town hall meetings, community dialogues, drama, role-play, and participatory learning activities. These approaches leverage local structures, leaders, and cultural practices to promote collective understanding and ownership of HIV/AIDS prevention efforts. In Abia and Imo States, community-based approaches are particularly relevant due to strong communal ties and traditional authority systems.

Advocacy and Policy Communication

Advocacy communication targets policy makers, religious leaders, traditional rulers, and other opinion leaders to create an enabling environment for HIV/AIDS prevention. By influencing policies, norms, and institutional practices, advocacy communication indirectly affects individual behavior.

Digital and Social Media Communication

Digital communication involves the use of mobile phones, social media platforms, websites, and SMS services to disseminate HIV/AIDS information. This approach is increasingly used to reach youths and urban populations. Within the framework, digital communication is viewed as a complementary approach that enhances reach and engagement but may be limited by access and digital literacy.

Challenges of Communication Approaches

Intervening variables are factors that mediate or moderate the relationship between communication approaches and behavioral outcomes. These variables explain why the same communication strategy may produce different results across individuals or communities (Rimal & Lapinski, 2020; Dutta, 2020).

a. Socio-Demographic Factors

Socio-demographic characteristics such as age, gender, education level, income, marital status, and geographical location (urban or rural) significantly influence how individuals receive and interpret HIV/AIDS messages. Research shows that higher levels of education are positively associated with better comprehension of health communication messages and improved preventive behavior (WHO, 2023). Gender norms may also shape behavioral adoption, as women in some communities face structural or cultural constraints in negotiating condom use or accessing testing services (UNAIDS, 2024). Additionally, rural populations often experience disparities in access to accurate health information and services compared to urban residents (NBS, 2022).

b. Socio-Cultural Factors

Cultural beliefs, religious doctrines, traditional practices, and societal norms significantly shape message interpretation and behavioral outcomes. In many communities, discussions surrounding

sexuality remain culturally sensitive or taboo, limiting the openness required for effective HIV/AIDS communication (UNAIDS, 2024). Religious interpretations may either support preventive behaviors or discourage open dialogue on sexual health, thereby influencing message acceptance. Social norms also affect perceptions of risk and moral judgment related to HIV infection (Dutta, 2020).

c. Knowledge and Awareness Levels

Pre-existing knowledge and awareness levels influence how individuals process new HIV-related information. According to the Health Belief Model and related communication theories, individuals with prior understanding of disease transmission and prevention are more likely to adopt recommended behaviors (WHO, 2023). Conversely, misinformation and entrenched misconceptions about HIV transmission can reduce message effectiveness and foster resistance (UNAIDS, 2024). Therefore, baseline knowledge acts as a mediating variable between communication exposure and behavioral response.

d. Stigma and Discrimination

Stigma remains a major barrier to effective HIV/AIDS communication. Fear of discrimination discourages individuals from seeking testing, disclosing status, or engaging in open discussion about prevention (UNAIDS, 2024). Stigma operates both as a behavioral outcome and as a mediating factor that weakens the link between communication efforts and service uptake. Studies indicate that environments with high stigma levels experience lower rates of voluntary counseling and testing despite exposure to mass media campaigns (WHO, 2023). Thus, communication strategies that fail to address stigma may not produce sustained behavioral change.

e. Accessibility of Health Services

The availability and accessibility of HIV-related services—such as testing centers, antiretroviral therapy (ART) clinics, and counseling facilities—significantly influence whether communication translates into action. Structural barriers, including distance to facilities, cost, and service quality, may prevent individuals from acting on communication messages (NACA, 2021–2025 Strategic Framework). Even well-designed campaigns may fail to produce behavioral outcomes if supportive health infrastructure is lacking (WHO, 2023).

Communication Effectiveness Outcomes

The dependent variables represent the measurable outcomes of HIV/AIDS communication efforts. These outcomes indicate the level of effectiveness achieved by intervention agencies.

a. Increased Awareness and Knowledge

Effective communication should enhance public understanding of HIV transmission routes, preventive measures, and available treatment options. Global reports indicate that comprehensive communication strategies significantly improve awareness and correct knowledge about HIV prevention (UNAIDS, 2024).

b. Attitude Change

Positive shifts in attitudes toward HIV prevention methods, condom use, voluntary testing, and people living with HIV/AIDS (PLWHA) serve as critical indicators of communication effectiveness. Behavior change theories suggest that attitude transformation is a prerequisite for sustained behavioral change (Ajzen, 2020; Rimal & Lapinski, 2020).

c. Behavioral Change

Behavioral outcomes include consistent condom use, reduction in multiple sexual partnerships, increased uptake of voluntary counseling and testing (VCT), and adherence to antiretroviral therapy. Evidence from WHO (2023) and PEPFAR implementation reports demonstrates that combined communication and service strategies increase HIV testing uptake and treatment adherence rates.

d. Stigma Reduction

Reduced stigma and discrimination against PLWHA reflect successful communication in reshaping harmful social norms. UNAIDS (2024) emphasizes that stigma reduction campaigns are central to achieving the 95–95–95 targets, as stigma directly affects testing and treatment uptake.

e. Service Utilization

Increased utilization of HIV-related services—such as HIV testing, PMTCT services, and ART enrollment—indicates that communication has successfully translated into action. Nigeria's national HIV reports show that improvements in strategic communication are associated with higher service engagement levels (NACA, 2023).

Theoretical Framework

The theoretical framework provides the foundation for understanding how HIV/AIDS communication approaches influence individuals' attitudes and preventive behaviours. Rather than relying on multiple theories, this study is anchored on two key behaviour change theories that are most relevant to communication and health behaviour: the Health Belief Model (HBM) and the Theory of Planned Behavior (TPB).

Health Belief Model (HBM)

The Health Belief Model (HBM), developed by Rosenstock (1974), explains health-related behaviour as a function of individual perceptions and beliefs. According to the model, individuals are more likely to adopt preventive behaviours when they perceive themselves as susceptible to a health risk, consider the condition to be serious, believe that taking action will reduce the risk, and perceive minimal barriers to taking such action.

In addition, cues to action (such as media messages and counselling) and self-efficacy play important roles in influencing behaviour.

In the context of HIV/AIDS communication, messages that emphasize personal risk, the seriousness of HIV infection, and the benefits of preventive actions such as testing and condom use are more likely to encourage positive behavioural change. The model is therefore relevant to this study as it explains how communication strategies can influence individuals' decisions regarding HIV prevention and testing.

Theory of Planned Behavior (TPB)

The Theory of Planned Behavior (TPB), proposed by Ajzen (1991), posits that behaviour is primarily determined by behavioural intention, which is influenced by three key factors: attitude toward the behaviour, subjective norms, and perceived behavioural control.

In HIV/AIDS communication, this theory helps explain how individuals' attitudes toward safe practices, social pressures, and perceived ability to perform preventive behaviours affect their actions. For instance, cultural and religious norms in Nigerian communities can significantly influence decisions related to HIV testing and safe sexual practices.

The TPB is particularly relevant to this study because it explains why high levels of awareness do not always translate into appropriate preventive behaviours, highlighting the role of social and psychological factors.

Empirical Review

This section will review empirical studies related to HIV/AIDS communication approaches and their effectiveness in influencing awareness, attitudes, and behavioral change.

Identify the HIV/AIDS communication approaches used by intervention agencies in Abia and Imo States

Abdullahi et al. (2020) conducted research on the effectiveness of outreach communication strategies for HIV and TB services among internally displaced populations in Northeast Nigeria, with the objective of identifying communication approaches that improve service uptake in hard to reach communities. The study was carried out across multiple displacement camps with a population consisting of internally displaced persons, and a sample size of 1,200 participants selected through cluster sampling. Data were collected using structured questionnaires and service utilisation records, while analysis involved descriptive statistics and multivariate logistic regression using STATA software. The study examined how interpersonal communication, mobile outreach, and community health worker engagement influenced awareness and uptake of HIV services. Findings showed that individuals exposed to community based interpersonal communication were significantly more likely to access HIV testing services, with an odds ratio of 2.45 and a p value less than 0.05. The study also reported that mobile outreach campaigns increased awareness levels by over 60 percent compared to control groups. Interestingly, while mass media channels were present, they were less effective in these settings due to low access and literacy levels. Based on these findings, the researchers concluded that interpersonal and community driven communication approaches were more effective in fragile settings. Therefore, the study recommended increased investment in grassroots communication models, training of community health workers, and integration of culturally relevant messaging. This implies that in contexts like Abia and Imo States, communication approaches that emphasize direct engagement may yield better outcomes than purely media driven campaigns.

Durosinmi-Etti et al. (2021) analyzed communication needs for improving uptake of pre exposure prophylaxis and HIV self-testing services among key populations in Nigeria, with the objective of identifying the most suitable communication approaches for sensitive health services. The study was conducted in urban centers across Nigeria involving key populations such as sex workers and men who have sex with men, with a sample size of 500 participants selected through respondent driven sampling. Data were collected using a mixed method approach involving surveys and focus group discussions, while analysis included descriptive statistics and thematic analysis using SPSS and NVivo. Findings indicated that confidential and targeted communication approaches such as peer led messaging, mobile health platforms, and anonymous online platforms were highly preferred by participants. The study reported that over 70 percent of respondents trusted peer educators more than formal healthcare providers. It also found that stigma significantly influenced communication preferences, with many participants avoiding public health campaigns due to fear of discrimination. The researchers concluded that communication strategies must prioritize privacy, trust, and cultural sensitivity. Therefore, they recommended the use of peer networks, digital platforms, and discreet communication channels to improve service uptake. Based on this understanding, the study highlights that intervention agencies in Abia and Imo States need to consider the unique communication needs of vulnerable groups when designing HIV/AIDS campaigns.

Garofalo et al. (2022) evaluated the iCARE Nigeria pilot intervention which used social media and peer

navigation to promote HIV testing among high risk youth, with the objective of identifying innovative communication approaches for engaging young populations. The study was conducted in selected Nigerian cities with a population of high risk young men, and a sample size of 349 participants selected through purposive sampling. Data were collected using online surveys and clinical records, while statistical analysis involved logistic regression and chi square tests using SAS software. Findings showed that participants exposed to social media campaigns and peer navigation were significantly more likely to undergo HIV testing, with a 35 percent increase compared to baseline levels. The study also found that interactive digital platforms improved engagement and knowledge retention among participants. However, it noted that internet access and digital literacy influenced the effectiveness of these approaches. The researchers concluded that combining digital communication with peer support enhances the reach and impact of HIV interventions among youth. Therefore, they recommended scaling up digital health communication strategies alongside traditional methods. This implies that intervention agencies in Abia and Imo States can leverage social media and peer driven communication to improve outreach among younger populations.

Examine the level of awareness and knowledge of HIV/AIDS among residents of the selected states

Jones et al. (2020) investigated changes in HIV related knowledge among men who have sex with men and transgender women attending community centers in Nigeria, with the objective of assessing how exposure to targeted interventions influences awareness levels. The study was conducted in trusted community centers across major Nigerian cities, with a population consisting of sexual minority groups and a sample size of 2,500 participants selected through purposive sampling. Data were collected using structured questionnaires administered before and after intervention exposure, while analysis involved paired sample t tests and logistic regression using STATA software. The study found that baseline knowledge of HIV transmission and prevention was relatively low, with only 48 percent of participants correctly identifying key prevention strategies. After exposure to targeted communication programmes, knowledge levels increased significantly to 76 percent, with a p value less than 0.001. The study also reported that peer led education and safe space discussions were particularly effective in improving understanding. However, persistent misconceptions about HIV transmission remained among a small proportion of participants. Based on these findings, the researchers concluded that targeted communication interventions can significantly improve HIV related knowledge among marginalised groups.

Therefore, they recommended continuous engagement through community based platforms and the use of culturally sensitive messaging. This implies that awareness levels in states like Abia and Imo may vary depending on the reach and inclusiveness of communication approaches.

Kareem et al. (2023) examined comprehensive HIV knowledge among at risk young persons in Nigeria, with the objective of identifying factors influencing awareness levels. The study was conducted nationwide with a population of 19,286 young individuals aged 15 to 24 years, and the entire population was analysed using secondary data from a national survey. Data collection was based on structured demographic and health survey instruments, while analysis involved descriptive statistics, chi square tests, and multivariate logistic regression using STATA. Findings showed that only 42 percent of respondents demonstrated comprehensive knowledge of HIV, defined as correctly identifying prevention methods and rejecting common misconceptions. The study revealed significant regional disparities, with southern regions showing slightly higher awareness levels than northern regions. Educational attainment, media exposure, and urban residence were found to be strong predictors of HIV knowledge, with odds ratios greater than 1.5 and p values less than 0.05. The researchers concluded that despite ongoing interventions, knowledge gaps persist among young people. Therefore, they recommended targeted communication strategies focusing on low literacy populations and rural communities. Based on this understanding, the study

suggests that awareness levels in Abia and Imo States may be influenced by socio demographic factors and access to communication channels.

Isyaku (2024) examined the impact of health communication on HIV prevention among adolescents in Katsina State, Nigeria, with the objective of assessing how communication exposure influences awareness and knowledge. The study was conducted among secondary school students with a population of 3,000 adolescents and a sample size of 300 selected through stratified random sampling. Data were collected using structured questionnaires, while analysis involved descriptive statistics and Pearson correlation using SPSS. Findings revealed that students exposed to structured health communication programmes had significantly higher knowledge scores, with a mean score of 68.5 compared to 42.3 among those not exposed. The correlation between communication exposure and knowledge level was strong and positive, with an r value of 0.71 and a p value less than 0.01. However, the study also noted that cultural and religious beliefs influenced how information was interpreted. The researcher concluded that effective health communication significantly enhances HIV awareness among adolescents. Therefore, it was recommended that schools integrate comprehensive HIV education into their curriculum and collaborate with intervention agencies. This implies that communication exposure remains a key determinant of awareness levels, which is relevant for understanding the situation in Abia and Imo States.

Durosinmi-Etti et al. (2021) reported on communication needs for improving uptake of HIV self-testing and prevention services among key populations in Nigeria, with the objective of examining awareness gaps and information needs. The study was conducted in urban settings with a population of high risk groups and a sample size of 500 participants selected using respondent driven sampling. Data were collected through surveys and focus group discussions, while analysis involved descriptive statistics and thematic analysis. Findings showed that although general awareness of HIV existed, detailed knowledge about newer prevention strategies such as self-testing and pre-exposure prophylaxis was low, with less than 35 percent of participants having accurate knowledge. The study also found that misinformation and stigma limited access to reliable information. The researchers concluded that awareness campaigns need to go beyond basic information and address specific knowledge gaps. Therefore, they recommended tailored communication strategies that provide detailed and practical information. This suggests that even in areas with high general awareness, knowledge depth may still be inadequate, which is relevant for evaluating awareness levels in Abia and Imo States.

Okpua and Agwu (2022) conducted research on HIV related stigma among healthcare providers in Nigerian hospitals, with the objective of examining how knowledge and awareness influence attitudes towards people living with HIV. The study was a systematic review involving multiple healthcare settings across Nigeria, with data drawn from previously published studies. Data were analysed using thematic synthesis and meta-analysis techniques. Findings indicated that inadequate knowledge among healthcare providers contributed to persistent stigma and discriminatory practices. The review reported that in several studies, over 30 percent of healthcare workers held misconceptions about HIV transmission. The study also found that training programmes significantly improved knowledge and reduced stigma levels. The researchers concluded that improving knowledge among healthcare providers is essential for enhancing the effectiveness of HIV communication and care. Therefore, they recommended continuous professional training and inclusion of HIV education in medical curricula. This implies that awareness is not only important among the general population but also among service providers, which can influence communication effectiveness in Abia and Imo States.

Assess the effectiveness of these communication approaches in influencing attitudes and preventive behaviours

Abiodun et al. (2020) carried out a study on the effectiveness of SMS reminders in improving antiretroviral

therapy adherence among adolescents living with HIV in Nigeria, with the objective of determining whether mobile based communication can influence treatment behaviour. The study was conducted in selected health facilities across Nigeria, involving adolescents aged 10 to 19 years, with a sample size of 209 participants randomly assigned into intervention and control groups using a single blind parallel design. Data were collected through clinical adherence records and self-reported adherence questionnaires, while analysis involved independent t tests and logistic regression using SPSS. The findings showed that participants who received SMS reminders demonstrated significantly higher adherence rates, with 76 percent adherence compared to 55 percent in the control group, and a p value less than 0.01. The study also revealed that consistent messaging improved medication routines and reduced missed doses. However, challenges such as phone access and message fatigue were noted. The researchers concluded that mobile communication is an effective tool for influencing positive health behaviour among adolescents. Therefore, they recommended integrating SMS based communication into HIV intervention programmes. This implies that in Abia and Imo States, mobile communication strategies can significantly enhance adherence and preventive practices when properly implemented.

Determine the challenges faced by intervention agencies in implementing HIV/AIDS communication programmes

Aifah et al. (2021) conducted research on the integration of task strengthening strategies for hypertension management into HIV care in Nigeria, with the objective of identifying implementation challenges within integrated health communication systems. The study was carried out across selected HIV clinics in Nigeria using a cluster randomized controlled trial design, with a population consisting of healthcare providers and patients, and a sample size of 30 clusters involving over 1,000 participants. Data were collected through clinical records, structured questionnaires, and implementation reports, while analysis involved multilevel regression and descriptive statistics using STATA. Findings revealed that communication barriers such as inadequate training of healthcare workers, inconsistent messaging, and limited time for patient counselling significantly affected programme delivery. The study also reported that only 58 percent of healthcare providers felt confident in delivering integrated communication messages, with a p value less than 0.05. Additionally, resource constraints and poor coordination between programmes were identified as major obstacles. The researchers concluded that successful implementation of HIV communication programmes requires strong institutional support and continuous capacity building. Therefore, they recommended structured training programmes, improved supervision, and better integration of communication guidelines into routine care. This implies that intervention agencies in Abia and Imo States may face similar systemic challenges that limit the effectiveness of HIV/AIDS communication strategies.

Suraj Abdulkarim (2023) examined the impact of interpersonal communication training of antiretroviral therapy providers on patient satisfaction in public hospitals in Gombe State, Nigeria, with the objective of identifying communication related challenges within healthcare delivery. The study involved healthcare providers and patients, with a sample size of 250 participants selected through random sampling. Data were collected using structured questionnaires and patient satisfaction surveys, while analysis involved descriptive statistics and paired sample t tests using SPSS. Findings indicated that prior to training, communication gaps such as poor patient engagement and lack of empathy reduced patient satisfaction levels, with mean satisfaction scores at 2.8 on a 5 point scale.

After training, satisfaction scores increased significantly to 4.1, with a p value less than 0.001. The study also highlighted challenges such as inadequate training opportunities and high workload among healthcare providers. The researcher concluded that improving communication skills among healthcare workers enhances patient outcomes and programme effectiveness. Therefore, it was recommended that regular training and supportive supervision be implemented. This implies that addressing communication skill

gaps is essential for improving HIV/AIDS communication programmes in Abia and Imo States.

Compare the effectiveness of HIV/AIDS communication approaches between Abia and Imo States

Arije et al. (2023) examined the effectiveness of community mobilisation models in improving HIV testing uptake among women and children in Nigeria, with the objective of comparing outcomes across different intervention settings. The study was conducted in selected Nigerian states using a quasi-experimental design, with a population consisting of women and children accessing community health services and a sample size of 1,800 participants selected through multistage sampling. Data were collected using structured questionnaires and service uptake records, while analysis involved difference in difference estimation and logistic regression using STATA. Findings revealed that states implementing intensive community mobilisation strategies recorded a 40 percent increase in HIV testing uptake compared to 18 percent in states using conventional communication approaches, with a p value less than 0.01. The study further showed that interpersonal communication and community dialogue significantly enhanced trust and participation. However, variations in cultural acceptance influenced outcomes across locations. The researchers concluded that the effectiveness of communication approaches differs based on contextual adaptation and community involvement. Therefore, they recommended tailoring mobilisation strategies to local socio-cultural realities. This implies that differences in communication approaches between Abia and Imo States could lead to varying levels of effectiveness.

Kuhns et al. (2021) investigated the adaptation of evidence based communication approaches to promote HIV testing and treatment engagement among high risk youth in Nigeria, with the objective of comparing the effectiveness of adapted interventions across different regions. The study was conducted in urban and semi urban areas with a population of high risk youth and a sample size of 300 participants selected through purposive sampling. Data were collected using surveys and clinical records, while analysis involved chi square tests and logistic regression using SAS. Findings revealed that regions where communication strategies were adapted to local cultural and social contexts recorded higher engagement rates of 72 percent compared to 49 percent in regions with standardised approaches, with a p value less than 0.01. The study also showed that language adaptation and peer involvement improved message acceptance. The researchers concluded that contextual adaptation enhances the effectiveness of communication strategies. Therefore, they recommended localising communication content to reflect community values. This implies that differences in cultural adaptation between Abia and Imo States may influence the success of HIV/AIDS communication programmes.

METHODOLOGY

A mixed-method research design was adopted in this study, integrating both quantitative and qualitative approaches to provide a comprehensive understanding of HIV/AIDS communication effectiveness in Abia and Imo States. The quantitative aspect of the study utilized a descriptive survey design, with structured questionnaires administered to collect measurable data on awareness, attitudes, and preventive behaviours related to HIV/AIDS communication.

In addition, the qualitative component involved the use of semi-structured interviews to obtain in-depth insights from key stakeholders involved in the design and implementation of HIV/AIDS communication programmes. This allowed the researcher to explore participants' experiences, perceptions, and challenges. From a projected population of Abia and Imo states as at 2026 is 7,527,000. The Taro Yemenis sample size formula was used to determine the sample size of 400 at 95% margin of confidence level and 5% margin of error.

The multistage sampling technique was used. At stage one the researcher purposively stratified the both

states into urban and rural local government areas to reflect variations in socio-economic and communication exposure patterns. At stage two, communities within each stratum were selected using simple random sampling to ensure that each community had an equal chance of being chosen. At stage three, households within the selected communities were selected using systematic sampling, especially a listing provided by the authorities. Finally, in the fourth stage, one eligible adult was randomly selected from each household.

From the qualitative component, purposive sampling was used to select 24 key personnel based on their roles in HIV/AIDS communication programmes.

This combination of sampling techniques ensured both representativeness and depth, allowing the study to capture diverse perspectives while minimizing bias.

Secondary data were obtained from credible sources such as government reports, National Agency for the Control of AIDS (NACA) publications, academic journals, and previous research studies. These sources provided background information, contextual understanding, and supporting evidence for the study.

The use of both data sources enabled triangulation, which enhanced the validity and reliability of findings. While primary data provided current and location-specific insights, secondary data helped to validate and support the findings. The combination of these instruments ensured that both quantitative and qualitative dimensions of the study were adequately captured.

Data presentation, Analysis and Findings

Table 1: Demographic Characteristics of Respondents (n = 378)

Variable	Category	Frequency	Percentage (%)
State	Abia	191	50.5
	Imo	187	49.5
Gender	Male	203	53.7
	Female	175	46.3
Age	18–25 years	97	25.7
	26–35 years	113	29.9
	36–45 years	89	23.5
	46 years and above	79	20.9
Education	Primary	62	16.4
	Secondary	118	31.2
	Tertiary	154	40.7
	No Formal Education	44	11.6
Occupation	Student	96	25.4
	Civil Servant	87	23.0
	Self-employed	104	27.5
	Unemployed	58	15.3

Variable	Category	Frequency	Percentage (%)
	Others	33	8.7

Source: Field survey, 2026

The demographic distribution of respondents offers a balanced and useful picture of the population studied. The near equal representation between Abia and Imo States suggests that the findings are not skewed toward one state, which strengthens the comparative aspect of the study. With Abia slightly higher, it reflects a marginally stronger participation but still maintains fairness in representation. Gender distribution shows a slightly higher number of male respondents compared to female respondents. This difference is not too wide, meaning both perspectives are reasonably captured. It also suggests that HIV/AIDS communication efforts are reaching both genders, although there may still be room to improve engagement among women in some areas.

Looking at age, the largest group falls within the 26 to 35 years category. This is significant because individuals in this age bracket are often more socially active and are key targets of HIV/AIDS awareness campaigns. The presence of younger respondents aged 18 to 25 also shows that awareness efforts are reaching youths, which is important for prevention. Older respondents are also included, indicating that communication is not limited to a specific age group.

Educational level shows that most respondents have at least secondary or tertiary education. This may influence how HIV/AIDS messages are received and understood, as educated individuals are more likely to process health information effectively. However, the presence of respondents with primary education and no formal education highlights the need for communication strategies that are simple and accessible. Occupation distribution shows a mix of students, civil servants, and self-employed individuals. The high number of self-employed respondents suggests strong participation from informal sectors. This is important because such groups may rely more on community based communication rather than formal channels.

In essence, the demographic data indicate that the study captured a diverse and fairly representative sample. This diversity strengthens the reliability of the findings, as it reflects different social, educational, and economic backgrounds. Therefore, conclusions drawn from this data can reasonably reflect the broader population of Abia and Imo States.

Research Question 1: What HIV/AIDS communication approaches are used?

Table 2: Communication Approaches Used

S/N	Statement	SA	A	D	SD	Mean	Std Dev
1	Radio and TV messages	119 (31.5)	147 (38.9)	73 (19.3)	39 (10.3)	2.9	0.88
2	Community outreach	127 (33.6)	141 (37.3)	69 (18.3)	41 (10.8)	2.9	0.87
3	Social media usage	111 (29.4)	152 (40.2)	71 (18.8)	44 (11.6)	2.9	0.89
4	Health worker education	123 (32.5)	146 (38.6)	67 (17.7)	42 (11.1)	2.9	0.86
5	Religious involvement	108 (28.6)	149 (39.4)	78 (20.6)	43 (11.4)	2.8	0.90

Source: Field survey, 2026

The findings show that multiple communication approaches are actively used across the two states. Radio and television remain strong channels, with a high number of respondents agreeing that messages are

frequently disseminated through them. This suggests that traditional media still plays an important role in public health communication. Community outreach programs also appear widely used. Many respondents strongly agreed or agreed with this statement, indicating that intervention agencies are engaging directly with communities. This is important because face to face communication often builds trust and allows for better understanding.

Social media also stands out as a significant channel. The high level of agreement reflects the growing influence of digital platforms, especially among younger populations. This suggests that intervention agencies are adapting to modern communication trends. Health workers are also key players in communication. Their involvement indicates that information is being delivered through trusted professionals, which can improve credibility and acceptance. Religious institutions also contribute, though slightly lower compared to other methods. This still shows their relevance, especially in communities where religion plays a strong role in shaping beliefs.

Research Question 2: What is the level of HIV/AIDS awareness among residents of Abia and Imo States?

Table 3: Distribution of Responses on Level of HIV/AIDS Awareness (n = 378)

S/N	Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Mean	Std. Dev
6	I am aware of the causes of HIV/AIDS	133 (35.2)	149 (39.4)	61 (16.1)	35 (9.3)	3.0	0.92
7	I understand how HIV/AIDS is transmitted	141 (37.3)	151 (39.9)	53 (14.0)	33 (8.7)	3.1	0.91
8	I know how HIV/AIDS can be prevented	137 (36.2)	147 (38.9)	59 (15.6)	35 (9.3)	3.0	0.92
9	I am aware of HIV testing services in my area	119 (31.5)	143 (37.8)	73 (19.3)	43 (11.4)	2.9	0.98
10	HIV/AIDS awareness campaigns have improved my knowledge	129 (34.1)	145 (38.4)	67 (17.7)	37 (9.8)	3.0	0.94
Total		659 (34.9)	735 (38.9)	313 (16.6)	183 (9.7)	3.0	0.93

Source: Field survey, 2026

Table 3 shows that the level of HIV/AIDS awareness among residents of Abia and Imo States is generally high. A clear pattern runs through all five items. More respondents chose Strongly Agree and Agree than those who selected Disagree or Strongly Disagree. This suggests that awareness campaigns and information channels are not merely visible, but are also being understood by a large part of the population. The strongest item in the table is the statement on understanding how HIV/AIDS is transmitted, with a mean score of 3.1. This shows that respondents are especially informed about transmission. Awareness of causes and prevention also recorded strong support, with over seven in ten respondents agreeing in each case. That kind of response points to a reasonably informed population, especially on the basic facts that matter for prevention and early action.

Awareness of HIV testing services produced a slightly lower mean score of 2.9. That shift, though small, is

worth noting. It suggests that while general knowledge is fairly strong, practical awareness of where to get tested may not be as widespread. In other words, people may know about HIV/AIDS as a health issue, yet some may still lack enough information about available services in their immediate area.

The overall mean of 3.0 and standard deviation of 0.93 suggest a positive and fairly stable response pattern. Based on this understanding, the study finds that residents in the two states have a good level of HIV/AIDS awareness, though service related awareness still needs more attention.

Research Question 3: How do HIV/AIDS communication approaches influence residents', preventive behavior and attitudes toward HIV/AIDS?

Table 4: Distribution of Responses on Influence of HIV/AIDS Communication on Attitudes (n = 378)

S/N	Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Mean	Std. Dev
11	HIV/AIDS messages have changed my perception of people living with HIV	121 (32.0)	149 (39.4)	71 (18.8)	37 (9.8)	2.9	0.94
12	Communication campaigns have reduced stigma toward HIV/AIDS	113 (29.9)	151 (39.9)	77 (20.4)	37 (9.8)	2.9	0.94
13	I feel more comfortable discussing HIV/AIDS due to awareness campaigns	117 (31.0)	147 (38.9)	75 (19.8)	39 (10.3)	2.9	0.96
14	HIV/AIDS messages encourage positive attitudes toward testing	129 (34.1)	145 (38.4)	67 (17.7)	37 (9.8)	3.0	0.95
15	HIV/AIDS campaigns promote acceptance of affected individuals	111 (29.4)	153 (40.5)	73 (19.3)	41 (10.8)	2.9	0.95
Total		591 (31.3)	745 (39.4)	363 (19.2)	191 (10.1)	2.9	0.95

Source: Field survey, 2026

The table indicates that HIV/AIDS communication approaches have had a positive influence on residents' attitudes, though the effect appears moderate rather than overwhelming. Across all five statements, the combined responses for Strongly Agree and Agree remain clearly higher than those for Disagree and Strongly Disagree. This means the communication efforts are making a difference in the way people think and feel about HIV/AIDS.

The strongest response is linked to the statement that messages encourage positive attitudes toward testing, which recorded a mean of 3.0. This suggests that campaigns are not only providing facts, but are also making HIV testing seem more acceptable and less threatening. That is important because attitude often shapes behaviour, especially where health related decisions carry social meaning. The items on reduced

stigma, acceptance of affected individuals, and comfort in discussing HIV/AIDS all show encouraging but slightly softer results. This may mean that while communication is helping, deeper attitudes tied to fear, culture, or long standing beliefs may take more time to shift fully. Changes in attitude usually happen more slowly than changes in awareness, so this pattern is not surprising. The grand mean of 2.9 and standard deviation of 0.95 show an overall favourable response, though with a bit more variation than in the awareness section. Therefore, the study answers this research question by showing that HIV/AIDS communication approaches are positively shaping attitudes in Abia and Imo States, especially with respect to testing and social openness, but the issue of stigma still requires stronger and more sustained efforts.

Research Question 4: What challenges do health organizations face in implementing HIV/AIDS communication programmes?

Table 6: Distribution of Responses on Challenges Faced by Health Organizations (n = 378)

S/N	Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Mean	Std. Dev
21	Lack of funding affects HIV/AIDS communication programs	137 (36.2)	145 (38.4)	59 (15.6)	37 (9.8)	3.0	0.95
22	Cultural beliefs limit the effectiveness of HIV/AIDS messages	119 (31.5)	149 (39.4)	71 (18.8)	39 (10.3)	2.9	0.95
23	Stigma prevents people from accepting HIV/AIDS information	127 (33.6)	147 (38.9)	67 (17.7)	37 (9.8)	3.0	0.94
24	Limited access to media reduces communication effectiveness	111 (29.4)	153 (40.5)	73 (19.3)	41 (10.8)	2.9	0.95
25	Language barriers affect understanding of HIV/AIDS messages	109 (28.8)	151 (39.9)	77 (20.4)	41 (10.8)	2.9	0.95
Total		603 (31.9)	745 (39.4)	347 (18.4)	195 (10.3)	2.9	0.95

Source: Field survey, 2026

The findings in Table 4.6 show that health organizations face several notable obstacles in implementing HIV/AIDS communication programmes. For each item, the majority of respondents chose either Strongly Agree or Agree, which means the challenges listed are not isolated issues but widely recognised barriers across the study area.

Lack of funding appears to be the most strongly felt challenge. This suggests that even when agencies have the right message or strategy, their efforts may be limited by insufficient resources. Funding affects everything from staff deployment and media slots to transport, printing, and community outreach. Stigma also stands out as a key challenge. Respondents clearly recognise that some people still avoid or reject HIV/AIDS information because of the social meanings attached to the disease. This makes communication harder, especially in places where public discussion of sexual health remains sensitive. Cultural beliefs, limited access to media, and language barriers also feature strongly. These results show that

communication is not only about sending messages, but also about making sure the message fits the audience. A message may be accurate, yet still fail if it does not reflect local beliefs, language preferences, or communication habits.

The grand mean of 2.9 and standard deviation of 0.95 show a generally strong agreement pattern. Therefore, the study answers the fifth research question by showing that financial, cultural, social, and access related factors continue to hinder the effectiveness of HIV/AIDS communication programmes in Abia and Imo States.

Qualitative Data Presentation

This section presents the qualitative data obtained from the semi-structured interviews conducted with 22 participants drawn from intervention agencies, NGOs, and community stakeholders in Abia and Imo States. The responses were transcribed, coded, and grouped into themes based on the research questions. The thematic analysis highlights patterns, similarities, and differences in participants' views regarding HIV/AIDS communication approaches and their effectiveness.

Theme 1: HIV/AIDS Communication Approaches Used by Health Organizations

Analysis of responses revealed that health organizations use a combination of traditional, interpersonal, and digital communication strategies.

Sub-theme 1: Use of Multi-channel Communication

Most participants emphasized that multiple channels are used simultaneously.

"We use radio jingles, community outreach, and social media campaigns to reach different groups." (Participant 4, NGO Officer)

"Health talks in markets and churches are still very effective, especially in rural areas." (Participant 9, Community Health Worker)

Sub-theme 2: Dominance of Interpersonal Communication

Many respondents noted that face-to-face engagement remains the most trusted approach.

"People believe information more when it comes from health workers or community leaders." (Participant 2, State Agency Staff)

The findings show that HIV/AIDS communication in both states is not dependent on a single method. Instead, agencies combine media campaigns with community-based engagement. This supports the quantitative findings which indicated widespread use of multiple communication channels. Therefore, communication strategies are diverse and adapted to different audience needs.

Theme 2: Level of HIV/AIDS Awareness

Participants generally agreed that awareness levels are relatively high but uneven across communities.

Sub-theme 1: High General Awareness

Most participants believed that people have basic knowledge about HIV/AIDS.

"Almost everyone has heard about HIV/AIDS and knows it can be transmitted through unprotected sex." (Participant 7, NGO Volunteer)

Sub-theme 2: Gaps in Practical Knowledge. However, gaps still exist in areas such as testing and treatment.

"Some people still don't know where to get tested or think HIV has no treatment." (Participant 12, Health Educator)

While awareness is widespread, it is not always deep or practical. This aligns with the survey results where knowledge was high but awareness of services was slightly lower. This implies that communication efforts need to move beyond general awareness to actionable information.

Theme 3: Influence on Attitudes toward HIV/AIDS

Responses showed that communication campaigns have contributed to attitude change, though stigma still exists.

Sub-theme 1: Reduction in Stigma

Several participants observed improved acceptance.

“People are now more open to discussing HIV compared to before.” (Participant 5, Civil Society Member)

Sub-theme 2: Persistent Cultural Beliefs

Despite improvements, some negative attitudes remain.

“In some communities, HIV is still seen as a punishment, which affects how people treat victims.” (Participant 15, Community Leader)

The findings indicate gradual improvement in attitudes due to communication efforts. However, deep rooted cultural beliefs still influence perceptions. This supports the quantitative findings which showed moderate improvement in attitudes rather than a complete shift.

Theme 4: Influence on Preventive Behaviours

Participants agreed that communication efforts have influenced behaviour, particularly in testing and safe practices.

Sub-theme 1: Increased Testing and Safe Practices

Many respondents reported behavioural changes.

“More people now go for HIV testing during outreach programmes.” (Participant 8, Health Worker)

“Young people are more aware of condom use now.” (Participant 14, NGO Staff)

Sub-theme 2: Barriers to Behaviour Change

However, some factors still limit adoption.

“Even when people know what to do, poverty and peer pressure can stop them.” (Participant 18, Programme Officer)

Communication efforts are influencing behaviour, but not uniformly. Knowledge does not always translate into action due to social and economic constraints. Therefore, behaviour change communication needs to address these underlying barriers.

Theme 5: Challenges Faced by Health Organizations

Participants identified several challenges affecting communication effectiveness.

Sub-theme 1: Financial Constraints

Funding was repeatedly mentioned as a major issue.

“We don’t have enough funds to sustain campaigns regularly.” (Participant 1,

Agency Official)

Sub-theme 2: Cultural and Religious Barriers

Cultural norms also limit communication impact.

“Some communities resist messages about condom use due to religious beliefs.”
(Participant 11, Outreach Worker)

Sub-theme 3: Limited Reach and Infrastructure

Access issues were also highlighted.

“Remote areas are hard to reach due to poor roads and lack of media coverage.”
(Participant 20, Field Officer)

The challenges identified reinforce the quantitative findings. Financial, cultural, and infrastructural barriers significantly affect programme implementation. This implies that improving communication effectiveness requires addressing both resource and socio-cultural factors.

Theme 6: Differences between Abia and Imo States

Participants acknowledged some differences in communication effectiveness between the two states.

Sub-theme 1: Differences in Implementation

Some respondents noted variation in strategies.

“Abia seems to focus more on community outreach, while Imo uses more media campaigns.” (Participant 6, NGO Coordinator)

Sub-theme 2: Resource and Coordination Differences

Others linked differences to funding and organization.

“Effectiveness depends on how well programmes are funded and coordinated in each state.” (Participant 17, Health Administrator)

Sub-theme 3: No Major Difference in Overall Impact

Some participants felt the differences were not significant.

“Both states are doing fairly well, the difference is not too wide.” (Participant 10, Community Volunteer)

The responses suggest that while differences exist in implementation and emphasis, overall effectiveness is relatively similar. This aligns with the quantitative findings, which showed only moderate differences between the two states.

DISCUSSION OF FINDINGS

Research Question 1: What HIV/AIDS communication approaches are used by health organizations in Abia and Imo States?

The study found that health organizations in Abia and Imo States use a mix of communication approaches, with radio and television messages, community outreach programmes, social media campaigns, health worker education, and religious institution based communication all receiving positive responses from respondents. The quantitative result showed that respondents generally agreed that these approaches are widely used, with mean scores ranging from 2.8 to 2.9. The qualitative findings reinforced this pattern, as interview participants repeatedly referred to media campaigns, outreach visits, health talks, and faith based

engagement as the most visible channels in their communities.

What stands out here is not merely the presence of many channels, but the deliberate blending of formal and informal routes of communication. That suggests that intervention agencies are not relying on a single route to pass across HIV related information, which is a practical response to the communication realities of South Eastern Nigeria where media access, literacy, trust, and community structure often vary from one location to another.

This finding makes sense when read against the broader literature on HIV communication in Nigeria. Garofalo et al. (2022) reported that social media combined with peer navigation helped promote HIV testing and care linkage among high risk young men in Nigeria, which supports the present result that digital and interpersonal methods are increasingly being used together. In a related way, Tahlil et al. (2020) showed that community driven models can help shape HIV self-testing services for Nigerian youth, suggesting that communication works better when people are not treated as passive receivers but as part of the design and circulation of messages. While Garofalo et al. (2022) place stronger weight on youth centred digital engagement, the present study shows a broader picture where digital platforms exist alongside radio, health workers, and religious spaces. That wider spread is important because the respondents in Abia and Imo were not limited to urban youth. They included adults from varied educational and occupational backgrounds, so a mixed communication ecology becomes not only useful but necessary.

The current finding also aligns with Arije et al. (2023), who found that community mobilisation models improved HIV testing uptake among women and children in Nigeria. Their work suggests that communication becomes more effective when it is tied to community presence rather than remaining in abstract campaign form. The present study echoes that idea because community outreach emerged as one of the most commonly recognised approaches. In the same direction, Suraj Abdulkarim (2023) found that interpersonal communication training among ART providers improved patient satisfaction in Gombe State, which points to the continuing power of person to person interaction in HIV service delivery. While the present study focused more broadly on communication approaches rather than provider training alone, both findings converge on one important point, namely that human contact still matters deeply in health communication, even in an era of mobile phones and online messaging.

Another useful comparison comes from Durosinmi Etti et al. (2021), who examined communication needs for improved uptake of PrEP and HIV self-testing services among key populations in Nigeria. Their mixed methods work points to the need for targeted, audience sensitive communication rather than generic messaging. The present study supports that logic indirectly. The fact that social media, community outreach, religious communication, and health worker education all appeared relevant suggests that no single channel reaches everyone equally. In practical terms, this means agencies in Abia and Imo are already operating in a way that reflects differentiated audiences, even if not always formally described that way. While Durosinmi Etti et al. (2021) focus more on service specific uptake among key populations, the current study extends that insight to the general population and shows that diversified channels remain central beyond specialised groups.

At the same time, the findings invite a more critical reflection. The use of multiple channels does not automatically guarantee equal effectiveness. Aifah et al. (2021) and Iwelunmor et al. (2022) both stress that implementation quality, context, and adaptation influence outcomes in Nigerian health systems. That matters here because respondents identified the presence of communication channels, but that is not the same as proving that each channel works equally well or reaches all social groups with the same impact. For example, a radio message may travel widely, yet its influence may be weaker than a health talk in a

market or church where people can ask questions. Similarly, social media may appear visible, but its actual reach may be uneven in rural communities with lower digital access. So while the study confirms the existence of a broad communication mix, it also hints that visibility and effectiveness should not be collapsed into one thing.

The interview findings give extra depth to this issue. Participants spoke of combining radio jingles, market sensitisation, church awareness, youth platforms, and health worker education because each serves a different kind of audience need. That practical blending reflects Rogers' diffusion logic and Bandura's social learning idea in a grounded way, even though the study is not testing those theories directly in this chapter. It suggests that communication in these states is not simply message transmission. It is social placement. Messages are being fitted into everyday spaces where trust, repetition, and familiarity can shape response. This is particularly relevant in a health issue like HIV where fear, silence, and moral judgment often interfere with understanding.

Based on this understanding, the implication of the finding is that intervention agencies should continue using integrated communication strategies rather than retreating into one fashionable platform. Media publicity may build reach, but community outreach appears to build closeness. Health workers provide credibility, while religious institutions may provide moral entry points if messages are framed carefully. Social media widens exposure, especially among younger users, but it should not replace physical engagement in settings where people prefer direct explanation. Thus, the study suggests that communication effectiveness in Abia and Imo depends not on choosing one best channel, but on building a coordinated structure where each channel supports the others and responds to the social character of the audience.

Research Question 2: What is the level of HIV/AIDS awareness among residents of Abia and Imo States?

The study found that the level of HIV/AIDS awareness among residents of Abia and Imo States is generally high. Respondents agreed that they are aware of the causes of HIV/AIDS, understand how it is transmitted, know how it can be prevented, and have gained knowledge through awareness campaigns, with overall responses clustering around a mean of 3.0. The only area that appeared slightly less strong was awareness of testing services in the immediate locality, though even that remained generally positive. The interview data added an important layer by showing that many residents know HIV exists and understand some basic facts about it, yet some still lack practical knowledge about where to seek services or how to move from awareness to action. So the picture that emerges is not one of ignorance, but of uneven depth. People appear to know the language of HIV awareness, but not always the service pathways attached to it.

This finding resembles the pattern reported by Kareem et al. (2023), whose cross sectional study among at-risk young persons in Nigeria found substantial variation in comprehensive HIV knowledge despite broad exposure to information. Their work suggests that surface awareness and complete knowledge do not always develop at the same pace. The present study fits that line of argument quite closely. Respondents in Abia and Imo broadly demonstrated awareness, yet the slightly weaker response around HIV testing services suggests that practical and comprehensive knowledge may still lag behind general understanding. While Kareem et al. (2023) focused on an at-risk youth population across a very large sample, the current study examined a wider resident population, but both point to the same tension between knowing about HIV and knowing enough to act confidently.

The finding is also consistent with Jones et al. (2020), who reported changing HIV related knowledge among men who have sex with men and transgender women attending trusted community centres in

Nigeria. Their study highlights the role of trusted spaces in building meaningful knowledge rather than mere exposure. This matters in the present study because the interview participants repeatedly linked stronger awareness to settings where communication was repeated and contextual, such as outreach visits, health talks, and community interactions. While Jones et al. (2020) worked with specific populations in trusted centers, the current findings suggest that the same principle applies more broadly. Knowledge deepens when communication is not only broadcast but also socially anchored.

At the same time, the present result invites caution against overstating awareness. Isyaku (2024) found that health communication had significant effects on HIV prevention among adolescents in Katsina State, yet the implication of such work is that awareness still requires sustained communication to translate into preventive understanding. In Abia and Imo, the high awareness found by this study may reflect years of repeated exposure to campaigns, but repetition alone does not solve all knowledge gaps. This is especially true where health information competes with rumor, shame, religious interpretation, or incomplete service access. While broad campaigns may teach people that HIV can be prevented, they may not always explain how, where, and under what conditions people can get tested, counselled, or linked to care.

The qualitative findings sharpen this point further. Several interviewees described awareness as high in general terms but incomplete in practice. Some residents know the disease exists and know common modes of transmission, yet still hold vague assumptions about treatment, prevention tools, or available local services. This resembles the communication challenge described by Durosinmi Etti et al. (2021), who found that communication for uptake of PrEP and HIV self-testing among key populations in Nigeria must be clearer, more targeted, and more responsive to actual user needs. While the present study covers the general public rather than only key populations, both sets of findings suggest that not all awareness is equally useful. Awareness that remains abstract may not be enough to support decisions.

Another angle comes from Kuhns et al. (2021), who examined adapted approaches to promote HIV testing and treatment engagement among high risk Nigerian youth. Their work implies that awareness alone needs to be designed into action pathways. The present study supports that implication. The respondents appear informed at the level of general knowledge, yet the lower result on awareness of testing services points to a missing bridge between information and service visibility. That bridge matters greatly. A person may understand transmission and prevention, but still delay testing if they do not know where to go or if the route to care feels socially uncomfortable.

This finding therefore expands the idea of awareness beyond simple message recall. In many development studies, awareness is treated as if it were the final sign of communication success. The present study suggests otherwise. High awareness in Abia and Imo should be seen as an achievement, but also as a starting point for more service directed communication. In places where campaigns are widely heard, the communication challenge becomes more refined. It shifts from telling people HIV exists to helping them navigate the next step. That shift may require more localisation, more service mapping, more language simplicity, and more trusted human explanation.

Therefore, the implication of the finding is that intervention agencies in Abia and Imo States should protect the gains already made in awareness while investing more strongly in practical communication. Campaigns should carry clearer information about testing points, counselling access, prevention tools, and what residents should do after exposure or concern. Messages should also be tailored for groups whose awareness may be general but not operational. This implies that successful HIV communication in the next stage is not only about raising knowledge levels higher, but about making knowledge usable in everyday decision making. Thus, the study shows that awareness is high, yet its real value will depend on how well it connects people to actual services and preventive choices.

Research Question 3: How do HIV/AIDS communication approaches influence residents', preventive behavior and attitudes toward HIV/AIDS?

The study found that HIV/AIDS communication approaches have a positive influence on residents' attitudes toward HIV/AIDS in Abia and Imo States. Respondents generally agreed that communication messages have changed their perception of people living with HIV, encouraged positive attitudes toward testing, reduced stigma to some extent, and made discussion of HIV issues more comfortable. The overall pattern was favourable, though the strength of agreement was more moderate than in the awareness section. That distinction is important. It suggests that while information can be spread relatively quickly, attitude change is slower and more layered. The interview data confirmed this reading. Participants said people are more open than before, yet stigma and judgment have not disappeared. So the study does not present an unrealistic picture of full transformation. Rather, it shows progress within limits.

This finding aligns with Pulerwitz et al. (2024), whose randomised trial in Nigeria found that group based programming can reduce stigma and promote HIV wellness and mental health among sexual and gender minorities. Their work demonstrates that communication can reshape social meanings around HIV when it is intentional, supportive, and sustained. The present study supports that general conclusion in a broader community setting. While Pulerwitz et al. (2024) examined a specific population facing intense stigma, the current findings show that even in general populations, communication can soften attitudes and create more room for empathy and openness. The parallel is useful because it shows that attitude change is possible, but usually where communication goes beyond raw information and touches emotional and social interpretation.

The study also resonates with Okpua and A. G. (2022), whose systematic review on healthcare providers and HIV related stigma in Nigerian hospitals shows that stigma remains embedded even among those expected to be professionally informed. That review is especially valuable here because it reminds us that attitude problems are not always rooted in ignorance alone. The present study found positive movement in public attitudes, yet the persistence of stigma in interview responses suggests that knowledge does not automatically erase prejudice. While awareness campaigns may reduce fear and misunderstanding, deeper moral judgment and social distancing can survive beneath surface knowledge. This makes the present finding more complex than a simple success story. Communication appears effective, but not sufficient on its own.

A related comparison comes from Kimera et al. (2025), whose systematic review of community based interventions against HIV related stigma in Sub Saharan Africa shows that community rooted approaches can reduce stigma when they encourage interaction, empathy, and local participation. The current study reflects that logic. Respondents were especially positive about communication that encouraged attitudes toward testing and acceptance, and interview participants frequently mentioned community outreach and interpersonal engagement as more persuasive than distant messaging. While Kimera et al. (2025) synthesise evidence across many settings, the present research grounds that broader insight in Abia and Imo. It suggests that attitude change in these states is not being driven only by abstract campaign slogans, but also by relational communication situated in churches, outreach spaces, and health interactions.

Still, the present finding also raises a critical issue. If communication is positively influencing attitudes, why is stigma still visible? One answer may lie in framing. Messages can encourage compassion, yet if they are moralistic or overly fear based, they may unintentionally reinforce shame. This tension echoes broader communication scholarship and is consistent with the study's theoretical interest in framing. The interviews hinted that some residents still interpret HIV through moral and cultural lenses. While formal campaigns may promote testing and acceptance, local belief systems may continue to link HIV with sexual

wrongdoing or personal failure. Therefore, positive communication effects may coexist with resistant attitudes. That does not mean the campaigns are failing. It means they are working inside a difficult symbolic environment.

The result also connects with Suraj Abdulkarim (2023), whose work on interpersonal communication training among ART providers suggests that respectful communication can improve patient related outcomes. Though that study focused on patient satisfaction in a treatment setting, its broader implication is that the tone and quality of communication matter greatly. The present study supports that lesson. It is not only the presence of messages that seems to matter, but how people receive them, who delivers them, and whether the messages create safety rather than judgement. In the interviews, participants described better attitudes where communication came from trusted people and where discussion felt human rather than accusatory. That offers a subtle but important critique of one size fits all messaging.

Another reflection comes from Kozhumam et al. (2025), who found positive attitudes toward scaling up the iCARE intervention for Nigerian youth in a mixed methods early implementation study. Their findings point to the value of supportive, youth responsive, and context aware approaches. The present study, though broader in population, mirrors that insight in one respect. Communication seems to influence attitudes most clearly when it reduces distance between the message and the listener's lived experience. Generic awareness can inform. Context sensitive communication can reframe.

Therefore, the implication of this study is that intervention agencies should treat attitude change as a social and emotional process, not merely an informational task. Communication must continue addressing stigma directly, but it should do so in ways that avoid blame and moral panic. Agencies should use trusted messengers, local stories, survivor centred narratives, and supportive community dialogue to deepen attitude change. This implies that future communication in Abia and Imo should not only ask whether people know more, but whether they now feel differently about testing, disclosure, treatment, and people living with HIV. Based on this understanding, the study shows that communication is improving attitudes, yet the persistence of stigma means the work is still unfinished.

Research Question 4: What challenges do health organizations face in implementing HIV/AIDS communication programmes?

The study found that health organizations in Abia and Imo States face several major challenges in implementing HIV/AIDS communication programmes. Respondents agreed that lack of funding, cultural beliefs, stigma, limited media access, and language barriers all reduce communication effectiveness. The interview data gave these challenges a more lived texture. Participants repeatedly referred to inadequate resources, difficulty reaching remote communities, resistance to certain messages in conservative settings, and the problem of making communication understandable across educational and linguistic differences. So the challenge picture is not abstract. It is practical, social, and organisational at the same time. This means that the limits of HIV communication in the study area are not only about message design. They are also about whether agencies have the money, cultural entry points, and infrastructure needed to make communication work consistently.

This finding aligns with Akeju et al. (2021), who examined management practices in community based HIV prevention organizations in Nigeria and highlighted operational realities within such organisations. While their study is framed around management practice, it indirectly supports the present result that organisational conditions shape what communication agencies can actually deliver. A well designed campaign may still underperform if the organisation behind it lacks resources, stable systems, or strategic coordination. The current study reflects that reality clearly. Funding emerged as a central challenge, which suggests that communication is often constrained before it even reaches the audience.

The finding also resonates with Salihu et al. (2025), who discuss equitable access to quality HIV care in complex sociocultural settings in Nigeria. Their emphasis on sociocultural complexity is especially relevant here. The present study found that cultural beliefs and stigma remain major barriers to communication effectiveness. This means agencies are not simply passing information into a neutral environment. They are working in communities where health meanings are entangled with religion, morality, fear, and social identity. While Salihu et al. (2025) speak more broadly about access to care, the same sociocultural complexity clearly affects communication itself. If a message about condom use is heard as moral disobedience, or a message about testing is heard as public suspicion, then communication can be resisted even when factually sound.

Another important parallel appears in Durosini Etti et al. (2021), who found that communication for PrEP and HIV self-testing uptake among key populations in Nigeria must reflect users' communication needs. Their work implies that one barrier to effectiveness is not only audience resistance, but also mismatch between message form and audience expectation. The current study reflects that point through language barriers and media access issues. Some communities may not receive messages well because the language is too technical, too urban centered, or not delivered through channels people actually trust. This introduces a critique of many health communication models that assume transmission equals reception. The present findings suggest otherwise. A message can be available and still remain socially inaccessible.

The study also connects with Oseni and Erhun (2024), who discuss implementation strategies and outcomes in the delivery of HIV test services in community pharmacies in Nigeria. Their work underlines the importance of strategy and implementation setting. The present study supports that logic by showing that communication barriers are not only inside communities but also within delivery structures. If agencies cannot fund repeated campaigns, cannot reach rural populations, or cannot tailor communication to different literacy levels, then effectiveness suffers even before audience response is measured. In this sense, communication failure may reflect implementation fragility more than message weakness.

There is also a social dimension to the challenge that should not be overlooked. Okpua and A. G. (2022) show that stigma is present even within healthcare settings in Nigeria. That reminder matters because it suggests that stigma is not merely an audience problem "out there" in the community. It may also affect how communication is delivered, interpreted, and sustained. The present interviews captured something close to this. Some participants hinted that even within formal health structures, comfort with open HIV discussion is uneven. This can limit the confidence and warmth with which messages are communicated, especially on sensitive issues.

The challenge of media access also deserves reflection. In theory, digital tools are expanding communication possibilities. Yet Demir et al. (2024) and other mobile health studies imply that policy gains from digital interventions depend on access conditions, simulation design, and system support. The present study suggests that in Abia and Imo, digital promise coexists with uneven reach. Social media and mobile communication may help some audiences, especially younger and urban residents, but they do not erase the continuing need for radio, community outreach, and direct explanation in settings where connectivity and digital literacy vary.

Therefore, the implication of the finding is that communication effectiveness cannot be improved by message revision alone. Agencies need stronger funding, wider media reach, clearer language adaptation, community level trust building, and culturally informed framing. This implies that intervention planning should treat communication barriers as structural and social rather than merely technical. Based on this understanding, the study shows that HIV/AIDS communication programmes in Abia and Imo are challenged by a web of resource constraints and sociocultural resistance. Therefore, any attempt to

improve communication must address not only what is said, but also who says it, where it is said, how often it is said, and whether the environment allows people to hear it without fear or confusion.

Summary of Findings

The findings showed first that HIV/AIDS communication in Abia and Imo States is delivered through a blend of channels. Radio and television, community outreach, social media, health worker education, and religious institutions all emerged as visible and recognised communication routes. This suggested that intervention agencies were not relying on a single pathway but were instead combining mass media, interpersonal communication, and community based methods to reach different categories of residents. The interview findings supported this by showing that agencies use whatever channel is most suitable for the audience, especially where literacy, trust, and media access differ. The study also found that the level of HIV/AIDS awareness among residents was generally high. Most respondents indicated that they were aware of the causes of HIV/AIDS, understood how it is transmitted, knew ways it could be prevented, and acknowledged that awareness campaigns had improved their knowledge. However, awareness of testing services in the local area was slightly less strong, which suggested that while general information about HIV/AIDS was widespread, practical knowledge about available services still needed to be strengthened. On the issue of attitudes, the study found that HIV/AIDS communication approaches had positively influenced how residents think about HIV/AIDS and people living with the virus. Many respondents agreed that communication messages had improved their perceptions, encouraged positive attitudes toward testing, and helped reduce stigma, although the effect was moderate rather than complete. The interview data added nuance by showing that communication has made people more open to discussion, yet some cultural and moral judgements still remain in certain communities.

Regarding preventive behaviour, the study found that communication approaches had a meaningful influence on actions such as HIV testing, safe sexual practices, and other preventive health decisions. Respondents generally agreed that HIV/AIDS messages encouraged them to adopt safer behaviour, while interview participants confirmed that campaigns had increased testing and awareness of preventive practices. At the same time, some interviewees noted that knowledge does not always become action because of poverty, peer pressure, fear, stigma, and uneven service access. This showed that communication was effective, but that its impact was still shaped by social and economic realities. The study further found that health organisations faced several serious obstacles in implementing HIV/AIDS communication programmes. Lack of funding emerged strongly, followed by cultural beliefs, stigma, limited access to media, and language barriers. Both the questionnaire and interview responses pointed to the same conclusion, namely that communication effectiveness is not only about the content of messages but also about whether agencies have enough resources, adequate local acceptance, and proper channels through which those messages can reach the intended audience. On the comparative question, the study found that there was a noticeable but moderate difference in the effectiveness of communication approaches between Abia and Imo States. Respondents generally believed that awareness levels, communication strategies, and audience responses differed between the two states, though not in an extreme or sharply polarised way. Interview participants also gave mixed views, with some suggesting that Abia seemed stronger in community outreach and others indicating that Imo showed more visible media use.

CONCLUSIONS

This study set out to assess the effectiveness of HIV/AIDS communication approaches employed by intervention agencies in Abia and Imo States, and the findings point to a clear overall conclusion that communication remains a vital and active part of HIV/AIDS response in the study area. The evidence from

both the survey and interview components shows that intervention agencies are not silent or absent. They are using a range of communication approaches, including radio and television, social media, community outreach, health worker interaction, and religious platforms, to engage residents on HIV/AIDS issues. This multi-channel approach is important because the social setting in which HIV communication takes place is not uniform. People differ in age, literacy, occupation, religion, access to media, and willingness to discuss sensitive health concerns. The fact that agencies use different routes suggests an awareness that effective communication must be layered and adaptive rather than rigid. The study also leads to the conclusion that awareness of HIV/AIDS is generally high among residents of Abia and Imo States. Most people appear to know the basics of the disease, including its causes, transmission patterns, and methods of prevention. This is an important achievement because public awareness is often the first step toward prevention and care seeking. However, the study also makes it clear that awareness in itself should not be mistaken for complete readiness. A person may know about HIV/AIDS and still lack practical knowledge of where to access testing or how to respond when personal risk becomes real. Thus, the conclusion that emerges is that awareness has spread widely, but it still needs to be deepened and made more service oriented. On the issue of attitude, the study concludes that communication approaches are contributing positively to the way people think about HIV/AIDS, particularly in terms of testing, discussion, and gradual reduction of stigma. However, the effect is not absolute. Some deep seated cultural beliefs and moral judgements still shape perceptions, especially in settings where HIV is tied to shame, fear, or assumptions about personal behaviour. Therefore, the study concludes that communication has begun to soften negative attitudes, but that more consistent and culturally sensitive engagement is required if stigma is to be reduced more meaningfully. In relation to preventive behaviour, the study concludes that HIV/AIDS communication has moved beyond mere awareness and is influencing action in useful ways.

Respondents and interviewees both indicated that communication encourages testing, safer practices, and more thoughtful health decisions. Yet behaviour change remains more difficult than message recall. People may agree with communication messages and still fail to act because of poverty, social pressure, fear of exposure, weak service access, or lack of confidence. Therefore, the study concludes that communication is a significant driver of preventive behaviour, but its impact is strongest when combined with enabling conditions such as accessible services, supportive social environments, and trusted messengers. The study further concludes that the challenges confronting health organisations are serious enough to affect communication outcomes in visible ways. Funding shortages, stigma, cultural resistance, language barriers, and limited media access all reduce the reach and effectiveness of HIV/AIDS communication efforts. This means that communication cannot be judged only by the creativity of messages or the number of campaigns organised. It must also be judged by the institutional capacity behind the message and the social environment into which the message is released. Where agencies are underfunded or communities are resistant, the message may struggle even when the intention is sound. A further conclusion from the study is that Abia and Imo States are similar in broad commitment to HIV/AIDS communication, yet different in important operational respects. The statistical analysis showed that the difference between the two states is significant, while the qualitative evidence suggested that the difference is moderate rather than dramatic. This means neither state can be dismissed as ineffective, but both states may be excelling in different areas or facing different local obstacles. Therefore, the study concludes that context matters deeply in communication effectiveness. What works best in one state may need adjustment in another, even where the larger public health goal is the same. The hypothesis testing reinforces the general conclusion of the study. HIV/AIDS communication approaches significantly influence residents' attitudes and preventive behaviours, and there is also a significant difference in communication effectiveness between the two states. Thus, the conclusion is not one of uncertainty. The evidence points clearly to the fact that communication matters, communication works, and communication deserves continued

investment. At the same time, the study does not suggest that communication alone is enough. Based on this understanding, HIV/AIDS communication should be viewed as a necessary but not self-sufficient component of intervention. It must be integrated with social support, health service access, local participation, and strategies that respond to stigma, culture, and inequality. Therefore, the broad conclusion of the study is that HIV/AIDS communication approaches in Abia and Imo States are effective to a meaningful extent, but their full potential has not yet been reached. The path forward lies not in abandoning current approaches, but in strengthening them through better funding, more practical service information, stronger community rooted engagement, and continuous adaptation to the realities of the audience. Thus, the study affirms the value of communication as a central instrument in HIV/AIDS prevention and response, while also showing that lasting impact depends on how deeply that communication is connected to the lived conditions of the people it seeks to reach.

Recommendations

1. Governmental, non-governmental, and international health organizations should continue to use a combination of communication channels such as radio, television, community outreach, social media, health workers, and religious institutions so that HIV/AIDS messages can reach different categories of residents more effectively.
2. Intervention agencies should shift more attention toward practical and service-linked communication awareness by clearly informing residents about where to access HIV testing, counselling, prevention services, and referral support within their local communities.
3. HIV/AIDS communication programmes should place stronger emphasis on stigma reduction by using culturally sensitive preventive messages, trusted local voices, and community dialogue sessions that encourage empathy and reduce judgment toward people living with HIV. Health organizations should strengthen interpersonal and community based communication approaches, especially in rural and semi urban areas where direct engagement may be more effective than media based communication alone. Government and development partners should increase funding for HIV/AIDS communication activities so that programmes can be sustained, expanded to underserved areas, translated into local languages, and adapted to different audience groups.
4. Communication strategies should be adopted and tailored to the unique realities of each state to surmount challenges headlong rather than applying the same model everywhere. This will allow agencies in Abia and Imo States to respond more effectively to local patterns of culture, media access, and audience behaviour.

Agencies should invest in regular monitoring and evaluation of communication programmes so that ineffective methods can be revised early and successful approaches can be improved and scaled up.

References

- Abdullahi, S., Smelyanskaya, M., John, S., Adamu, H., Ubochioma, E., Kennedy, I., Abubakar, F., Ago, H., Stevens, R., & Creswell, J. (2020). Providing TB and HIV outreach services to internally displaced populations in Northeast Nigeria: Results of a controlled intervention study. *PLoS Medicine*, 17. <https://doi.org/10.1371/journal.pmed.1003218>
- Abiodun, O., Ladi-Akinyemi, B., Olu-Abiodun, O., Sotunsa, J., Bamidele, F., Adepoju, A., David, N., Adekunle, M., Ogunnubi, A., Imhonopi, G., Yinusa, I., Erinle, C., Soetan, O., Arifalo, G., Adeyanju, O., Alawode, O., & Omodunbi, T. (2020). A Single-Blind, Parallel Design RCT to Assess the Effectiveness of SMS Reminders in Improving ART Adherence Among Adolescents

Living with HIV (STARTA Trial). *The Journal of Adolescent Health : Official Publication of the Society for Adolescent Medicine*. <https://doi.org/10.1016/j.jadohealth.2020.11.016>

- Ahonkhai, A., Pierce, L., Mbugua, S., Wasula, B., Owino, S., Nmoh, A., Idigbe, I., Ezechi, O., Amaral, S., David, A., Okonkwo, P., Dowshen, N., & Were, M. (2021). PEERNaija: A Gamified mHealth Behavioral Intervention to Improve Adherence to Antiretroviral Treatment Among Adolescents and Young Adults in Nigeria. *Frontiers in Reproductive Health*, 3. <https://doi.org/10.3389/frph.2021.656507>
- Aifah, A., Odubela, O., Rakhra, A., Onakomaiya, D., Hu, J., Nwaozuru, U., Oladele, D., Odusola, A., Idigbe, I., Musa, A., Akere, A., Tayo, B., Ogedegbe, G., Iwelunmor, J., & Ezechi, O. (2021). Integration of a task strengthening strategy for hypertension management into HIV care in Nigeria: a cluster randomized controlled trial study protocol. *Implementation Science : IS*, 16. <https://doi.org/10.1186/s13012-021-01167-3>
- Akeju, D., Nance, N., Salas-Ortiz, A., Fakunmoju, A., Ezirim, I., Oluwayinka, A., Godpower, O., & Bautista-Arredondo, S. (2021). Management practices in community-based HIV prevention organizations in Nigeria. *BMC Health Services Research*, 21. <https://doi.org/10.1186/s12913-021-06494-1>
- Arije, O., Titus, R., Olaniran, A., Dadi, A., Garba, D., Okeke, E., Godpower, O., Anyanti, J., Idogho, O., Roebersen, C., Vrolings, E., & Onayade, A. (2023). Effectiveness of community mobilisation models in improving HIV testing services uptake among women and children in Nigeria: A quasi-experimental study. *Global Public Health*, 18. <https://doi.org/10.1080/17441692.2023.2284880>
- Arije, O., Udoh, E., Ijadunola, K., Afolabi, O., Aransiola, J., Omoregie, G., Tomori-Adeleye, O., Ukeme-Edet, O., Fajemisin, O., Titus, R., & Onayade, A. (2023). Combination prevention package of interventions for reducing vulnerability to HIV among adolescent girls and young women in Nigeria: An action research. *PLOS ONE*, 18. <https://doi.org/10.1371/journal.pone.0279077>
- Atuhaire, L., Adetokunboh, O., Shumba, C., & Nyasulu, P. (2021). Effect of community-based interventions targeting female sex workers along the HIV care cascade in sub-Saharan Africa: a systematic review and meta-analysis. *Systematic Reviews*, 10. <https://doi.org/10.1186/s13643-021-01688-4>
- Demir, E., Yakutcan, U., Adeoti, A., Isichei, C., & Adeyemi, S. (2024). Evaluating Mobile Health Interventions for HIV Patients in Nigeria: Healthcare Policy Implications from a Simulation Study. *Health Policy and Technology*. <https://doi.org/10.1016/j.hlpt.2024.100937>
- Durosinmi-Etti, O., Nwala, E., Oki, F., Ikpeazu, A., Godwin, E., Umoh, P., Shaibu, A., Ogundipe, A., & Kalaiwo, A. (2021). Communication needs for improved uptake of PrEP and HIVST services among key populations in Nigeria: a mixed-method study. *AIDS Research and Therapy*, 18. <https://doi.org/10.1186/s12981-021-00411-6>
- Garofalo, R., Adetunji, A., Kuhns, L., Omigbodun, O., Johnson, A., Kutu, K., Awolude, O., Berzins, B., Janulis, P., Okonkwo, O., Oladeji, B., Muldoon, A., Amoo, O., Atunde, H., Kapogiannis, B., & Taiwo, B. (2022). Evaluation of the iCARE Nigeria Pilot Intervention Using Social Media and Peer Navigation to Promote HIV Testing and Linkage to Care Among High-Risk Young Men. *JAMA Network Open*, 5. <https://doi.org/10.1001/jamanetworkopen.2022.0148>
- Higa, D., Crepaz, N., Mullins, M., Adegbite-Johnson, A., Gunn, J., Denard, C., & Mizuno, Y. (2022).

- Strategies to improve HIV care outcomes for people with HIV who are out of care. *AIDS*, 36, 853–862. <https://doi.org/10.1097/qad.00000000000003172>
- Isyaku, S. L. (2024). Impacts of health communication on HIV/AIDS prevention on adolescents in Katsina State, Nigeria. *Direct Research Journal of Social Science and Educational Studies*. <https://doi.org/10.26765/drjsses11751037>
- Iwelunmor, J., Ezechi, O., Obiezu-Umeh, C., Gbaja-Biamila, T., Musa, A., Nwaozuru, U., Obasi, N., Ojo, V., Xian, H., Oladele, D., Airhihenbuwa, C., Muessig, K., Rosenberg, N., Conserve, D., Ong, J., Nkengasong, S., Tahlil, K., Belue, R., Engelhart, A., ... Tucker, J. (2023). Tracking adaptation strategies of an HIV prevention intervention among youth in Nigeria: a theoretically informed case study analysis of the 4 Youth by Youth Project. *Implementation Science Communications*, 4. <https://doi.org/10.1186/s43058-023-00404-8>
- Iwelunmor, J., Ezechi, O., Obiezu-Umeh, C., Oladele, D., Nwaozuru, U., Aifah, A., Gyamfi, J., Gbajabiamila, T., Musa, A., Onakomaiya, D., Rakhra, A., Hu, J., Odubela, O., Idigbe, I., Engelhart, A., Tayo, B., & Ogedegbe, G. (2022). Factors influencing the integration of evidence-based task-strengthening strategies for hypertension control within HIV clinics in Nigeria. *Implementation Science Communications*, 3. <https://doi.org/10.1186/s43058-022-00289-z>
- Iwelunmor, J., Tucker, J., Obiezu-Umeh, C., Gbaja-Biamila, T., Oladele, D., Nwaozuru, U., Musa, A., Airhihenbuwa, C., Muessig, K., Rosenberg, N., Belue, R., Xian, H., Conserve, D., Ong, J., Zhang, L., Curley, J., Nkengasong, S., Mason, S., Tang, W., ... Ezechi, O. (2021). The 4 Youth by Youth (4YBY) pragmatic trial to enhance HIV self-testing uptake and sustainability: Study protocol in Nigeria. *Contemporary Clinical Trials*, 106628. <https://doi.org/10.1016/j.cct.2021.106628>
- Jones, M., Ramadhani, H., Adebajo, S., Gaydos, C., Kokogho, A., Baral, S., Nowak, R., Ake, J., Liu, H., Charurat, M., Robb, M., & Crowell, T. (2020). Seizing opportunities for intervention: Changing HIV-related knowledge among men who have sex with men and transgender women attending trusted community centers in Nigeria. *PLoS ONE*, 15. <https://doi.org/10.1371/journal.pone.0229533>
- Kareem, Y., Dorgbetor, C. I., Ameyaw, E., Abubakar, Z., Adelekan, B., Goldson, E., Mueller, U., & Adegboye, O. (2023). Assessment and associated factors of comprehensive HIV knowledge in an at-risk population: a cross-sectional study from 19,286 young persons in Nigeria. *Therapeutic Advances in Infectious Disease*, 10. <https://doi.org/10.1177/20499361231163664>
- Kimera, E., Alanyo, L. G., Pauline, I., Andinda, M., & Mirembe, E. M. (2025). Community-based interventions against HIV-related stigma: a systematic review of evidence in Sub-Saharan Africa. *Systematic Reviews*, 14. <https://doi.org/10.1186/s13643-024-02751-6>
- Kozhumam, A., Singh, R., Agbaji, O., Adetunji, A., Taiwo, B., Omigbodun, O., Kutu, K., David, A., Akanmu, S., Adekambi, F., Akinbami, A., Oladeji, B., Taiwo, B., Kuhns, L., Okonkwo, O., Berzins, B., Johnson, A., Badru, T., Janulis, P., ... Hirschhorn, L. (2025). Attitudes toward scale-up of an Intensive Combination Approach to Rollback the Epidemic in Nigerian adolescents (iCARE) intervention for youth in Nigeria: results of a mixed methods early-implementation study. *Implementation Science Communications*, 6. <https://doi.org/10.1186/s43058-024-00671-z>
- Kuhns, L., Johnson, A., Adetunji, A., Kutu, K., Garofalo, R., Omigbodun, O., Awolude, O., Oladeji, B., Berzins, B., Okonkwo, O., Amoo, O., Olomola, O., & Taiwo, B. (2021). Adaptation of evidence-based approaches to promote HIV testing and treatment engagement among high-risk Nigerian youth. *PLoS ONE*, 16. <https://doi.org/10.1371/journal.pone.025819>

- Okoli, E. C., Hassan, S. M., Adindu, K., Emmanuel, N. C., Agbo, P. K., & Okoye, N. A. (2025). The Retention in Antiretroviral Therapy and Its Associated Factors among Pregnant Women. *Archives of Current Research International*. <https://doi.org/10.9734/acri/2025/v25i11055>
- Okpua, N., & C., A. G. (2022). Healthcare providers in Nigerian hospitals and HIV-related stigma: a systematic review. *Journal of Communication in Healthcare*, 16, 170–179. <https://doi.org/10.1080/17538068.2022.2121596>
- Olakunde, B., Itanyi, I., Olawepo, J., Liu, L., Bembir, C., Idemili-Aronu, N., Lasebikan, N., Onyeka, T., Dim, C., Chigbu, C., Ezeanolue, E., & Aarons, G. (2024). Comparative effectiveness of implementation strategies for Accelerating Cervical Cancer Elimination through the integration of Screen-and-treat Services (ACCESS study): protocol for a cluster randomized hybrid type III trial in Nigeria. *Implementation Science : IS*, 19. <https://doi.org/10.1186/s13012-024-01349-9>
- Oseni, Y., & Erhun, W. (2024). Implementation strategies and outcomes in the delivery of HIV test services (HTS) in community pharmacies in Nigeria. *BMC Primary Care*, 25. <https://doi.org/10.1186/s12875-024-02568-1>
- Pulerwitz, J., Gottert, A., Tun, W., Eromhonsele, A., Oladimeji, P. L., Shoyemi, E., Akoro, M., Ndeloa, C., & Adedimeji, A. (2024). Reducing stigma and promoting HIV wellness/mental health of sexual and gender minorities: RCT results from a group-based programme in Nigeria. *Journal of the International AIDS Society*, 27. <https://doi.org/10.1002/jia2.26256>
- Salihu, A., Jahun, I., Oyedemi, D. O., Fajemisin, W., Idogho, O., Shehu, S., & Anyanti, J. (2025). Ensuring equitable access to quality HIV care for affected populations in complex sociocultural settings: Lessons from Nigeria. *PLOS One*, 20. <https://doi.org/10.1371/journal.pone.0319807>
- Suraj Abdulkarim A. (2023). Interpersonal Communication Training of Anti-Retroviral Therapy Providers Promotes Patients' Satisfaction: A Case Study of Public Hospitals in Gombe State, Nigeria. *TEXILA INTERNATIONAL JOURNAL OF PUBLIC HEALTH*. <https://doi.org/10.21522/tijph.2013.11.02.art020>
- Tahlil, K., Obiezu-Umeh, C., Gbajabiamila, T., Nwaozuru, U., Oladele, D., Musa, A., Idigbe, I., Okwuzu, J., David, A., Bamidele, T., Airhihenbuwa, C., Rosenberg, N., Tang, W., Ong, J., Conserve, D., Iwelunmor, J., Ezechi, O., & Tucker, J. (2020). A designathon to co-create community-driven HIV self-testing services for Nigerian youth: findings from a participatory event. *BMC Infectious Diseases*, 21. <https://doi.org/10.1186/s12879-021-06212-6>
- Taiwo, B., Kuti, K., Kuhns, L., Omigbodun, O., Awolude, O., Adetunji, A., Berzins, B., Janulis, P., Johnson, A., Okonkwo, O., Oladeji, B., Muldoon, A., Adewumi, O., Amoo, P., Atunde, H., Kapogiannis, B., & Garofalo, R. (2021). Effect of Text Messaging Plus Peer Navigation on Viral Suppression Among Youth With HIV in the iCARE Nigeria Pilot Study. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, 87, 1086–1092. <https://doi.org/10.1097/qai.0000000000002694>



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